

Reliance Life Insurance Company Limited
Midas Wing, 1st Floor, Sahar Plaza
Andheri Kurla Road
Andheri (E)
Mumbai – 400 059

GROUP INSURANCE DEATH BENEFIT INTIMATION FORM

Name of the Scheme :

Master Policy Number :

Name and Address of the
Master Policy Holder :

Full name of the deceased Member :

Date of birth of the deceased Member :

Date of joining the Scheme :

Batch/List Sl. No. :

Cause of death :

Date of death :

Place of death :

Proof of death (to be enclosed) :

Sum Assured :

To whom the claim is payable : Master Policy Holder or Nominee
(Strike out whichever is inapplicable)
*(If Nominee please mention relationship
to life assured)*

If Nominee is a minor, state name
and address of the guardian :

“DECLARATION”

We hereby declare that the answers to all the above questions are true in every respect. We enclose an extract from the death registers in proof of death of the member. We further confide that the above said deceased member was covered under the group insurance policy number at the time of death and we further certify that the member was of sound health at the time of joining the scheme.

Place:

Date:

Signature of the authorized
Master Policy Holder with Office Seal