

CLAIM FORM FOR GROUP GRATUITY CASH ACCUMULATION SCHEME

Master Policy No.: 605013081

Weekly Working Days	Retirement Age: 60 Years	Gratuity Rate: Rs.
5 or 6 days	6 days	Gratuity Ceiling: 20Lakhs Rs. 8,77,292/-

1. Name of the Scheme :
 2. Company Name and Address : Indian Maritime University, East Coast Road
with Mobile no : Chennai - 600119
 3. Member's Name :
 4. LIC ID No. : 605013081 EMP. NO.:
 5. Date of Birth :
 6. Date of Appointment :
 7. Date of Exit :
 8. Salary as on the date of exit : Basic+DA- Rs.
 9. Service Rendered (loss of pay if any):
 10. Gratuity Payable : Rs.
 11. Risk Sum assured (Refer Schedule)*:
 12. Total Claim amount : Rs.
(Column 10 +11) :
- * For Death Case only.

In case of death, please furnish the following information

1. Cause of Death :
2. Place of Death :
3. Date of last attendance for duties prior to death :
4. Was the member in the service of the employer on the date of death? Yes/No
5. Original Death Certificate/ Attested Death Extract: Enclosed/Not Enclosed.
6. Leave availed from the last date of duty attended to date of death:

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

Date:

Signature of the Authorized Signatory

Station: Chennai

Seal