

## Claim Intimation Form

Scheme Type : Gratuity/Leave Encashment/Superannuation/Kalyan ULIP

Name of the Master Policy Holder: \_\_\_\_\_

Master Policy No. : \_\_\_\_\_

I. Common details (whether the Scheme is Gratuity, Leave Encashment, Superannuation or Kalyan ULIP)		
Name of the Employee (As in the data sent to us)	Mr./Mrs./Ms.	
Emp. Code/ Member 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 <b>in case the claim is due to Death</b>	1. Death Certificate issued by Municipality/Nagar Parishad Gram Panchayat(Original/ Copy Attested by Trustee/ Employer)	
II. In case of Gratuity		
Monthly Salary: As defined in Gratuity Rules	Rs. _____	
Eligible Period of service for Gratuity :	_____ Years _____ Months _____ Days	
Gratuity benefit payable :	Rs. _____	
In case of Kalyan ULIP: Withdrawal %age (subject to availability of balance in Fund and if opted for) [refer instructions point no. 6]	<b>Type of SBI Life Fund</b>	<b>Withdrawal %age</b>
	Group Balanced Plus Fund	
	Group Debt Plus Fund	
	Group Growth Plus Fund	
	Group Short Term Plus Fund	
<b>T O T A L &gt;&gt;</b>		<b>100.00 %</b>

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. _____

<b>IV. In Case of Superannuation</b>	
<b>Benefit Details :</b>	<b>Benefit Amount :- RS _____</b> Commutation Opted <input type="checkbox"/> YES <input type="checkbox"/> No If Yes Commuted Value : <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/2 (in case no Gratuity is payable) [ Note : Annuity Form to be filled incase annuity to be purchased from SBI Life]
<b>V. Direct Fund Transfer Details</b>	
<b>Name Of The Bank</b>	
<b>Bank Account No.</b>	
<b>Bank Branch Name</b>	
<b>Bank Branch Code</b>	
<b>Nature of Account</b>	Savings Current
<b>RTGS Code</b>	
<b>IFSC Code</b>	

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

Seal of  
Trust

**Authorised Signatory /Signature of Trustees**

<b>Advance Discharge Voucher:</b>		
We the Trustees/Authorised Signatory/ies of _____ 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	1. Gratuity / SA / Leave Encashment Amount : Rs. _____ 2. Life Cover (to be filled by SBI Life) : Rs. _____ 3. Others (please specify) : Rs. _____	<b>TOTAL</b> : Rs. _____
<b>Authorised Signatory /Signature of Trustees</b>		
<b>Name of the signatory:</b>		
<b>Seal of the Company /Trust:</b>	<b>Place :-</b>	<b>Date:-</b>

<b>Instructions:</b> 1. All fields are <b>mandatory</b> . 2. <b>The Claim Form should be sent to the below address</b> <b>Mr. G Thennarasu</b> <b>Sr. Manager- Group Operations Department</b> <b>SBI Life Insurance Company Ltd</b> <b>1st Floor, Kapas Bhavan</b> <b>Plot No.3A, Sector 10, CBD Belapur, Navi Mumbai-400 614</b> 3) The claim cheque would be dispatched to your address, as per our records 4) For any assistance please contact at 022-6645 6000 or email to <a href="mailto:groupops@sbilife.co.in">groupops@sbilife.co.in</a> 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. 6) Deunitisation will be done as per the existing allocation percentage. 7) Claim Form before 3 pm will get the same day NAV and submitted post 3 pm will get next working day's NAV.
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