

**GROUP INSURANCE SCHEME FOR THE BENEFICIARIES
UNDER I R D P IN THE _____ DISTRICT
_____ OF _____ STATE/U.T.
M.P. NO. GI/
CLAIM FORM**

PART – A**(To be completed by the Claimant)**

1. **Name of deceased member** - _____
- 1A. **Whether belonged to SC or St** - _____
If so, whether SC/ST
2. **Membership Number** - _____
- (Certified from the Pradhan / Agency to the effect that the member was covered under the scheme and also that effect that nomination was registered)
3. **Date of Entry into the scheme** - _____
4. **Name of Father/Husband** - _____
- 5.a) **Amount of Loan / subsidy / assistance received** - _____
b) **Name of the Bank** - _____
c) **I R D P Account No.** - _____
d) **Classified Index No.** - _____
6. **Date of receipt of Loan/Subsidy / assistance** - _____
7. **Date of Death** - _____
- (attested copy of death certificate is to be enclosed)
8. **Place of Death** - _____
9. **Cause of Death** - _____
10. **Age at Death** - _____ **Years.**
11. **Name of the Nominee and her/his age** - _____
Age _____ **Years.**
12. **Full address of the Nominee** - **Village** - _____
P.O. - _____
Dist. - _____, **PIN.** - _____
13. **Relationship with member** - _____
14. **Reason for delayed submission of claim** - i) _____
ii) _____
iii) _____

I hereby declare that the answer to all the above questions are true in every respect.

Place : _____
Date : _____

Signature of claimant

PART – B**(To be completed by Pradhan / Secretary to gram Panchayat)**

Certified that the replies to the above question are correct in every respect and have been verified with the Gram Panchayat records.

I am satisfied with the bonafides of the claim and hence the papers are forwarded for necessary action. The claim is recommended for settlement.

I am not satisfied with the bonafides of the claim and hence the papers are returned to the claimant.

**Seal of the Office
Of Gram Panchayat**

**Signature of Pradhan / Secretary
of Gram Panchayat
Date –**

PART – C**(To be completed by Block Development Officer / D R D A)**

Certified that the replies to the above questions are correct in every respect and have been verified with the membership register.

I am satisfied with the bonafides of the claim hence the papers are forwarded for necessary action. The claim is recommended on of for settlement. I also authorise the LIC to make payment of claim as per claimant.

I am not satisfied with the bonafides of the claim and hence the papers are returned to the claimant.

Place : _____

Signature of B D O / D R D A

Date : _____

Stamp

PART – D**(To be completed by the claimant)**

I,

(Name and address of the claimant)

_____ do hereby
acknowledge receipt from the Life Insurance Corporation of India, the sum Rs. _____

(Rupees _____ thousand) only, being the amount of claim in respect of late _____
_____.

Please send the claim amount to me by cheque to the credit of my Saving Bank Account No.
_____ with _____

(Name of the Bank)

Please send the claim amount to me by Money Order (after deduction of M.O. charges).

Dated at _____ this _____ day of _____ 19 _____
(Place) (Date) (Month) (Year)

Attested by :-

Re. 1

Revenue

Stamp

Signature of Pradhan / Secretary

(Signature of claimant)

Date:- _____

Stamp