

GSLI CLAIM FORM 'A'

ANNEXURE – I

(To be completed by the Master Policy holder for claiming benefit under the Group Saving Linked Insurance Scheme on Retirement or withdrawal of a Member)

1. Name of Master Policy Holder : _____
2. Master Policy Number : _____
3. Date of Commencement : _____
4. Details of the members : _____

Name	Employee Serial No.	Category	Date of joining the scheme	Initial monthly contribution	Date of changes in category	Amount of last monthly contributions	Date of Exit	Due Date of last contribution	Date of payment of last contribution	Any contribution unpaid due date / amount	Total no. of contribution paid	Remarks

Date:

Employees Sr. No. on the date of entry into Scheme

Signature of Master policy holder

Received a sum of Rs. _____ (Rs. _____
_____) from the Life Insurance Corporation of India in full and
final settlement of all our claims and demand in respect of Sh/Smt. _____
_____ Assurance No. _____ under Master Policy No.
_____ who expired/left services/retired on _____ .

Dated at _____ on this _____ day of _____ 20_____

across Re.1
revenue
stamp

Signature of the authorized Signatory

Name _____

Designation _____

(Office Stamp) _____

Witness:

Signature _____

Name _____

Designation _____

ADDRESS:

