



**Life Insurance Corporation of India**  
Pension & Group Schemes Department  
Address of the P&GS Unit:  
Phone No :  
Email id :

**CLAIM FORM FOR PAYMENT OF LEAVE ENCASHMENT**

|                    |  |
|--------------------|--|
| Master Policy No.: |  |
|--------------------|--|

We would like to claim the payment of Leave Encashment Benefits pertaining to the member who has left the services of the Organization as per the details given below:

|    |  |  |
|----|--|--|
| 1  | Name of the Scheme   |  |
| 2  | Address  |  |
| 3  | Member's Name  |  |
| 4  | LIC ID No  |  |
| 5  | Employee No  |  |
| 6  | Date of Birth  |  |
| 7  | Date of Appointment  |  |
| 8  | Balance of Leave as on date of Claim / Exit  |  |
| 9  | Date of Exit   |  |
| 10 | a) Cause of Exit<br>(Resignation/Retirement/Death)   |  |
|    | b) In case of Death<br>Cause of Death<br>Place & Time of Death<br>(Original Death Certificate / Attested Death Extract to be enclosed) |  |
|    | c) Date last attended duties prior to death:   |  |
|    | d) Was the Member in the Service of the Employer on the date of Death  |  |
|    | e) Please give the record of absence from Duty / Leave on SICK GROUNDS by the member during the Last One Year prior to Death           |  |
|    | f) Life cover sum assured as appeared in the C & B schedule of <ARD>   |  |

|    |                                      |  |
|----|--------------------------------------|--|
| 11 | Salary for the purpose of encashment |  |
|----|--------------------------------------|--|

We hereby declare that the answers of all the above questions are true in every respect.

Place :

Date :

Signature of the Authorised Signatory  
Seal:

\_\_\_\_\_

**FORM OF DISCHARGE FOR PAYMENT OF BENEFITS IN ONE LUMP SUM UNDER**

**MASTER POLICY NO : \_\_\_\_\_**

We, hereby acknowledge the receipt from the Life Insurance Corporation of India of the sum Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) In full satisfaction and discharge of all our claims and demands under the Master Policy under reference towards surrender (Withdrawal Benefits ) / Death / Maturity Claims in respect of the assurance effected on the life / lives of the following member/s:

| LIC ID | Name | Employee Number | Date of Exit | Mode of Exit (Death/ Maturity/ Resignation) | Claim amount Rs. |
|--------|------|-----------------|--------------|---|------------------|
|        |      |                 |              |   |                  |
|        |      |                 |              |   |                  |
|        |      |                 |              |   |                  |

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

**Witness**

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Address : \_\_\_\_\_

|  |
|--|
| Please Affix<br>a Re.1/-<br>Revenue<br>Stamp |
|--|

**Signature of the MPH  
(With Seal)**