

## Group Death Claim Form

### 1. Information to be provided by the employer:

Name of Deceased: .....

Address: .....

Date of birth: .....

Date of Joining scheme:.....

Job Title: .....

Date of Death .....

Salary on which claim is to be based.....

Signature:..... Approval:..... Date:.....

### 2. Information to be provided by Medical Attendant

Precise Details of cause of death:.....

Please give details of the treatment has been received prior to death:  
(Details to include the respective Dates)

.....  
.....  
.....  
.....  
.....

Signature:.....Approval:.....Date:.....

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