



**NIPPON LIFE
INSURANCE**

Group Gratuity Policy – Claim Form

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|---------------------------------|--|
| Master Policy No. | |
| Name of the Master Policyholder | |
| Employer Name | |

Member's Details

| | |
|--|---|
| Employee Id | |
| Employee Name | |
| Member No (As provided by Reliance Nippon Life) | |
| Designation | |
| Date of Birth (DD/MM/YYYY) | |
| Date of Joining (DD/MM/YYYY) | |
| Date of Exit (DD/MM/YYYY) | |
| Employment Status | Full Time Permanent /Temporary |
| Normal Retirement Age | |
| Cause of Exit | Retirement /Resignation /Death (Cause of death required in case of death) |
| Past Service | _____ (Years) _____ (Months) |
| Future Service (In case of death) | _____ (Years) _____ (Months) |
| Last Drawn Salary (For Gratuity calculation purpose) | |
| Gratuity Rate | |
| Gratuity Amount Payable | |

This form serves as an instruction to Reliance Nippon Life to calculate and process the Group Gratuity Claim for the above mentioned member, based on the above information and to pay us the amount of benefit from our Group Gratuity Policy.

Place:

Date:

Signature of the Trustees

Official seal of the Trust

We are always here for you. You just have to call us by another name.
We are now Reliance Nippon Life Insurance Company Limited.

Reliance Nippon Life Insurance Company Limited. (Formerly known as Reliance Life Insurance Company Limited)
IRDAI Registration No: 121.

Corporate Office: Reliance Nippon Life Insurance Company Limited, Reliance Centre, Off Western Express
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