

FILE NO:

EMP NO:

PENSIONERS'  
ANNUITY NO :  
(IF ANY)**UNITED INDIA INSURANCE CO. (EMPLOYEES') PENSION FUND**

24, WHITES ROAD, CHENNAI – 600 014

Form for Application of Family Pension on the death of the Employee/Pensioner under  
General Insurance (Employees') Pension Scheme 1995

To

The Trustees,

United India Insurance Co. (Employees') Pension Fund

- 1) Name of the applicant :
- 2) Date of birth of the applicant :
- 3) Relationship to the deceased  
Employee/Pensioner : WIDOW/WIDOWER/SON/DAUGHTER/DEPENDENT PARENTS
- 4) PAN of the applicant (Enclose PAN card copy) :
- 5) Details of Family – **ALL DETAILS COMPULSORY (PLEASE MENTION IN REMARKS COLUMN BELOW IF PHYSICALLY/MENTALLY HANDICAPPED/WIDOW DAUGHTER/UNMARRIED DAUGHTER/DIVORCE DAUGHTER/DEPENDENT PARENTS)**

S.No.	Name	Relationship with the deceased employee/Pensioner	Date of Birth	Remarks
1				
2				
3				
4				
5				
6				

- 6) Name, emp no & Desgn of deceased employee/pensioner :
- 7) Last worked office of deceased employee/pensioner :
- 8) Date of death of the employee/pensioner  
**(DEATH CERTIFICATE IS TO BE ENCLOSED)** :
- 9) Mobile Number **(Mandatory)** :
- 10) Email ID **(Mandatory for official correspondences)** :
- 11) Bank A/c details of applicant  
a. Bank Name :  
b. Bank account number :  
c. Bank IFSC :  
**(Kindly enclose ECS mandate form, copy of Passbook/cancelled cheque leaf; Joint Account not allowed)** :
- 12) If the applicant is spouse of the employee/pensioner, state  
**Whether REMARRIED AND IF SO, DATE OF REMARRIAGE** :

Signature/Thumb impression of Applicant

Signature of Witness:

Name &amp; Address of Witness

Thumb impression attested by .....

Signature .....

Name.....

Address.....

- 1) Certificate(s) of age of children whose date of birth is not already available with the office – kindly produce birth certificate or extract from school register in which the child is studying.
- 2) Death certificate of employee/pensioner. If certificate is in regional language, English translation duly attested should be attached.
- 3) If the applicant is a minor, kindly arrange to submit guardianship certificate through court along with the form.

**SPECIMEN SIGNATURE CUM PHOTO IDENTITY CARD**

Name of the applicant :

Full Address (in bold capital letters):

Pincode:

Space for affixing attested passport size photograph (**DO NOT SIGN ACROSS PHOTO**)

Signature of the applicant

**SIGNATURE OF ATTESTATION OFFICER\***

Office seal:



Signature :

Name in full :

Emp No :

Date:

Designation :

**VERIFICATION\*\*  
(FOR RO/HO USE ONLY)**

This is to certify that the above particulars as declared by the family of the deceased employee concerned have been verified and found to be correct as per office records which I have seen personally.

Office seal:



Signature :

Name in full :

Emp No :

Date:

Designation :

**NOTE: Any addition/alteration in the form will make the application invalid.**

**ATTESTATION:**

**\* This form is to be countersigned and signature of the applicant to be attested by a Class-I officer of the Company.**

**VERIFICATION:**

**\*\* The particulars furnished by the family of the deceased employee have to be certified as having been verified and found to be correct by the designated officer of the Personnel Department at RO/HO, not below the rank of Deputy Manager**

**UNITED INDIA INSURANCE COMPANY LIMITED****GENERAL INSURANCE (EMPLOYEES') PENSION SCHEME 1995****DATA SHEET FOR CALCULATION OF FAMILY PENSION****(TO BE COMPLETED BY OFFICE IN CASE OF SERVICE DEATH ONLY)****(WITHOUT LEAVING ANY COLUMN BLANK)**

1. Name of the deceased employee :
2. Designation and Employee Number :
3. Last worked office :
4. Date of birth of deceased Employee :
5. Date of appointment :
6. Date of cessation of service :
7. Date of death :
8. a) No. of years of qualifying service : .....Days.....Month.....Year
- b) Whether the employee was on extra-ordinary leave  
on loss of pay (i) Medical : From To  
(ii) Other reasons  
(Please specify) : From To
- c) Whether any period treated as dies-non : From To
- d) (i) Any disciplinary action under GI (CDA) Rules 1975  
taken against employee during his/her service :  
(ii) Whether he was suspended during the proceedings:
- e) What is the penalty imposed by the authority and how  
the suspension period was treated (**Enclose copy  
of the ultimate penalty order-compulsory**)
9. Date of intimation of death :
10. Name, relationship and full address of the person to :  
whom the family pension is now payable
11. Basic last drawn by the deceased employee at the time  
of death while in service (**Enclose salary ledger**)  
Normal increment month :  
Last drawn Basic :  
Last drawn FPA :
12. If the deceased employee was in occupation of staff  
Quarters, has he/she vacated the same and if so, when :
13. Whether any amount is recoverable from pension :
14. Date on which claim form received from applicant :

15. Name of guardian, if applicable, who will receive the  
 Payment :
16. If the death was by an accident while on duty, whether  
 the workman's compensation Act is applicable, and if so,  
 the amount of compensation paid :

Prepared by

(Signature of the Authorised official)

Checked by



Name : .....

Emp No : .....

Designation : .....

Office Address : .....

Place: .....

Date: .....

### VERIFICATION

(FOR HO/RO USE ONLY)

This is to certify that the above particulars in respect of the deceased employee concerned have been verified and found to be correct as per office records which I have seen personally.

(Signature of the Verifying Officer)

Date :

Name : .....

Office seal :



Emp No : .....

Designation : .....

Office Address : .....

**VERIFICATION:**

**The particulars in respect of the deceased employee have to be certified as having been verified and found to be correct by the designated officer of the Personnel department at RO/HO, not below the rank of Deputy Manager. Kindly affix office seal compulsorily.**