

APPLICATION FOR CLAIMING EDLI

FROM LIFE INSURANCE CORPORATION OF INDIA
(Established by the Life Insurance Corporation of Act, 1956)

Claim Form under Group Insurance Scheme in lieu of EDLI Scheme, 1976

GRANTEE'S STATEMENT

(To be completed by the Master Policy Holder i.e. Employer)

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|---|-------|--|---|--|
| 1 | (i) | Name of the Scheme | : | DAYANAND ANGLO VEDIC COLLEGE TRUST & MANAGEMENT EMPLOYEES' GROUP INSURANCE SCHEME |
| | (ii) | Master Pol. No. | : | (EDLI) 311430 |
| | (iii) | Full Name & Address of the Master Pol. Holder | : | DAYANAND ANGLO VEDIC COLLEGE TRUST & MANAGEMENT SOCIETY, CHITRA GUPTA ROAD, PAHAR GANJ, NEW DELHI-110055 |
| 2 | (i) | Full Name of the deceased Member | : | |
| | (ii) | Date of Birth | : | |
| | (iii) | Date of Joining PF | : | |
| | (iv) | PF Account No. | : | |
| | (v) | Date of Entry to the Scheme | : | |
| | (vi) | Date of death of member (Encls. Death certificate) | : | |
| | (vii) | Cause of death of member | : | |
| 3 | (i) | Name & Address of the nominee/heir to whom the claim amount is payable | : | |
| | (ii) | If the nominee is a minor state name & address of the guardian | : | |
| | (iii) | Name & complete address of the Bank with which the claimant has opened a Saving Bank Account | : | |
| | (iv) | Saving Bank Account Number | : | |

NOTE :-

Please specify the share of the nominee/heirs if there are more than one nominee/heir to whom the claim is to be paid & particulars of separate Bank Account Nos. if any.

We hereby declare that the answers to all the questions are true in every respect and that the above employee was a member of the Group Insurance Scheme.

We hereby request the Life Insurance Corporation to remit the EDLI claim amount to the claimant's above-mentioned Saving Bank Account directly under intimation to claimant and this office.

**Signature of Nominee
(or heir to whom claim
amount is payable)**

**Signature of the Principal
Head of Institution
with Office seal**

**Signature of
Master Policy Holder**

Place :-
Date :-