

**GROUP INSURANCE SCHEME FOR LANDLESS AGRICULTURAL  
LABOURERS OF \_\_\_\_\_ STATE / UNION TERRITORY**

**M.P.NO. GI //**

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**CLAIM FORM**

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

1. **Name of deceased member** :
2. **Membership No.** :
3. **Date of entry into the scheme** :
4. **Name of father / husband** :
5. **Identify Card Enclosed** : **Required deleted.**  
(Encl. No. 1)
6. **Relation Card No.** :
7. **Date of Death** :
8. **Place of Death** :
9. **Cause of Death** :

(Attested copy of death certificate to be enclosed. Encl. No. 2)

(\*Copy of Death Certificate should be attested by Talati/Patwari/Sarpanch/Class I Officer Of LIC any Nationalised Bank)

10. **Name of nominee** : \_\_\_\_\_  
**And his/her age** : \_\_\_\_\_
11. **Full address of nominee/s** : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
12. **Relationship with member** : \_\_\_\_\_
13. **Name and address of bank** : \_\_\_\_\_  
**And S.B. A/c No.** : \_\_\_\_\_  
: \_\_\_\_\_
14. **\*Reasons for delayed submission of claim** : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

(To be completed if the intimation about death is received after six months of the date of death, the claimant should record the reasons for the delay and the Talathi / Patwari should confirm the same.)

**Place** : \_\_\_\_\_

**Date** : \_\_\_\_\_

\_\_\_\_\_  
**Signature of Claimant**

**PART – B To be completed by Talati / Patwari.**

Certified that the replies to the above question are correct in every respect and have been verified the village records and the Register of members kept for the purpose (An extract of Village Register enclosed) (Encl. No. 3).

\*\* 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 claim (\*\* Strike out whichever is not applicable)

\_\_\_\_\_

**Encls. : 3 above**

**(Signature of Talati / Patwari)**

**PART – C (To be completed by the Designated Govt. Officer at Taluka / District level)**

This is to certify that Shri / Smt. \_\_\_\_\_  
S/d of \_\_\_\_\_ Village \_\_\_\_\_  
Taluka \_\_\_\_\_ was covered under the Group Insurance Scheme and  
consequent upon his/her death on \_\_\_\_\_ a sum of Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_ only) is payable to the claimant Shri/Smt. \_\_\_\_\_

\_\_\_\_\_

I authorised the LIC to make payment of claim direct to the claimant whose discharge receipt is enclose.

**(Signature & Designation of  
Govt. Officer at Taluka / District level)**

**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 of Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_ only), being the amount of claim in respect of late  
Shri/Smt. \_\_\_\_\_.

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

(Name and address of the Bank)

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\*\* Please send the claim amount to me by Money Order.

(\*\*Strike out which is not applicable)

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

**Attested by :-**

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**Signature of Talathi / Patwari**

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**(Signature of Claimant)**