

PRESENT: SRI / SMT. ....

Rc.No. / 20..... Dated: - - 20 .

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

Sanction of G.I.S. **Insurance Fund** 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 8<sup>th</sup> 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...../- (Inwords..... rupees only) for final settlement of the **G.I.S. INSURANCE claim** of the incumbent as per the reference 7<sup>th</sup> cited above. (Statement Enclosed)

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

The expenditure is debitable 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 is 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.

# NON- DRAWAL CERTIFICATE

This is to certify that Sri / Smt. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

was expired on \_\_\_\_\_ while in service .

And his / her Final Payment of GIS INSURANCE  
Fund Clai~~m~~e 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.

# 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

# CERTIFICATE

(EOL Period Subscription)

This is to certify that Sri / Smt. \_\_\_\_\_

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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. \_\_\_\_\_

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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.