



## Life Insurance Corporation of India

### Pensions & Group Schemes Unit

<Address of the P&GS Unit>

Phone nos: <Unit Phone No1>, <Unit Phone No1>

Email id:<E-mail ID>, Fax: <Fax No>

### GSLI CLAIM FORM

(To be completed by the Master Policy holder)

We would like to submit our claim for the benefits under the Group Savings Linked Insurance Scheme policy, in respect of the following employee, who exited the service of our organisation, as detailed below:

- 1 Name of the Institution :
- 2 Master Policy Number :
- 3 Name of the Insured Member :
- 4 LIC ID :
- 6 Date of Birth :
- 7 Date of Joining service :
- 8 Date of Joining the Scheme :
- 9 Date last attended duties :

5. Employee No. :

- 10 Category and amount change since joining the scheme :

Year	Category

- 11 Last drawn salary / last category :
- 12 Due Date for payment of the First Contribution(DD/MM/YYYY) :
- 13 Date of Exit from the Scheme. :
- 14 Mode of Exit(Death, Retirement, Resignation, Termination etc.,) :
- 15 In case of death, Cause of Death (please enclose Original Death Certificate) :
- 16 Due Date for payment of the last contribution (DD/MM/YYYY) :

Office Seal

**Signature of the Master Policyholder.**

- 17 Last Monthly contribution recovered :  
from the Insured Member
- 18 The Date on which the last :  
contribution was paid to the  
Corporation.
- 19 Was the employee in the service of :  
the employer on the date of death
- 20 Whether any contributions remain :  
unpaid during Membership.  
(If so, give details)

We declare that the above particulars are true and correct and the above Member has been 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.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ .

**Witness**

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

**Signature of the Master Policyholder**  
Office Seal

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In case death is due to Accident and the policy is covered under DAB, please furnish the following additional documents:

- Copy of First Information Report
- Copy of Post Mortem Report
- Copy of Police Inquest Report – all these duly attested by MPH.



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### Discharge Receipt

**Master Policy No:** \_\_\_\_\_

We, \_\_\_\_\_ do hereby acknowledge receipt from Life Insurance Corporation Of India, the sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) in full satisfaction and discharge of all our claim/s and demands under the above master policy on the life/ lives of member/s as detailed in the list / statement sent herewith / given below.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 .

#### Witness

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

Please Affix  
a Re.1/-  
Revenue  
Stamp

**Master Policy Holder**