

LIFE INSURANCE CORPORATION OF INDIA
P&GS Unit Shimla, Block No. 14-15, SDA Complex Kasumpti, Shimla-9
e-mail: bo_g109@licindia.com

CLAIM FORM GGCA

(To be completed by trustees of the scheme)

1. NAME OF THE SCHEME: **Group Gratuity Cash Accumulation Scheme**
1. MASTER POLICY NUMBER: **109001245.**
2. FULL NAME AND ADDRESS OF TRUSTEE: **GGCA, H.P.S.A.M.B. Shimla-2**
3. NAME OF EMPLOYEE: _____,
4. FATHER'S NAME: **Sh.** _____, **D.O.B.** _____
5. DATE OF APPOINTMENT: _____
6. DATE OF RETIREMENT/ RESIGNED /EXIT: _____.
7. TOTAL YEARS COMPLETED FOR GRATUITY: _____.
8. LAST DRAWN SALARY (BASIC+GP+ D.A.): _____.
9. ASSURANCE NUMBER: **LIC-ID No.** _____
10. OTHERS: **As per detail at forwarding letter.**

SIGNATURE OF TRUSTEES

DISCHARGE RECEIPT

Received a sum of **₹.** _____ (**₹..** _____) from
LIFE INSURANCE CORPORATION OF INDIA in full and final settlement of above claims
in respect of SHRI _____ Assurance Number _____
under **MASTER POLICY NUMBER** who left service/retired on _____
_____.

Dated at _____ on this _____ day of _____ 2020

AFFIX ONE **₹.**
REVENUE
STAMP HERE

SIGNATURE OF TRUSTEE
WITH OFFICE SEAL