



KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME – FINAL SETTLEMENT

GIS CLAIM REGISTRATION FORM

(To be used if Online Registration Failed)

1	Name of Department					
2	Name of Office					
3	Office Address					
4	Email ID					
5	Name of DDO					
6	Designation of DDO					
7	Mobile No. (DDO)					
8	Treasury of Transaction					
9	Name of Employee					
10	PEN					
11	Designation of Employee					
12	GIS Account No.					
13	Residential Address					
14	Email ID					
15	Mobile No.					
16	Date of Birth					
17	Due Date of Retirement					
18	Date of Death					
19	Gazetted or Not					
20	Whether covered under covered under extended insurance scheme <i>(Applicable only for re-employed defence Personnel)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
21	Whether there is a valid Nomination	Yes <input type="checkbox"/> No <input type="checkbox"/>				
22	Details of Nominees/Legal Heirs					
	Name	Address	Relation	Major/Minor	Date of Birth	Share %
23	Details of Subscription Enhancements					
	Month & Year	Amount	Scale of Pay			

Place:

Date :

(Office Seal)

Signature of Head of Office

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME
FORM No. 3
(See Rule 10(1))

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

To

The

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(Designation & Address of Head of Office)

Sub: Application for payment of accumulation under the Kerala State Employees' Group Insurance Scheme.

Sir,

I have been a member of the Kerala State Employees' Group Insurance Scheme since 20..... I have retired from service after attaining the age of years/ I have ceased to be in employment with the Kerala Government w.e.f./...../20..... I was holding the post of before retirement/cessation of employment with the State Government. I request that the amount due to me under the Kerala State Employees' Group Insurance Scheme may be paid to me.

Yours faithfully,

Signature :

Name :

Res. Address:

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