

Group Gratuity Policy - Claim Form

Master Policy No.	
Name of the Master Policy holder	
Employer Name	

Member's Details

Employee Id	
Employee Name	
Member No (As provided by IndusInd Nippon Life)	
Designation	
Date of Birth (DD/MM/YYYY)	
Date of Joining (DD/MM/YYYY)	
Date of Exit (DD/MM/YYYY)	
Employment Status	Full Time Permanent/Temporary
Normal Retirement Age	
Cause of Exit	Retirement /Resignation /Death (Cause of death required in case of death)
Past Service	_____ (Years) _____ (Months)
Future Service (In case of death)	_____ (Years) _____ (Months)
Last Drawn Salary (For Gratuity calculation purpose)	
Gratuity Rate	
Gratuity Amount Payable	

This form serves as an instruction to IndusInd Nippon Life to calculate and process the Group Gratuity Claim for the above mentioned member, based on the above information and to pay us the amount of benefit from our Group Gratuity Policy.

Place:
Date:

Signature of the Trustees
Official seal of the Trust

IndusInd Nippon Life Insurance Company Limited (Formerly Reliance Nippon Life Insurance Company Limited). IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051, India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.indusindnipponlife.com 3. Email us at customerservice@indusindnipponlife.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. The trade logo displayed above belongs to IndusInd International Holdings Limited & Nippon Life Insurance Company and is used by IndusInd Nippon Life Insurance Company Limited under license.

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