



LIFE INSURANCE CORPORATION OF INDIA
PENSION & GROUP SCHEMES DEPARTMENT
6th & 7th Floor, Jeevan Prakash building, 25-K.G. Marg, N.Delhi-1

CLAIM FORM under Group Term Life Insurance under Chief Minister Advocate Welfare scheme

MPH/ Claimant's Statement
(To be completed by the Master Policy Holder)

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- 1. Name of the Scheme : Group Term Life Insurance under Chief Minister Advocate Welfare scheme.**
- ii) Master Policy No. :**
- iii) Full Name and address of the Master Policy holder :**
- 2. i) Full Name of the deceased member :**
- ii) Adhar No. of Deceased :**
- ii) LIC ID/ BCD Membership No: :**
- iii) Date of joining of BCD Membership :**
- iv) Amount of Insurance cover :**
- v) Date of entry into the Scheme :**
- vi) Date of death(DOD) of the member (enclose death certificate) :**
- vii) Cause of death of member :**
- viii) Whether the member infected with COVID-19 :**
- ix) Place of Death :**
- x) Date of Birth as recorded by the BCD :**
- xi) Name(S) of the Nominee/ beneficiary :**
- xii) Relationship of Nominee/ beneficiary (with member) :**
- xiii) Adhar No. of Nominee/ beneficiary :**
- xiv) Address of Nominee/ beneficiary :**

xv) Mobile No. of Nominee/ Beneficiary:

xvi) Bank Details of Nominee/ beneficiary:

Account No.

Name of Bank

Address

IFSC Code

Copy of cancelled Cheque to be attached.

- In case beneficiary is minor, the guardian /Appointee may fill in this form.

Signature of Beneficiary/Appointee

We hereby declare that the answers to all the questions are true in every respect and that the above member was a member of the Group Term Life Insurance under Chief Minister Advocate Welfare scheme

We enclose herewith the death certificate (in original) as proof of death of the member and also an advanced discharged receipt for the claim amount as shown below.

Date:

For and on behalf of MPH (Department of law,
justice and legislative affairs (GNCTD))

Place:

DISCHARGE RECEIPT

Received a sum of Rs _____ (Rupees _____)

from The Life Insurance Corporation of India in full and final settlement of the claim and demand in r/o above mentioned claim. Further we agree and declare that upon such a payment, the Corporation will be discharged of our entire claim in respect of the above insured member.

Re 1/-
Revenue
Stamp

Date

Signature of Beneficiary/ Claimant/Appointee

Place:

Witness:

For and on behalf of MPH (Department of law,
justice and legislative affairs (GNCTD))

Documents required for Death claim

1. Claim Form (Available on BCD Website) with Rs. 1/- of Revenue Stamp
2. Death Certificate
3. Identity Prof of Demise person
4. BCD Identity card or Certificate
5. Nominee Identity Proof with Date of Birth
6. Bank details of Nominee
7. LIC Certificate
8. Self-Attached all Photocopy Documents (Nominee Signature)

Process

Collect all the required Documents and send to BCD office and then you will get a Verification Letter from BCD, Thereafter submit all documents at Delhi Secretariat on the given address on the verification letter pl.