

PRESENT: SRI / SMT.

Rc.No. / 20.....

Dated: - - 20 .

Sub: GROUP INSURANCE SCHEME – ZILLA PARISHAD
SRI / SMT.....

Sanction of G.I.S. **Savings & Insurance** Amount of Rs...../- Orders – Issued.

- Ref: 1) G.O.Ms.No. 293 F&P. Deptt. Dated: 9-10-1984.
- 2) G.O.Ms.No. 323 F&P. Deptt. Dated: 12-11-1984.
- 3) G.O.Ms.No. 367 F&P Deptt. Dated: 15-11-1994.
- 4) G.O.Ms.No. 193 F&P Deptt. Dated: 19-03-2002.
- 5) Govt.Memo.No.34520/147/Admn.II/A2/99, Dated:19-3-2002.
- 6) G.O.Ms.No. 110 F&P Deptt. Dated: 19-05-2014.
- 7) G.O.Ms.No. _____ F&P Deptt. Dated: _____.
- 8) Death Certificate issued by _____.
- 9) Proper Person Certificate issued by _____
- 10) Other connected papers.

-x-x-x-

ORDER :

Sri / Smt.....

who died while in service on..... vide reference 8th cited above.

She / He subscribed an Amount of Rs...../-P.M initially towards Group Insurance Scheme from, Again Enhanced the Amount of Rs...../- from Again Enhanced the Amount of Rs...../- from..... and Enhanced the Amount of Rs...../- P.M from to towards Savings & Insurance Amount of the incumbent.

Hence Sanctioned is hereby accorded for drawal of an Amount of Rs...../- as follows for final settlement of the G.I.S. claim as per the reference 7th cited above (Statement Enclosed)

- 1. Savings Amount Rs./-
- 2. Insurance Amount Rs...../-
- TOTAL Rs./-

(Inwords..... rupees only)

The above Amount is Payable to Sri / Smt....., as per the Proper Person Certificate issued by..... vide reference 9th cited above.

The expenditure is debitale to the following Heads of Accounts.

- 8011 - Insurance & Pension Funds.
- 107 - State Govt. Employees GIS
- 01 - G.I.S. for State Govt. Employees
- 001 - Insurance fund
- 002 - Savings fund.

ANDHRA PRADESH STATE EMPLOYEES GROUP INSURANCE SCHEME

G.O.Ms.No. 293 (F&P) Deptt. Dated:08-10-1984.

C H E C K L I S T

1. Name of the Employee and Designation :
2. Scale of Pay :
3. Date of Commencement of Insurance cover And the Group to which he/she si enrolled Initially. :
4. Change of the Higher Group w.e.f :
5. Date of Retirement/Resignation/Death :
6. Name of the Nominee/Legal – heir in the Event of death of the employee :
7. Calculation of Savings Fund and interest there On as order from time to time. (A separate Annexure copy of which should invariably be Sent to Director of Insurance) :
8. Total Amount sanctioned under **Savings Fund** : Rs...../-
9. Total Amount sanctioned under **Insurance Fund** in the event of death of the Employee : Rs...../-
10. Head of Account for payment of Savings Fund / Insurance Fund/Interest separately : 8011001070001001000VN (Insurance)
8011001070001002000VN (Savings)

SIGNATURE.

GROUP INSURANCE SCHEME

FINAL CALCULATION STATEMENT

Sri / Smt. _____

Contribution Particulars: _____

He / She was expired from his / her service on the A.N.of _____
as per Death Certificate issued by the _____
_____. And GIS Calculation
as per G.O.No. _____ Fin.Deptt. Dated: _____

Employee Expired on the _____ His / Her GIS Particulars	Year of Start	No.of extra Units added	One Unit Maturity on ____20____based on its starting year	Total Maturity

NON- DRAWAL CERTIFICATE

This is to certify that Sri / Smt. _____

was expired on _____ while in service .

And his / her Final Payment of **GIS Saving** and
Insurance Fund Claime Rs. _____ /-(Inwords _____

_____ only) was NOT DRAWN and PAID
to Concerned Proper Person as on date.

The above information are found correct as per Records.

Place:

Date:

M.E.O.

CERTIFICATE

(EOL Period Subscription)

This is to certify that Sri / Smt. _____

was expired on _____ while in service .

And his / her during the entire service he / she was **not availed** Ex-tra Ordinary Leaves as per Records.

His / Her during the entire service he / she was **availed** Ex-tra Ordinary Leaves as per Records And Certified that GIS Contribution was recovered and remitted to GIS Head of Account during the E.O.L Period also.

The above information are found correct as per Records.

Place:

Date:

M.E.O.

CERTIFICATE

(Subscription)

This is to certify that Sri / Smt. _____

was expired on _____ while in service .

And Certified that His / Her during the entire service he / she was contributed / recovered under GIS from his / her salary time to time regularly depending on the Time Scale of the the above incumbent.

The above information are found correct as per Records.

Place:

Date:

M.E.O.