

## Claim Intimation Form

☐ CapAssure Gratuity ☐ CapAssure Leave Encashment ☐ CapAssure Superannuation

☐ Cap Assure ☐ Kalyan Ulip ☐ Kalyan Ulip Plus ☐ CapAssure Gold

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

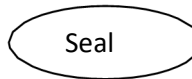
Master Policy No. : \_\_\_\_\_

I. Claim Member details				
Name of the Employee : (As in the data sent to us)	Mr./Mrs./Ms. <i>Please Provide Member Data In Case Of Multiple Members.</i>			
Employee Id. :				
Date of Birth :	dd / mm / yyyy			
Date of Joining Service :	dd / mm / yyyy			
Date of Exit :	dd / mm / yyyy			
Mode of Exit :	<input type="checkbox"/> Retirement/VRS <input type="checkbox"/> Resignation/Termination <input type="checkbox"/> Death <input type="checkbox"/> Others <b>In case of death claim, please provide cause of death</b> <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Others (please specify reason) _____			
Mandatory Documents to be attached in case the claim is due to Death :	1. Death Certificate issued by Municipality/Nagar Parishad Gram Panchayat (Original/ Copy Attested by Trustee/ Employer) 2. Nominee Bank Account Details (Cheque copy/ Bank statement)			
II. In case of Gratuity				
Monthly Salary: As defined in Gratuity Rules	` _____		Disallowed service(if any): _____ years _____ months _____ days	
Eligible Period of service for Gratuity :	_____ Years _____ Months _____ Days			
Gratuity benefit payable :	` _____			
In case of Kalyan ULIP/Kalyan Ulip Plus: Withdrawal %age (subject to availability of balance in Fund and if opted for) [refer instructions point no. 6]	Kalyan Ulip	% Opted	Kalyan Ulip plus	% Opted
	<input type="checkbox"/> Group Growth Plus Fund		<input type="checkbox"/> Group Growth Plus Fund II	
	<input type="checkbox"/> Group Debt Plus Fund		<input type="checkbox"/> Group Debt Plus Fund II	
	<input type="checkbox"/> Group Balanced Plus Fund		<input type="checkbox"/> Group Balanced Plus Fund II	
	<input type="checkbox"/> Group Short Term Plus Fund		<input type="checkbox"/> Group Short Term Plus Fund II	
	<input type="checkbox"/> Group STO Plus Fund		<input type="checkbox"/> Group STO Plus Fund II	
<input type="checkbox"/> Group Money Market Plus Fund II				
III. In case of Leave Encashment				
No. of days leave eligible for encashment :	(In days) _____			
Eligible leave salary :	` _____ Per day / ` _____ per month			
Total leave encashment benefit payable :	` _____			

IV. In Case of Superannuation	
<b>Benefit Details :</b>	Benefit Amount : ` _____
	Commutation Opted <input type="checkbox"/> YES <input type="checkbox"/> No If Yes Commuted Value :
	<input type="checkbox"/> 1/3 <input type="checkbox"/> In case no Gratuity is payable _____%(specify the percentage)
	[ Note : Annuity Form to be filled incase annuity to be purchased from SBI Life]
V. In Case of Schemes other than Gratuity / Leave Encashment / Superannuation	
<b>Benefit Type &amp; Detail :</b>	Benefit Amount : ` _____ No. of members : _____
VI. In case of Death Claim Under CapAssure Gold Policy Nominee Details.	
<b>Name of Nominee:</b>	_____
<b>Relationship with Member:</b>	_____
VII. Direct Fund Transfer Details Trust Bank Account / Nominee Bank Account ( CapAssure Gold Policy)	
<b>Account Type :</b>	<input type="checkbox"/> Trust Bank Account <input type="checkbox"/> Nominee Bank Account
<b>Name of the Account Holder:</b>	_____
<b>Bank Account No. :</b>	_____
<b>Name of the Bank :</b>	_____
<b>Bank Branch Name :</b>	_____
<b>IFSC Code :</b>	_____

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

\_\_\_\_\_



**Authorised Signatory/Signature of Trustees/Master Policy Holder**

**Date:**

<b>Advance Discharge Voucher:</b>		
We the Trustees/Authorised Signatory/ies of _____ hereby give a valid Discharge in acknowledgement of receipt of claim money in respect of the above claim as detailed below.		
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Please affix ` 1/- revenue stamp &amp; sign across </div>	1. Gratuity / Superannuation / Leave Encashment Amount	: ` _____
	2. Life Cover (to be filled by SBI Life)	: ` _____
	3. Others (please specify)	: ` _____
	<b>TOTAL</b>	: ` _____
<b>Authorised Signatory/Signature of Trustees/Master Policy Holder :</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 applicable fields are mandatory.
2)	<b>The Claim Form should be sent to Head-Group Operations Department, SBI Life Insurance Company Ltd, 7th Level (D Wing) &amp; 8th Level, Seawoods Grand Central, Tower 2, Plot NoR-1, Sector-40, Seawoods, Nerul Node, Dist. Thane, Navi Mumbai-400 706</b>
3)	The settlement of claim would be intimated to you on your address & E-mail ID registered with us.
4)	For any assistance please contact at 022-6645 6353/6278 or email to <a href="mailto:fundclaims.scan@sbiilife.co.in">fundclaims.scan@sbiilife.co.in</a>
5)	SBI Life Insurance Co. 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 under ULIP policies.
7)	Claim Form received at SBI Life office before 3 pm will get the same day's NAV and submitted post 3 pm will get next working day's NAV under ULIP policies.
8)	Signatures of trustees are mandatory on claim form and discharge voucher.