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 in .....Department. 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.

Head of Office.

(*Office Seal*)

KERALA STATE INSURANCE DEPARTMENT

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 member or more than one member thereof)

I, ... hereby nominate the person(s) below, who is/are member(s) of my family, and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employees' Group Insurance Scheme, 1984 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and Address of Nominee(s)	Relationship with Government employee	Age	Share of amount to be paid to each * (%)	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 Government Employee
1	2	3	4	5	6

Dated this ..... day of ..... 20..... at .....

Signature & Address of two witnesses:

1. .....

2. .....

Signature : .....

Designation : .....

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*