

Employer - Employee Claim Form (Loan Schemes)

Master Policy Number

PF Number / Emp ID

Master Policyholder Name

Loan Account Number

DETAILS OF THE DECEASED EMPLOYEE (Please write in capital letters)

1. Name of the Life Assured (Deceased)

2. Date of Birth

3. Date of Death

4. Cause of Death

Illness* Natural Accident Suicide

* In case of Illness, please specify nature of illness

Heart Disease Kidney Disease Cancer Liver Disease Other _____

5. Basic Sum Assured

6. Nominee / Claimant Name & Relationship

7. Amount payable to MPH (Outstanding loan amount)

8. Amount payable to Nominee / Claimant

9. Nominee / Claimant Contact Number

10. Nominee / Claimant Email ID

The Bank Account details of the Nominee / Claimant:

Account Number

FS Code

Bank Name

Bank Branch

The Bank Account details of Master Policyholder:

Account Number

FS Code

Account Name

Bank Branch

Declaration and Authorization:

I hereby voluntarily give my specific, informed, unconditional and unambiguous consent and authorization to SBI Life Insurance Company Limited ("Company") to receive, collect, process, use, store, disclose, transfer, share, or handle my/our sensitive personal data or information, as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 and personal data as defined under the Digital Personal Data Protection Act, 2023 (as amended from time to time), solely for the purpose of servicing of policy, including sharing it with contracted third parties, reinsurers, appointed representatives, or vendors associated with the Company for various purposes and outsourced activities exclusively related to servicing of the policy, investigation/settlement of claims, fraud prevention, and monitoring.

I understand that, following the conclusion of the business relationship with the Company, my data (including my sensitive personal data or information) shall be retained for the requisite period as prescribed under the applicable laws for the time being in force.

I understand that I am voluntarily giving my authorization for sharing of the above data to the specified third parties and for the specified purposes only, as described herein. This consent shall hold good even if I register my number with the National Customer Preference Register (NCPDR). I understand that I have the right to: (a) withdraw my consent at any time where my personal data is processed by the Company with my consent; and (b) file a complaint with the Company and/or the relevant data protection authority in respect of performance of the Company's obligations in relation to my personal data.

Aadhaar Consent: (Applicable only if the Aadhaar is submitted)

I, Mr./Mrs./Ms. _____ hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorize the Company to obtain necessary details like Name, DOB, Address, Mobile Number, email, Photograph through the copy of Aadhaar card / QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI or Aadhaar Number/Virtua ID Name, Date of Birth, Fingerprint/Iris and my Aadhaar details used for authentication either through Yes/No authentication facility or e-KYC facility in accordance with the Aadhaar (Target Delivery Of Financial and Other Subsidies, Benefits and Services) Act, 2016 and all other applicable laws/regulations. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, driving license, NREGA job card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of processing claim request. Further I understand, my biometrics will not be stored/saved by SBI Life. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me. I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me in this regard.

Certified that the information furnished is true and correct in every respect to the best of our knowledge and belief

Nominee / Claimant Name

Date

Place

Nominee / Claimant consent for claim payment to Master Policy Holder

I, _____, being the nominee/claimant under the Group Policy Number _____ issued by SBI Life Insurance Company Limited on the life of the deceased member _____ do hereby request and provide my irrevocable consent to SBI Life Insurance Company Limited for making payment to the Master Policyholder whom I acknowledge to be the beneficiary of the outstanding loan amount of ₹ _____ as on the date of death claim payment becoming due. I have no objection to the claim proceeds being paid to the Master Policyholder towards settlement of the outstanding loan amount as stated above and I understand that any remaining balance (if applicable) will be paid to me. I hereby unconditionally and irrevocably discharge SBI Life Insurance Company Limited from all liabilities and obligations under the aforesaid policy and confirm that I or my representatives or legal heirs shall not raise any claim, demand, or dispute whatsoever against SBI Life Insurance Company Limited in respect of claim amount paid thereunder to the Master Policyholder as a beneficiary under any circumstance whatsoever.

Place

Date

Vernacular Declaration:

I hereby declare that I have explained the contents of this claim form to the Nominee/Claimant in _____ (language) and ensured that the contents have been fully understood by him/her. I have accurately recorded the Nominee/Claimant's responses to the information sought in the claim form. I have read out the recorded responses to the Nominee/Claimant and he/she has confirmed that they are correct and affixed his/her vernacular signature/thumb impression as follows.

Name of Declarant

Address of Declarant

Date

Place

Authorized Signatory on behalf of the Master Policy Holder:

Name & Designation

Contact Number

Date

Place

List of Claim Documents Required:

- Claim Form duly attested by the Master Policyholder
- Copy of Death Certificate issued by local authority – To be attested by Claimant and Master Policyholder
- KYC document of the Nominee / Claimant- attested by Claimant and Master Policyholder
- Bank Account Proof of Nominee /Claimant (Bank Passbook duly attested by Claimant and Master Policyholder or a Cancelled cheque leaf having Nominee s/Claimant's name pre-printed on it)
- Bank Account Proof of Master Policyholder
- Latest Loan/Credit Account Statement
- Actively At Work Certificate (If Applicable)
- In case of Unnatural Death, copy of First Information Report and Post Mortem Report (If applicable)

Note: SBI Life reserves the right to ask for more information/ documents, if required.

SBI Life Insurance Company Limited: Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai- 400 069. Tel: (022) 61910000
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