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| ***FORM 5(IF)*** | | |
| **THE EMPLOYEES’ DEPOSIT LINKED INSURANCE SCHEME, 1976** | | |
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| ( To be filled up separately by each claimant. In case the claimant is minor it should be filled up by the Guardian on his/her behalf. Where there are more than one minor the guardian should claim in one Form on their behalf ) | | |
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| 1. PARTICULARS OF THE DECEASED MEMBER :- | | |
|  |  |  |
| (i) Name | : |  |
| (ii) Father’s Name or Husband’s name in case of married woman | : |  |
| (iii) Date of death | : |  |
| (iv) Last employed in (Name of factory/estt.) | : |  |
| (v) Code No. & Account No. in P.F. | : | RO/SRO Code Estt. Code PF A/c No   |  |  |  | | --- | --- | --- | |  |  |  | |
|  |  |  |
| 2. Details of the Claimant :- | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of the claimant/Guardian | Age & year of birth | Relation with the Deceased | If the claimant is a guardian of the minor nominee/heir | | |  |  |  | (a)  Name of the minor | (b)  Relationship of the guardian with minor | |  |  |  |  |  | | | |
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|  | | |
| 3. Full postal address of the claimant / Guardian ( IN BLOCK LETTERS ) | : |  |
| 4. Mode of remittance : ( Put a tick ( ) in the box one opted ) | | |
|  |  |  |
| (a) By A/c payee cheque – sent direct for credit to my A/c No. ( Scheduled Bank, Cooperative Bank, Post Office ) “ If opted, furnish the details” |  |  |
|  |  |  |
| |  |  |  |  | | --- | --- | --- | --- | | Name of the Bank | Branch | Bank A/c. No. | Full address of the Branch | |  |  |  |  | | | |
|  |  |  |
| (b) By Postal Money Order at own cost : ( Payment by M.O. is only upto Rs. 2,000/- ) | : | |  | | --- | |  | |
|  |  |  |
| (c) By deposit in payee’s name – the whole or part of the amount in the form of annuity terms deposit Scheme in any Nationalised Bank ( as detailed below ) | : | |  | | --- | |  | |
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|  |  |  |
| |  |  |  |  | | --- | --- | --- | --- | | Name of the Bank | Branch | Bank A/c. No. | Full address of the Branch | |  |  |  |  | | | |
|  |  |  |
| (d) Through the employer |  | |  | | --- | |  | |
|  |  |  |
|  |  |  |
| Date : |  | Signature / thumb impression of applicant |
|  |  |  |
| 5. ADVANCE STAMPED RECEIPT |  |  |
|  |  |  |
| Received a sum of Rs\*.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_from Regional Provident Fund Commissioner/ officer-in charge of sub-Regional Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ towards Employees Deposit Linked Insurance benefit. | | |
| ( \* the space\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office ) Affix Revenue Stamp | | |
|  |  |  |
| The space should be left blank which shall be filled in by the Regional Provident Fund Commissioner/ Officer-in charge of Sub-Regional Office. | | |
| Signature/thumb impression of the claimant | | |
|  |  |  |
| ( to be furnished by the employer ) |  |  |
|  |  |  |
| Certified that the claimant signed/thumb impressed before me and the particulars as furnished are true to the best of my knowledge.  Certified that the member died on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_while in service.  Certified that the provident fund accumulations of the deceased employee Late Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_A/c. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ were paid to Shri/Smt./Kumari \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1.  2.  3.  ( The employer of exempted establishment shall send an attested copy of the nomination of the deceased employee )  Balance in provident fund at the end of the month preceding the 12 months immediately preceding the death of member. | | |
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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Month | Both share of contributions | Refund of withdrawal | Interest | Withdrawal | Progressive Balance | | (1) | (2) | (3) | (4) | (5) | (6) | | Excluding pension contribution | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | |
| Total of 12 months |  |  |
| Provident Fund Balance |  | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Average Balance |  | Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Encls. |  |  |
| Dated: |  |  |
|  |  |  |
|  |  | Signature of the employer/or any authorized official  ( Name & designation with Official Seal ) |
|  |  |  |
| Delete, if not applicable : | | |
|  | | |
| (i) In case the death of the member occurred before 1.3.90 the average balance of 36 months should be worked out in the above form on a separate sheet which should be enclosed. | | |
| (II) The employer of unexempted estts. should fill in the columns 2 & 3 only and the employer of PF exempted estts. should fill in all the columns on the due basis. | | |
| (iii) The employer of exempted estts. should ensure that the information furnished under columns 2-6 above and also other particulars given in this application form are correct. In case of any excess payment resulting on account or any error of mistake in the information furnished in this application form, the same will be recovered from the employer. | | |
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| **( FOR THE USE OF COMMISSIONER’S OFFICE)** | | |
| Entered in F-21-A/9(revised)/1(IF) withdrawal Register. | | |
|  |  |  |
| Clerk |  | Section Supervisor |
|  |  |  |
| ( Under Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_P.I. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Section\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |
| Passed for payment of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) and the amount may be remitted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in respect of Shri /Smt./Kumari\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_maintained at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Bank) | | |
|  |  |  |
| This space should be filled in as per  Sl. No. 4 of this form | | |
|  |  |  |
|  |  | Assistant Accounts Officer  Assistant Commissioner |
|  |  | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | |
| Paid by inclusion in Cheque No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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|  |  |  |
| Cashier Section Supervisor APFC ( Cash) | | |
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| INSTRUCTIONS | | |
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| The benefit under Employees’ Deposit Linked Insurance Scheme, 1976 is admissible to the person(s) entitled to receive the Provident Fund accumulations of the deceased member only under the following conditions :- | | |
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| 1. Death should have occurred while in service. | | |
| 2. All the columns in the form should be filled in ink, without any overwriting. | | |
| 3. Correct postal address, including PIN CODE, will enable to make prompt payment to the correct payee. | | |
| 4. The claimant should also furnish the address in the acknowledgement card attached to the claims. | | |
| 5. The claimant should sign the application form, in the case of illiterates left hand thumb impression of the claimant should be affixed in the form. | | |
| 6. The application should be got attested by the employer under whom the member was last employed. If for any reason the claimant is unable to submit the claim through the employer, the claim may be got attested with official seal by any of the following officials | | |
| 1. Magistrate 2. A Gazetted officer 3. Post/Sub-post Master 4. President of the village Panchayat where there is not Union Board 5. Chairman/Secretary/Member of Municipal/District Local Board 6. Member of Parliament/ Legislative Assembly 7. Member of CBT/ Regional Committee EPF 8. Manager of the Bank in which the Bank Account is maintained 9. Head of a any recognized educational institution 10. Any other officials as may be approved by the Commissioner.   While forwarding the claim the employer should ensure that all the information required in the claim is furnished correctly and requisite documents are enclosed. | | |