

FORM 18 A
DEPENDENTS' BENEFIT
[Regulation 83A]
CLAIM FOR PERIODICAL PAYMENTS

Name of the deceased insured person
Insurance No.

I, (state relationship with the deceased)..... of the above named Insured person, being his dependant, claim dependants' benefit for the period from to

The amount due may be paid to me (by money order)/(in cash at the branch office)

I declare that I have not married / remarried so far (*)

I declare that I am still infirm**

Signature or thumb impression of the claimant

Date :

Present address.....

* Applicable only in case of female dependants.

** Applicable only in case of legitimate infirm son or legitimate or adopted unmarried infirm daughter.
The claim in such cases shall be accompanied, if required, by a certificate of specified authority.

Note :

In case of a minor, the guardian should sign the claim on behalf of the minor, and the following words below his signature

(Name of the minor) through

(Name of the guardian)

his / her relationship.