

OFFICE OF THE _____

Letter No. _____

Date : . . .20

To
The _____

Sub :- Policy No. _____ of Sri / Smt _____
_____ Refund of Amount – Regarding.

Ref :-

Sir / Madam

With reference to the subject cited, I am to state that Sri / Smt
_____ has expired on _____.

In this regard, I furnish below the necessary information with a request to
pay the Insurance amount at an early date.

- 1 Date of Resignation or Retirement :
- 2 Date and Cause of Death :
- 3 Was the Subscriber in Service till Death :
- 4 Last Month of Premium and Rate of Premium
deducted from Salary :
- 5 Places of Posting from date of entry into Service to
date of Death :
- 6 Names of Surviving Heirs and their ages as per
Office Records :
- 7 Present Address of the Widow / Widower :
- 8 The Last working days Salary, GPF, Death – Cum –
Retirement Gratuity was paid to Whom :
- 9 Leave particulars if availed on Medical Grounds
during the Period from _____ to _____ :
alongwith the attested copies of Medical Certificates
and Service Book Pages.

Yours faithfully

Signature of the DDO with Stamp

Note : If DDO is not a Gazetted Officer, it should be countersigned by the next
Gazetted Officer.