

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME
FORM No. 5
(See Rule 10(2))

Dated :/...../20.....

To

The

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(Designation & Address of Head of Office)

Sub: Application for payment of amount due to Shri/Smt.
..... under the Kerala State Employees' Group Insurance Scheme.

Sir,

With reference to your letter No.
Dated/...../20....., I hereby request that the full / % of amount due to late
Shri/Smt. under the Kerala
State Employees' Group Insurance Scheme, may be paid to me.

Yours faithfully,

Signature :

Name :

Res. Address:

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