

CIRB ANNEXURE C

DISCHARGE UNDER CRITICAL ILLNESS RIDER BENEFIT

Ref : Pol.No._____

I, Shri/Smt._____ the Life Assured do hereby acknowledge receipt from the Life Insurance Corporation of India the sum of Rs._____ in full satisfaction of all my claims and demands in respect of the following payment under the above Policy in terms of the Policy Contract, for which the Policy is hereby delivered for cancellation.

i) Payment towards Critical Illness Rs._____
Amount payable Rs._____
Less : Unpaid premium Rs._____
Other deductions Rs._____
(*strike out which are not applicable)
Net amount payable Rs._____

I hereby declare that I have not served on any Office of the Life Insurance Corporation of India any notice of assignment or re-assignment in respect of the above Policy nor shall I serve on any Office of the said Corporation any notice of assignment or re-assignment before payment of the Critical Illness benefit claim under the Policy.

I have not dealt with Policy in any other way.

Dated at _____ this _____ day of _____ 20_____

WITNESS :

Signature : _____

Full Name : _____

Designation : _____

Address : _____

Signature in full/short
in English/Vernacular

Re 1
Revenue Stamp

NOTE :

- 1) Payment will be made by Not Negotiable Account Payee Cheque on the Corporation s Bankers.
- 2) This discharge must be signed by the Life Assured and witnessed in English by any English knowing person provided he knows the Life Assured.
- 3) In case you so desire, we can prepare the cheque mentioning your Name, Bank Account No. and Name of the Bank. Kindly indicate your choice and the details of the Bank Account.
- 4) Illiterate persons who affix their thumb impression must have it identified by and attested by an Agent of the Corporation who is a Member of the Club at the level of Divisional Managers Club and above, a Block Development Officer, a Gazetted Officer, Magistrate or an Officer or Development Officer with atleast 3 years standing or a confirmed Development Officer recruited from the Agents who were DM/BM Club Members before joining, Bank Manager of the Branches of State Bank of India or of one of the Nationalized Banks (provided the attesting Bank Manager signs after affixing an Official Rubber Stamp giving his name and address of the Bank where he is working) or the Principal/Head Master of a local High School or Higher Secondary School run by the Government. The attesting Official must make the following Declaration under his signature.

Shri/Smt._____ wife/widow/son/daughter of
Shri _____ has affixed his/her thumb impression in my presence
after understanding the contents thereof.

Signature of the Attesting Official
Seal of the Office

CIRB ANNEXURE D

FORM OF ENDORSEMENT TO BE PLACED ON THE MAIN POLICY BOND AFTER PAYMENT OF THE CLAIM FOR BENEFIT OF CRITICAL ILLNESS

Ref : Pol.No._____

Notice having been given to the Corporation of the occurrence of the Critical Illness _____(mention the Critical Illness)
Rs._____ being payable towards Critical Illness Rider Benefit under the Policy is paid on _____. No further Critical Illness Rider Benefit is payable under the Policy in future.

CIRB ANNEXURE E

LETTER TO THE CLAIMANT WHERE THE CRITICAL ILLNESS BENEFIT CLAIM IS OUTSIDE THE PURVIEW OF THE RIDER

Dear Sir/Madam

Re : Critical Illness Benefit Claim under

Pol.No._____

This has reference to the claim made under the Critical Illness Benefits of your above Policy vide your letter dated _____. On scrutiny of the evidences submitted, in support of your claim, we find that the ailment suffered was _____. We wish to point out that the above ailment is not covered under the Provisions of the Rider. Hence, we regret that the claim made by you for the benefits of Critical Illness is inadmissible. However, the policy continues to offer besides the insurance protection, the Critical Illness Benefit other than (mention the Critical Illness inadmissible) as mentioned in the Policy conditions. Therefore, we request you to keep the Policy in force by payment of regular premium.

Thanking you,

Yours faithfully,

p.Sr./BRANCH MANAGER

CIRB ANNEXURE F

FORM OF ENDORSEMENT TO BE PLACED ON THE MAIN POLICY BOND AFTER REJECTION OF THE CLAIM FOR BENEFIT OF CRITICAL ILLNESS

Ref : Pol.No._____

Notice having been given to the Corporation of the occurrence of the Critical Illness _____(mention the Critical Illness)

The claim under the said Benefit is hereby rejected on the grounds :

- 1) The above said illness for which the Benefit is claimed is not covered under the Plan.
- 2) The said illness though covered under the Plan, has arisen during the Waiting Period.

Date :

p.Sr./BRANCH MANAGER