

GROUP INSURANCE CLAIM FORM

Section I (General Information)

1) Scheme Name

2) Policy Number

3) Name of Deceased Member

First Name

4) Date of Birth

5) Date of Death

6) Place of Death with Address:

7) Cause of Death

8) Benefit payable to: Policy Holder Beneficiary/Nominee

9) Name and Address of Beneficiary

Declaration by Beneficiary/Nominee/Claimant (if claim is payable to Policyholder)

I/We _____ agree on the authorization / declaration made by deceased Insured Member towards the remittance of claim payment to Master Policyholder, that I/we agree to Pramerica Life Insurance that the claim amount, if any shall be first utilized for payment to Master Policyholder for the outstanding loan amount as specified in the Credit Account Statement and the balance amount, if any, payable under the Master Policy will be payable to me / us. I/ we also authorize Pramerica Life Insurance to either send the cheque of balance claim amount, if any to Master Policyholder or pay directly to me / us or my / our bank account. I agree to collect the cheque from Master Policyholder subject to submission of KYC documents. I further authorize the Company and/or its representative to obtain all employment/medical hospital records/police records/other records (including photocopies)/information pertaining to the treatment/death/occupation or otherwise of the deceased Life Assured as the Company may deem fit in order to process this claim.

Date:

Signature of Beneficiary/Nominee/Claimant

Place: _____

Declaration by Beneficiary/Nominee/Claimant (if claim is payable to Policyholder)

I/We the undersigned, in my/our capacity as (designation) _____ of _____ and duly authorized to make the declaration, hereby declare That the person whose death has given rise to this claim has in fact died and was a legitimate member of the Scheme on the date of death. That he/she joined employment on (date) _____ and he/she was actively at work on the date of commencement of cover.* That the information and submissions as furnished hereinabove are true and no portion thereof is fake as on the date of this declaration. I/We have concealed nothing material or relevant to the matter, and further company shall not held liable for any error or omission on our past in this regard. That in event that any portion(s) of the information or submissions made herein are found to be incorrect misleading, the Company reserves the right to recover any benefits that may have been paid by the Company relying on the submissions herein made by me/us I/We hereby assure the Company that in such an event, the Master Policyholder shall forthwith, on receipt of a written request from the Company, refund all such benefits. That on admission of claim, payment of the benefit due to thereupon in favour of person/Master policyholder as the case may be as state herein shall represent full and final discharge of Company's liability in respect of the deceased Member under the said scheme.

Signed at

Official Master Policyholder Stamp

Signature of Master Policyholder

Date:

Designation:

Name:

*P.S. applicable for employee-employer based policies.

In case of any query please call us at: 1860 500 7070 (Local charges apply)) (Mon-Sat, 09:30 AM-06:30 PM)
or Email us at:contactus@pramericalife.in

GROUP/CIF_NM/Ver1.0/DEC2022

Pramerica Life Insurance Limited. IRDAI Registration Number: 140.
Registered Office and Communication Address: 4th Floor, Building No. 9B, Cyber City, DLF City Phase III,
Gurgaon - 122002, Haryana. CIN: U66000HR2007PLC052028

Contact Us: Customer Service Helpline Tel. No. 1860 500 7070 (Local charges apply))
Email: contactus@pramericalife.in | www.pramericalife.in