



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India



PENSION AND GROUP SCHEMES UNIT

ANNEXURE A

GROUP INSURANCE SCHEME UNDER JANASHREE BIMA YOJANA

M. P. NO. GI/ JBY/

CLAIM FORM

PART A: (To be completed by the beneficiary)

- 1) Name and Address of the deceased Member :
- 2) Name and Address of Nodal Agency :
- 3) Membership No. :
- 4) Date of Entry into the Scheme :
- 5) Name of Father/ Husband :
- 6) a) Date of death (b) Age at death
- 7) b) Place of death (b) Cause of death
- 8) Name of Nominee :
- 9) Full address of nominee :
- 10) Relationship with member :
- 11) Name and Address of Bank and S. B. A/c. No. :

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

Witness : (Signature)
Name:
Place:
Date :

(Signature of beneficiary)
Address : _____

PART B : (To be completed by the Nodal Agency)

Certified that the replies to the above questions are correct in every respect.
Nominee named above is registered in the Register of Nominations at Sr.No.
_____..

Signature of the
Nodal Agency.

SEAL

PART C :

DISCHARGE RECEIPT

We _____
_____ hereby acknowledge receipt from Life Insurance Corporation of India
a sum of Rs. _____ (Rupees. _____)
in full and final satisfaction and discharge of all our claims under the above master policy
on the life of member
_____.

Dated at _____ this _____ day of _____ 20 .

Revenue Stamp

SEAL

Signature of Nodal Agency