

**CLAIM FROM
GROUP INSURANCE SCHEME FOR BEEDI WORKERS
PART 'A'**

(To be completed by the claimant)

To

**The Welfare Commissioner,
Labour Welfare Organisation, Bhubaneswar**

1. Name of the deceased Beedi Worker :
Worker
2. Date of birth :
3. (a) Date of Death :
(b) Age at the time of death :
4. Date of entry into the Scheme :
5. Name of father/husband :
6. Identity Card No. : Number :
Date of Issue :
7. Place of death :
8. Cause of death :
(Attested copy of death certificate to
be enclosed)
9. Name of beneficiary/nominee and his/her age : Name :
Age :
10. Full address of beneficiary/nominee : Village :
Post :
Via :
Dist : Pin :
11. Relationship with member :
12. Name and address of bank and S.B. A/c. No. : Saving Bank Account No. :
Name of the Bank :
Address of Bank :
13. Reasons for delayed submission of claim :
(In case the Claim is delayed for Six
months or over)
14. Certified that deceased Beedi Workers was not the subscriber to the Employees Provident Fund Scheme and no benefits have been availed under that Scheme.

Place :

Date :

(SIGNATURE OF CLAIMANT)

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(To be completed by designated officer on behalf of Nodal Agency)

1. Certified that the particulars given above are correct in every respect and have been verified with the records.
2. I am satisfied with the bonafide of the claim and hence the papers are forwarded for necessary action.

Date: _____ (Seal & Signature of Designated Officer)

PART 'C'

(To be completed by the Welfare Commissioner)

This is to certify that Shri/Smt. Son/Daughter
of Village P.S. Dist.
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 authorize the LIC to make payment of claim direct to the claimant whose discharge receipt is enclosed.

(Signature of Welfare & Cess Commissioner)

PART 'D'

I,
(Name and address of the claimant)
do here acknowledge receipt from 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 Savings Bank Account

No with
(Name and address of the Bank)

Dated:

Signature of Claimant
(Affix Revenue Stamp)

Attested
Seal & Signature of Authorized Official.