

Group Policy Number: _____

Details of the Deceased

1) Name of the Deceased: _____			
2) Employee Code: _____		3) Is deceased the: <input type="checkbox"/> Member <input type="checkbox"/> Spouse	
4) Date of Birth: DD MM YYYY			
5) Date of Joining: DD MM YYYY		6) Last date of employment: DD MM YYYY	
7) Place of Death: _____		8) Date of Death: DD MM YYYY	
9) Name, Address & Tel. No. of doctor/ hospital certifying death:		Name: _____ Address: _____ Tel. No. : _____	
10) If not actively at work prior to death, what was the reason? <input type="checkbox"/> Sick leave <input type="checkbox"/> Others. If others please specify: _____			
11) Nature and Duration of leave availed in the last 2 years:			
Nature of Leave (Casual, Medical, Earned, Privilege)	Effective Date- Commencement DD / MM / YYYY	Effective Date- resuming duties	Total Duration of Leave availed

Details of the Employer

Name of the Employer:	_____
Employers Address:	_____
Tel. no.:	_____

Details of the Claimant

Name of the Claimant:	_____
Address:	_____
Tel. no.:	_____

In case of Accidental death please provide the details for the following

a) Name & address of the police station where FIR was lodged:	

b) Date & Time of accident: DD MM YYYY	Time: _____
c) Place of Accident: _____	
d) Date of Post mortem examination: DD MM YYYY	
e) Was the Member driving at the time of accident: <input type="checkbox"/> Yes <input type="checkbox"/> No	

In case of Non Accidental death please provide the details for the following

a) Nature of Illness: _____	
b) Date of Diagnosis: DD MM YYYY	
c) If Hospitalized then:	
Name of the Hospital: _____	
Date of Admission: DD MM YYYY	Date of Discharge/Death: DD MM YYYY
d) Name & Address of the Physician who attended the deceased at the time of death:	
Name : _____	
Address: _____	

Electronic Payout option (Direct transfer of funds in your bank A/c)

1. Name of the Bank A/c holder: _____	
2. Bank Name: _____	Branch Name: _____
3. A/c No.: _____	
4. A/c Type:	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRI <input type="checkbox"/> NRO
5. IFSC code: _____	MICR Code: _____
<input type="checkbox"/> Personalised cancelled cheque required along with this form	
Payouts would be in accordance and subject to the terms and conditions of the policy. Further, the company reserves the right to use any alternative payout option including demand draft/payable at par cheque in spite of opting for Electronic payout method. I will not hold Edelweiss Life Insurance Company Ltd. responsible in case of non-credit to my bank account or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information.	
Date: DD MM YYYY	Signature / Thumb impression of the claimant: _____

Declaration

I/We _____ do hereby declare that this statement made herein above are true in each and every respect.	
I/We agree to provide and furnish details and reports as and when required by Edelweiss Life Insurance Co. Ltd. for processing this claim.	
Declared at: _____	
Signature: _____	
Name in Block Letters: _____	
Designation (in case of Employer) : _____	
Address: _____	

Telephone number: _____	
Date: _____	Stamp/Seal of the Company : _____