

CLAIM FORM FOR GROUP LEAVE ENCASHMENT SCHEME

Master Policy No.: 605013080

1. Name of the Scheme :
2. Address : Indian Maritime University, East Coast Road
Chennai - 600119
3. Member's Name :
4. LIC ID No. : 605013080 EMP. NO.:
5. Date of Birth :
6. Date of Appointment :
7. Date of Exit :
8. Nature of Exit(Resign./Retmnt./Death) : Retirement
9. Salary as on the date of exit : Basic+DA-
10. PL balance as on exit :
11. HPL balance as on exit :
12. Amount of encashment :
13. Risk Sum assured (Refer Schedule)*:
14. Total Claim amount : Rs.
(Column 11 or Column 12 +13) :
* 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.

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



Life Insurance Corporation of India
Chennai Divisional Office (Group Schemes)

FORM OF DISCHARGE FOR PAYMENT OF BENEFITS IN ONE LUMP SUM UNDER
MASTER POLICY NO. : 605013080

I, _____ one of the Authorised Signatory of
the Life Insurance Corporation of India Acknowledge receipt from
Rs. _____/(Rupees _____ of the sum of
_____).

In full satisfaction and discharge of all my claims and demands under the Master Policy under reference towards surrender (Withdrawal Benefits)/Death/Maturity Claims in respect of the assurance effected on the life/lives of the following member/s:

LIC ID NO.	NAME	Withdrawal/Death/Maturity Benefits
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Dated at _____ this _____ day of _____ 20

Witness:

Signature:
Name :
Designation :
Address :

Signature over
Re. 1
Revenue Stamp
Affix Seal