

BENEFIT PAYOUT REQUEST FORM

MASTER POLICY NO:

MASTER POLICY HOLDER NAME :

Details of Member:

Name of Member*		Employee ID*	
Date of Birth*	dd/mm/yyyy	Date of joining*	dd/mm/yyyy
Designation		Date of Event*	dd/mm/yyyy
Last drawn Salary (in ₹) per month*		Amount payable in ₹*	
Member No. as per Insurer*		Break in service (if any)	
Event type / Reason for benefit payout (Please tick any one of the events as mentioned)	1. Death of Employee <input type="checkbox"/> 2. Retirement/ Superannuation of Employee <input type="checkbox"/> 3. Resignation of Employee <input type="checkbox"/> 4. Termination of Employee <input type="checkbox"/> 5. Equitable Transfer (within Group Companies) <input type="checkbox"/> 6. Any Other reason (please specify) <input type="checkbox"/>		
Remarks (if any)			

DATE :

PLACE :

SIGNATURE OF TRUSTEES/AUTHORIZED SIGNATORIES

1. Name & Signature _____

Declaration, if this form is signed in Vernacular/Thumb Impression:

I hereby declare that I have explained the contents of this form to the Policyholder Mr/Mrs/Ms _____ in _____ language and that the Policyholder has affixed the thumb impression(s)/signed in language other than English in my presence after fully understanding the contents thereof.

Name of Declarant _____ Signature _____ Date _____ Place _____

Instruction & Disclaimer:

- Kindly fill in the details in English only.
- In the event of any disagreement in interpreting the content, English version will prevail.

Note: 1. Field marked in * are mandatory.