



Group Leave Encashment Policy – Claim Form

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

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/Encashment while in service/Death (Cause of death required in case of death) |
| Last drawn annual salary (For leave encashment calculation purpose) | |
| Leave balance | |
| Leave actually encashed as at the end of the past FY..... | |
| Number of days to be encashed | |
| Leave encashment amount payable | |

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

Place:

Date:

Signature of the Authorized Person
Official seal of the employer

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We are now Reliance Nippon Life Insurance Company Limited.

Reliance Nippon Life Insurance Company Limited. (Formerly known as Reliance Life Insurance Company Limited)
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