

भारतीय जीवन बीमा निगम

RULES - GSLI
Form - V

Life Insurance Corporation of India

ASANSOL DIVISIONAL

CLAIM FORM

For

Benefits payable under the group Savings Linked Insurance Scheme
(To be computed by the Grantees)

1. Name of the Institution	:	DPSC, BURDWAN
2. Master policy Number	:	200889
3. Name of insured member along with residential Postal Address with Phone No.	:	
3. a) Employees GSLI Code No.	:	
3. b) LIC Office Code No.	:	
4. Date of Birth	:	
5. Date of joining the scheme	:	Nov.
6. Amount of monthly contribution recover from the insured member	:	Rs. 60.00
7. If there has been change in the monthly Contribution during his membership, indicate date of change and the revised contribution.	:	Not Applicable
8. Due date for payment of the first contribution	:	Nov.
9. Date of exit from the scheme.	:	
10. Due date for payment of the last contribution	:	
11. The date on which the last contribution was paid to the corporation.	:	
12. Mode of exit (death / retirement / resignation / district transfer / termination of service etc.).	:	
13. Cause of death (in case of exit by death)	:	
14. Name of the beneficiary & relationship to the member in case of death	:	
15. Nature of proof of death.	:	
16. Whether any premium remains unpaid during membership.	:	

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 of his behalf. We confirm that the beneficiary mentioned above is the person appointed by the member to receive the benefit under the Scheme.

Date at _____ this _____ day of _____ 20____

Signature of SI/S

Circle

Witness

Signature

Name

Secretary
Dist. Pry. School Council
Burdwan

Chairman
Dist. Pry. School Council
Burdwan