

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME
FORM No. 3
(See Rule 10(1))

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

To

The
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(Designation & Address of Head of Office)

Sub: Application for payment of accumulation under the Kerala State Employees' Group Insurance Scheme.

Sir,

I have been a member of the Kerala State Employees' Group Insurance Scheme since 20..... I have retired from service after attaining the age of years/ I have ceased to be in employment with the Kerala Government w.e.f./...../20..... I was holding the post of before retirement/cessation of employment with the State Government. I request that the amount due to me under the Kerala State Employees' Group Insurance Scheme may be paid to me.

Yours faithfully,

Signature :

Name :

Res. Address:

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