



भारतीय प्रौद्योगिकी संस्थान भुवनेश्वर
Indian Institute of Technology Bhubaneswar

कर्मचारी समूह सावधि जीवन बीमा के सदस्यता हेतु प्रपत्र
Form for subscription to Employees Group Term Life Insurance

Name	:	
Designation	:	
Employee Code	:	
School/Section	:	
Pay Level	:	
Gross Pay	:	
60 times of Gross Pay	:	
Date of Birth	:	
Date of Joining	:	
Sum assured chosen (Please tick any one as applicable)		
(1) PL-13 above Sum assured 1 crore /75 Lakhs *		1 Crore _____ / 75 Lakhs _____
(2) PL-10 to 12 Sum assured 60 Lakhs *		
(3) PL-6 to 9 Sum assured 40 Lakhs *		
(4) PL-1 to 5 Sum assured 20 Lakhs *		

* **Note: Sum assured is worked out based on 60 times of monthly gross salary. Accordingly employee may choose appropriate sum assured irrespective of the Pay Level.**

I hereby give my consent to recover the premium paid to LIC in contrast to my requested sum assured of IIT Bhubaneswar Employees Group Term Life Insurance policy from my pay in suitable instalments as per the Institute norms.

Place:

Date:

Signature

स्थापना अनुभाग उपयोग/ Establishment Section Use

Mr/Mrs/Ms. _____ is covered under the IIT Bhubaneswar Employees Group Term Life Insurance w.e.f. _____ as per confirmation received from LIC of India vide letter/Email _____ dated _____.

Verified by:

Signature _____

Name _____

Designation _____

Date _____

Signature of AR/DR Establishment