



Life Insurance Corporation of India

PENSION & GROUP SCHEMES DEPARTMENT, DELHI DIVISIONAL OFFICE – I
JEEVAN PRAKASHI, 6TH FLOOR, 25, KASTURBA GANDHI MARG, NEW DELHI – 110001
☎ : 23314079, 23354984/2725 FAX : 23350832 E-mail : bo_g103annuity@licindia.com

Claim Form GA

GROUP & SUPERANNUATION SCHEME DEPT

MASTER POLICY NO _____ ANNUITY NO: _____

CLAIMANTS STATEMENT

(Applicable to Scheme which do not involve life cover)
(To be completed by the Master Policyholders i.e. by Trustees of the Scheme in case of Group Gratuity and Superannuation Scheme and the Employer in case of other Group Insurance Scheme).

1. NAME OF THE SCHEME :

FULL NAME AND ADDRESS
OF THE MASTER POLICYHOLDER :

2. FULL NAME OF DECEASED MEMBER:

3. DATE OF ENTRY INTO SCHEME BY MEMBER:

4. DATE OF DEATH OF MEMBER:

5. CAUSE OF DEATH OF MEMBER:

6. NAME OF NOMINEE & REATION:

We hereby declare that the answers to all the above question are true in every respect and we authorize you to settle the death claim in favor of abovementioned nominee.

We enclose _____ in original in proof of death of the Member.
(Nature of Proof)

PLACE _____

DATE _____

(Signature with Stamp of Master Policyholder)
i.e. TRUSTEE



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(Please sing and return this Discharge Receipt to above office)

Master Policy No.

Payment No:

Annuity No.

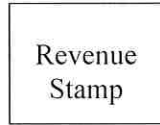
We, The Trustee, _____
Do hereby acknowledge receipt from the LIFE INSURANCE CORPORATION OF INDIA, the sum of
Rs. _____ (Rupees _____)
In full satisfaction and discharge of all our claim/s under the above Master Policy on the life/lives of member/s
As detailed in LIC's letter/statement dated _____

SL NO	HEAD OF ACC	Rs.
1	SURRENDER	
2	DEATH	
3	G.P.T.B.	
TOTAL		

Dated at _____ this _____ day of _____ 2024

Witness' s Signature _____

Witness's Details _____



Signature of Nominee _____

(Signature & Stamp of the Master Policyholder)
i.e. TRUSTEES of the company

FOR OFFICE USE only

Date of Payment:

Date of Receipt duly executed by Grantees _____

Int no/Int Date/s

Noted in Payment Register on: _____

