



# LIFE INSURANCE CORPORATION OF INDIA

Pension and Group Schemes Department, MDO-I,  
5th Floor, LIC Digital Building, C-10, G-Block,  
Bandra Kurla Complex, Mumbai 400 051  
E-mail: [bo\\_q706@licindia.com](mailto:bo_q706@licindia.com)

## Claim Form for Non-Employer-Employee Group Insurance Scheme

To be completed by the claimant and Master Policyholder

1. Name of the scheme Group Insurance Scheme: \_\_\_\_\_

2. Master Policy No. : \_\_\_\_\_

3. Full Name & Address of Master Policy holder : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Full Name of the deceased Member: \_\_\_\_\_

LIC ID: \_\_\_\_\_

5. Membership No. : \_\_\_\_\_ Category: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ Date of entry into scheme: \_\_\_\_\_

7. Date of death of the Member: \_\_\_\_\_ Time of Death: \_\_\_\_\_

(Original/certified copy of Death Certificate should be enclosed)

8. Cause of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

9. Amount of Sum Assured: \_\_\_\_\_ Outstanding amount of loan if any: \_\_\_\_\_

10. If the claim is being intimated after month from the date of death, Please give reason for delay:

\_\_\_\_\_

\_\_\_\_\_

11. Last Premium paid on: \_\_\_\_\_ For Due: \_\_\_\_\_ Mode of payment M/Q/H/Yly

12) Name of Nominee: \_\_\_\_\_

Nominee address: \_\_\_\_\_

13) Relationship with member: \_\_\_\_\_

14) Beneficiary Details (\*all details are Compulsory)

(i) S.B.A/C No. of Nominee \*:

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(ii) Name of the Bank \*: \_\_\_\_\_

(iii) Branch Name \*: \_\_\_\_\_

(iv) IFSC No. of the Bank-Branch \* (11 characters)

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(v) Type of the KYC document submitted for identity proof :- (any of the below)

Type of KYC	KYC ID Number
Aadhar Card	
Electoral Photo Identity Card (EPIC)	
Driving License	
PAN Card	
Passport	

(vi) Name of the KYC document submitted for address proof :- (any of the below)

Name of KYC	KYC ID Number
Aadhar Card	
Electoral Photo Identity Card (EPIC)	
Driving License	
PAN Card	
Passport	

(vii) Beneficiary mobile number: \_\_\_\_\_

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

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of Claimant)

Certified that the replies to the above questions are correct in every respect and have been verified with the membership register kept for this purpose that the deceased member was covered by the scheme and eligible for the benefits there under as on the date of his death.

Place; \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of Designated Official of the  
Nodal Agency / Master Policy Holder)

## Discharge Receipt

**Master Policy No. :** \_\_\_\_\_

Received a sum of Rs. \_\_\_\_\_ ( Rs. \_\_\_\_\_ )

From The Life Insurance Corporation of India in full and final settlement of the claim and demand in r/o above mentioned claim. Further we agree and declare that upon such a payment the Corporation will be discharged of our entire claim in respect of the above insured member.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Affix Re 1  
revenue  
Stamp

Signature of the Master Policy Holder  
With Official seal

Signature of Witness: \_\_\_\_\_

Full Name of Witness: \_\_\_\_\_

Designation: \_\_\_\_\_

Address: \_\_\_\_\_

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