

Ref: Ddn/P&GS/GSLI

Date.11.06.2010

To
The General Manager-HR
P.T.C.U.L., Corporate Office
7-B, Lane No.1, Vasant Vihar Enclave,
Dehradun

Dear Sir,

Re Introduction of GSLI Scheme

We sincerely appreciate the efforts taken by you in arriving at the final stage for granting life insurance cover with savings element, to the the employees who opted for our Group Savings Linked Insurance (GSLI) Scheme.

The Scheme shall now be implemented on receipt of the consolidated cheque alongwith with employee details.

In this regard we are placing before you the requirements we call for in case of **exit** by way of :-

1. Retirement / Resignation :-

- a) Claim Form (Form-V) and Discharge Form (Form No. K-293) duly executed by the Employer.

In case of **Termination** also the above formalities will be applicable.

2. Natural Death :-

- a) Claimant's Employer's Statement (Claim Form-GB), Form-V & Form No.K-293 duly executed by the Employer.
b) Copy of Death Certificate attested by the Employer.

3. Accidental Death:-

- a) In addition to the requirements of Natural death, FIR, Panchnama, Post Mortem Report, Police Final Report (duly attested by the Employer) are to be submitted for consideration of Accidental Benefit.
b) However, Basic risk-cover along with interest accrued on savings shall be paid on compliance of requirements as in (2) above.

The claim cheque shall be issued in favour of the Master Policy Holder for onward disbursement to the appropriate person.

We are enclosing herewith the Form-V, Form, No-293 & Claim-Form-GB for your ready reference.

Assuring you of our best services always.

Thanking you,

Enclo. asa

Yours faithfully



P Manager (P&GS)/DM



पेशानं एवं समूह बीमा शाखा, एल.आई.सी. बिल्डिंग, द्वितीय तल, न्यू कर्नाट प्लेस, देहरादून - 248 001
दूरभाष कार्यालय : 0135-2715155, 2715793, ई-मेल : bo_g204@licindia.com

Pension & Group Scheme Unit, L.I.C. Building, IInd Floor, New Connaught Place, Dehra Dun-248 001
Tel. Office : 0135-2715155, 2715793, Email : bo_g204@licindia.com



Life Insurance Corporation of India

Dehra Dun Division

(Pension & Group Schemes Unit)

IInd Floor, L.I.C. Building,
Connaught Place,
Dehra Dun-248 001

CLAIM FORM FOR

Claiming benefits payable under the Group Savings Linked Insurance Scheme

(To be completed by the Grantees)

1. Name of the Institution :
2. Master Policy No. : GS LI -
3. Name of the Insured Member :
4. Date of Birth :
5. Date of joining the Scheme :
6. Amount of monthly contribution recovered from the Insured Member :
7. It there has been a change in the monthly contribution during his membership, indicate date of change and the revised contribution. :
8. Due date of payment of first contribution (Indicate day month & year) :
9. Date of exit from the Scheme :
10. Due date for payment of the last contribution (indicate day, month & year) :
11. The date of which the last contribution was paid to the Corporation. :

Vide Cheque No.....

Dated.....for

Rs.....

12. Mode of Exit (Death, Retirement, Resignation, Termination of Service etc.) :
13. Cause of Death (in case of exit by death) :
14. Name of the Beneficiary and relationship to the member (in case of death) :

15. Nature of proof of death (Please enclose original death Certificate) :

16. Whether any premium remains unpaid during membership, If so, give details :

We declare that the above particulars are true and correct and the above member was an Insured Member covered under the scheme on the date of his exit and that all premiums have been paid to the Corporation on his behalf.

We confirm that the beneficiary mentioned above is the person appointed by the Member to receive the benefit under the scheme.

Dated at.....this.....day of.....

Signature of the Master Policy holder

(Official Seal)

WITNESS :

Signature :

Name :

Address :

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Life Insurance Corporation of India

P&GS Unit, Divisional Office, Dehra Dun.

CLAIMANT'S EMPLOYER'S STATEMENT

To be completed by the Master Policy Holder. i.e. by the Trustees of the Scheme in the case of Group Gratuity/Group Superannuation Schemes and by the Employer in case of other Group Insurance Schemes.
(Please Delete the Coloumn whichever is not applicable)

1. Name of Scheme.....
2. Master Policy No.....
3. Full Address of the Master Policy Holder.....
4. Full Name of Deceased Member.....
.....
5. Sr. No. as per LIC'S List on last renewal date.....
6. Date of Birth.....
7. Date last attended duties prior to death.....
8. Date of Death of the Member.....
9. Cause of Death.....
10. Place of Death.....
11. Was the member in the service of the employer on the date of death.....Yes/No
12. Date of Joining service.....
13. Given below is the record of absences from the duty by the member during the Last three years prior to death.

Period		Nature of Leave	Reason as stated in Application form	Date of Resumption of Duty after leave
From	To			

We hereby declare that the answer to all the above questions are true in every respect.

We enclose here with original/attested Xerox Copy of the death Certificate issued by Municipal Corporation.....(on form No. 10)/by Gram Pradhan.....

Place.....

Date.....

Signature & Seal
of the Master Policy Holder/Employer



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

DEHRA DUN DIVISION

MASTER POLICY NO.....

WE.....

do hereby acknowledge receipt from the Life Insurance Corporation of India of the sum of
Rs.....

in full satisfaction and discharge of all my/our claim and demands under the above policy
towards MATURITY CLAIM / DEATH CLAIM / WITHDRAWAL BENEFIT in respect of Assurance
effected on the following life/lives.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

Dated at.....this.....day of.....19.....

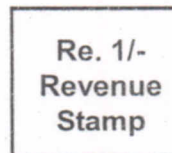
Signed by the above mentioned party/s
in presence of

.....

Witness.....

Designation.....

Address.....



**(Signature & Seal of
Employer/Trust Fund)**