

## KERALA STATE INSURANCE DEPARTMENT

**GIS – Form No. 7**

### NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES' GROUP INSURANCE SCHEME, 1984

(When the Government employee has a family and wishes to nominate one person or more than one person)

| Name and address of Nominee(s) | Relationship with the subscriber | Age | Share of Amount to be paid *(%) | Contingencies on the happening of which the nomination shall become invalid | Name, address and relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the subscriber |
|--------------------------------|----------------------------------|-----|---------------------------------|---|---|
| 1                              | 2                                | 3   | 4                               | 5   | 6   |
|                                |                                  |     |                                 |   |   |

Dated this ..... day of ..... 20..... at .....

Signature & Address of two witnesses:

1. ....

Signature : .....

2. ....

Name & Designation: .....

Countersigned by

Designation of Head of office

(Office Seal)

*Note : The employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed*

\* This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme