

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)

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

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