

Claim Intimation Sheet

Name of the Company : _____

Master Policy No. : _____

Policy Type (Please tick the appropriate box):

ULIP : SBI Life - Kalyan ULIP (UIN 111L052V01) <input type="checkbox"/>	Traditional : Cap Assure Gratuity (UIN 111N044V01) <input type="checkbox"/>
Traditional : Cap Assure Superannuation (UIN 111N043V01) <input type="checkbox"/>	Traditional : Cap Assure Leave Encashment (UIN 111N042V01) <input type="checkbox"/>

I. Common details (whether the Scheme is Gratuity, Leave Encashment, Kalyan ULIP or Superannuation)

Name of the Employee (As in the data sent to us)	Mr./Mrs./Ms.
Employee Code/Id.	
Date of Birth:	<u>dd</u> / <u>mm</u> / <u>yyyy</u>
Date of Joining Service:	<u>dd</u> / <u>mm</u> / <u>yyyy</u>
Date of Exit :	<u>dd</u> / <u>mm</u> / <u>yyyy</u>
Mode of Exit :	<input type="checkbox"/> Retirement <input type="checkbox"/> Resignation <input type="checkbox"/> Death <input type="checkbox"/> Others
Mandatory Documents to be attached in case the claim is due to Death	1. Death Certificate issued by Municipality/Nagar Parishad Gram Panchayat (Original/Attested Copy) 2. Death Claim statement. (In case of Accidental Death) 3. FIR/Panchnama/Police Inquest/Post Mortem Report (In case of Accidental Death) 4. Leave Records for 3 years prior to the Date of Commencement of policy

II. In case of Gratuity

Salary: As defined in the Rules for Gratuity Calculation	Basic _____ + DA(if Rules provide) _____ Total _____ <input type="checkbox"/> Terminal (as on date of Exit) <input type="checkbox"/> Last 12 months average	
Period of service disallowed (if any) :	____ Years ____ Months ____ Days	
Gratuity benefit payable :	Rs. _____	
In case of Kalyan ULIP: Desired Withdrawal %age (subject to availability of balance in Fund)	Type of SBI Life Fund	Withdrawal %age
	Group Balanced Plus Fund	
	Group Debt Plus Fund	
	Group Growth Plus Fund	
	Group Short Term Plus Fund	
TOTAL >>		100.00 %

III. In case of Leave Encashment	
No. of days leave eligible for encashment:	(In days) _____
Eligible leave salary:	Rs. _____ per day / Rs. _____ per month
Total leave encashment benefit payable:	Rs. _____
IV. In Case of Superannuation	
Contribution Details : [In case of Defined Contribution Scheme]	a) Mode : Advance/Arrears b) Last Renewal Con. Paid as on _____ <input type="checkbox"/> Advance : Refund for ___Days/___Months i.e. Rs. _____ <input type="checkbox"/> Arrears : Final Contr. paid for the period <u>dd/mm/yyyy</u> to <u>dd/mm/yyyy</u>
Benefit Details :	<u>Pension eligibility : (For Defined Ben. schemes only)</u> Pensionable Salary *Years Of Service* Rate of pension=Rs. _____ (For both Defined Benefit and Defined Contr. Schemes) Commuted Value : <input type="checkbox"/> 1/2(in case no Gratuity is payable) <input type="checkbox"/> 1/3 [Note : Annuity Form to be filled incase annuity to be purchased from SBI Life]
V. Direct Fund Transfer Details	
Name Of The Bank	
Bank Account No.	
Bank Branch Name	
Bank Branch Code	
Nature of Account	Savings Current
RTGs Code	
IFSC Code	

I/We hereby declare that whatever is declared above is true to the best of my/our knowledge.



Signature of the Authorised Signatory /Trustees of _____ Employees
Group Gratuity/ Group Leave Encashment/ Superannuation Scheme

Advance Discharge Voucher:

We the Trustees/Authorised Signatory/ies of <name of the Trust/Company> hereby give a valid Discharge in acknowledgement of receipt of Claim moneys in respect of the above claim as detailed below.

Please affix
Re. 1/-
revenue
stamp & sign
across the
stamp

1. Gratuity / SA / Leave Encashment Amount : Rs. _____
 2. Life Cover (to be filled by SBI Life) : Rs. _____
 3. Others (please specify) : Rs. _____
TOTAL : Rs. _____

Signature of the authorized signatory
Name of the signatory:

Date

Place

Stamp of the Trust:

Instructions:

1. All fields are **mandatory**.
2. **Submission Methods:** You can submit the form:
 - **By Courier** - Please courier the form and the cheque :
Mr. G Thennarasu
Sr. Manager- Group Operations Department
SBI Life Insurance Company Ltd
 1st Floor, Kapas Bhavan
 Plot No.3A, Sector 10, CBD Belapur, Navi Mumbai-400 614.
3. The claim cheque would be dispatched to your address, as per our records
4. For any assistance please contact Group Operations Dept. at 022-66456172 or email to groupops@sbilife.co.in
5. SBI Life Insurance Company shall be discharged of all liabilities in relation to the above claim upon receipt of claim amount by the payee mentioned above.