

Gratuity Claim Form

(Please tick the Appropriate option below)

Retirement	<input type="checkbox"/>	Name of the Trust	<input type="text"/>
Voluntary Retirement	<input type="checkbox"/>		
Resignation	<input type="checkbox"/>	Name of Member	<input type="text"/>
Termination	<input type="checkbox"/>		
Death	<input type="checkbox"/>	Policy Number	<input type="text"/>

*Bank A/c No & Name. Of the **Trust**

EMPLOYEE DETAILS

DATE OF BIRTH	dd/mm/yyyy	DATE OF JOINING	dd/mm/yyyy
DATE OF LEAVING	dd/mm/yyyy	NORMAL RETIREMENT DATE	dd/mm/yyyy
CATEGORY CODE/DESIGNATION		LAST DRAWN SALARY	Rs.

ADDITIONAL INFORMATION ON DEATH (Only in case Where Term Insurance has been opted for)

ADDRESS

DATE OF DEATH	dd/mm/yyyy	CAUSE OF DEATH	
PLACE OF DEATH	<input type="text"/>		

Where the Claim is Due to Accident

DATE OF ACCIDENT	dd/mm/yyyy	PLACE OF ACCIDENT	
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1] Was the accident reported to the police or/and to the employer? If yes, give details of the police station and enclose copy of the police report if available: -

2] Was there any hospitalization after the accident? If yes, please attach all hospitalization records.

3] Is the place of death outside India? **Yes** **No** . If yes, buried or cremated: -

Names of two people who witnessed the burial/cremation: -

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Signature of the Member/Claimant

IN CASE YOU HAVE OPTED FOR MULTIPLE FUND OPTION, PLEASE SELECT FROM THE GIVEN PORTFOLIO OF FUNDS FROM WHICH THE UNITS ARE TO BE WITHDRAWN: -

Portfolio	Withdrawal (%) basis
Pension Cash Fund	
Pension Debt Fund	
Pension Secure Fund	
Pension Balanced Fund	
Pension Growth Fund	

Computation of Accrued Gratuity Benefit

Date of Joining	
Date of Leaving	
Last Drawn Salary	
Completed Years of Service	
Gratuity Payable as per Fund rules	

Gratuity Payable as per IT Act	
Maximum Allowed as per IT Act	
TOTAL	

ACCRUED GRATUITY BENEFITS PAYABLE: RS. _____

(Amount to be mentioned)

AMOUNT OF TERM INSURANCE PAYABLE (If Any) : RS. _____

(Amount to be mentioned)

WE HEREBY CERTIFY THAT THE ABOVE MEMBER IS ELIGIBLE FOR GRATUITY BENEFIT UNDER THE POLICY No. _____ AND DECLARE THAT THE INFORMATION SHOWN ABOVE IS TRUE IN EACH AND EVERY RESPECT.

Signature & Rubber Stamp (TRUSTEE)

Signature of the Member/Claimant

DATE : -

DATE : -

Aviva Life Insurance Company India Ltd.

AVIVA Tower, Sector Road, Sector – 43, Opposite DLF Golf Links, DLF Phase V,
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Registered Office: 2nd Floor Prakashdeep Building 7 Tolstoay Marg New Delhi 110001 India

Claims/Operations