## Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



## NON ULIP GRATUITY CLAIM FORM

( To be comp	pleted by the Group Policyholder on	Retirement/Volu	ntary Retirement,	/Death/Resignat	ion/Termination	of a Member )	
Group Polic	cy Number						
Name of Gr	oup Policyholder						
Emp ID	Name of Member	Date of Birth	Date of Joining	Date of Exit	Reason for Exit	Last drawn basic Salary	Accrued Gratuity Benefit Amount Payable(₹)
We hereby cer in accordance	ore than 5 claims please provide us the rtify that the above Member(s) is/are with the Rules of the Scheme. We hand confirm that we will not hold Acts.	e eligible for Grat further understan	tuity and the acc	rued gratuity ber d will remain sole	nefit(s), as claime ely responsible fo	d above, has/have r the above accrued	been calculated d gratuity benefit
To enable the requirements is received. In case of	le us to process the claim this for lest is received and accepted at red and accepted at the Compar of Death-Attested Photocopy of of any Communication please wi	orm should be or the Company's ny's office after Death certifica	duly completed s office on or b r 3.00 pm or as ate issued by M	efore 3.00 pm s specified by If Iunicipal Autho	and on the nex RDA. rity along with I	t unit price decla Death Claim Form	red if the request
	Discharge Receipt acknowledge receipt from A	.ditya Birla Su	ın Life Insurar	nce Company	Limited, an an	nount of ₹	
	(	-					
attached, u	ınder Group Gratuity Policy No.						
Signature of the Trustee(s) with Group Policyholder's stamp  Date d d m m y y y y y				Rev	₹1 /enue amp		

Aditya Birla Sun Life Insurance Company Limited IRDAI Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013 +91 22 4356 7000 | CIN: U99999MH2000PLC128110 www.adityabirlasunlifeinsurance.com

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