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 *(Applicable only for re-employed defence Personnel)*	Yes ☐ No ☐
21	Whether there is a valid Nomination	Yes ☐ No ☐

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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