

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS – A
(Vide Rule 5)

To

The
.....
..... (DDO/Controlling Officer)

Sir/Madam,

I, (Name),
..... (Designation) belong
to* on the scale of pay ₹.....
working inDepartment. I
request that I may be enrolled as a member of Group (A/B/C/D) having a monthly
subscription of ₹ in the Group Insurance Scheme introduced by the Government
as per G.O.(P) 392/84/Fin. dated 9.8.1984. I agree to abide by all the rules and
instructions made or to be made by Government relating to the scheme.

Yours faithfully,

Place :

Date :/...../20.....

(Name & Signature)

**State whether regular establishment, work-charged establishment, contingent establishment, full-time teaching and non-teaching staff or Private School, Private College under direct payment scheme.*

For Office use only

Entered in Register of Members in Form No.GIS-8 and page one of the Service Book.

(Office Seal)

Head of Office.

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME
FORM No. 1
(Vide Rule 4)

Department/Office :
.....

Dated :/...../20.....

MEMORANDUM

Shri/Smt.
(Name), (Designation) a
Group (A/B/C/D) Employee has been enrolled as a member of the Kerala State
Government Employees' Group Insurance Scheme, with effect from
20..... His/Her monthly subscription of ₹(Rupees.
..... only) shall be deducted from his/her salary/wage
commencing from the month of 20..... and he/she will be eligible to the
benefits of the scheme appropriate to Group (A/B/C/D)
w.e.f. 20.....

Head of Office

To

Shri/Smt.
.....

(Name & Designation of the employee)

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

Form GIS – C

(Vide Rule 6)

List of employees who have newly joined to the scheme

DDO/Office Code : Salary Head(For Salary through Treasury): Department/Organisation:

Name of Office: Mode of Payment:(By Chalan/TR5/Direct credit from salary)

Office Address: : Details of Chalan(No, date)

..... Office of remittance

Sl. No	PEN	Name in block letters	Designation	Scale of Pay	Group	Rate of Subscription	Salary Month from which the first deduction has made	Date of encashment of salary	Date of Birth	Date of Joining in Service	Date of Retirement	Whether the employee is a re-employed defence personnel covered under extended insurance scheme (Yes/No)	Whether appointment of the employee is permanent (Yes/No)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

Place:

Date:

No:

To

The District Insurance Officer,.....

(Office Seal)

Name & Designation of Drawing and /Salary Disbursing Officer

*NB: Re-employed Defence Personnel who are covered under extended insurance scheme are not eligible for admission to GIS Scheme
Temporary employees are not allowed to join the scheme*

KERALA STATE INSURANCE DEPARTMENT

GIS – Form No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES' GROUP INSURANCE SCHEME, 1984

(When the Government employee has a family and wishes to nominate one person or more than one person)

Name and address of Nominee(s)	Relationship with the subscriber	Age	Share of Amount to be paid *(%)	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the subscriber
1	2	3	4	5	6

Dated this day of 20..... at

Signature & Address of two witnesses:

1.

Signature :

2.

Name & Designation:

Countersigned by

Designation of Head of office

(Office Seal)

Note : The employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

* This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme

KERALA STATE INSURANCE DEPARTMENT

GIS – Form No. 6

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES' GROUP INSURANCE SCHEME, 1984

(When the Government employee has no family and wishes to nominate one person or more than one person)

Name and address of Nominee	Relationship with the subscriber	Age	Share of Amount to be paid *	Contingencies on the happening of which the nomination shall become invalid **	Name, address and relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the subscriber
1	2	3	4	5	6

Dated this day of 20..... at

Signature & Address of two witnesses:

1.

Signature :

2.

Name & Designation:

Countersigned by

Designation of Head of office

(Office Seal)

Note : The employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

* This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme

** Where Government employee who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family