

KERALA STATE INSURANCE DEPARTMENT

GIS – Form No. 6

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

(When the Government employee has no family and wishes to nominate one person or more than one person)

Name and address of Nominee	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

** Where Government employee who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family