

## Group Leave Encashment Policy - Claim Form

Master Policy No.	
Name of the Master Policy holder	

### 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	FullTime/Permanent/Temporary
Normal Retirement Age	
Cause of Exit	Retirement/Resignation/Encashment while in service/Death (Cause of death required in case of death)
Last drawn annual salary (For leave encashment calculation purpose)	
Leave balance	
Leave actually encashed as at the end of the past FY.....	
Number of days to been cashed	
Leave encashment amount payable	

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

Place:  
Date:

Signature of the Authorized Person  
Official seal of the employer

**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](http://www.indusindnipponlife.com) 3. Email us at [customerservice@indusindnipponlife.com](mailto: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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