

FEDERAL E BENEVO

FEDERAL EMPLOYEES BENEVOLENT AND GROUP INSURANCE FUNDS BENEVOLENT FUND BUILDING, BLOCK C-II, NEAR ZERO POINT, P.O.BOX NO.2035, ISLAMABAD

(Application form for Payment of Death Grants to family of Deceased Employee)

					(See	ORM- e Rule ART	12)									
1.	a)	Name of the Deceased employee														
	b)	Father/Husband's Name														
	c)	CNIC No.						_								
	d)	CNIC No. of Spouse (in of married employee)	n case					_	_							
	e)	Name of Parent Depart Division/Ministry	ment ar	nd												
	f)	Designation alongwith (Gazetted // Non-C	BPS Gazette	d])											
	g)	Station/Place of last pos	sting													
2.		Pay	a)	Basi	c Pay											
			b)	Spec	cial Pay											
			c)	Tech	nnical P	ay										
			d)	Pers	onal Pa	у										
			e)	Qua	lificatio	on Pay										
			f)	Seni	or Post	allowa	ance									
			g)		other F onable			e								
					Total											
3		Date of birth						D	D)	М	М	Y	Y	Y	Y
4.		Date of entry into service	e					D	D)	М	М	Y	Y	Y	Y
5.		Date of death						D	D)	М	М	Y	Y	Y	Υ
6.		Date of retirement/Struck Superannuation/ Quality	c off St ing serv	rengt vice/c	h, on ac leath du	count iring se	of ervice	D	Ι)	М	М	Y	Y	Y	Υ
7.		Name of beneficiary(s) (1	nomina	ted o	r otherv	vise)					<u> </u>					
Γ	S. No	o. Name CN	IC No.		Dat	e of	Rel	ations	ship	P	rofes	sion	Ma	rital	Mo	nthly

with the

Deceased

Status

Income

(**Rs.**)

birth

8.	Address(s) of the beneficiary(s) alongnwith contact No: a. Present/Complete mailing address
	b. Permanent:
	c. Telephone No.:Mobile No.:
	d. E-Mail (if any):
9.	Bank Account title:
10.	Name and city of National Bank of Pakistan Branch, nearest to the residence of beneficiaries:
11.	
12.	Period of EOL or period for which contributions to Benevolent and Group Insurance Funds was not paid:
	<u>PART-II</u>
	CERTIFICATION BY THE HEAD OF DEPARTMENT.
It is cer	rtified that:
1.	The information contained in Part-I in respect of Mr./Miss/Mrs. is correct according to our record.
Fι	The above named employee was neither Contingent Paid/Work Charged/Adhoc/Contract employee etc. or a deputationist from any Provincial/local government and was a regular contributor of FEB & GI Funds. arther he/she was neither dismissed nor removed from services (in case of a deputationist from one Federal overnment department to another, the case will be prepared by his/her parent department).
3.	
ca	The particulars of nominee(s) of Benevolent Grant and sum assured etc. of deceased employee entioned in Part-I above are correct and there is no other nominee(s) as per record of this office. In ise, particulars of nominee(s) given in Part-I found incorrect at later stage by any forum, our epartment will be responsible for refund of sanctioned grant(s) to FEB & GIF.
5. de	The above claim is prepared for the first time and has not been sent previously from his/her parent epartment.
6.	The above named employee was not uniform employee of Armed forces at the time of death.
Dated.	Stamp and Signature Head of the office
	DEPARTMENTAL FORWARDING
Insurar	Forwarded to Deputy Director/Incharge, Regional Board, Federal Employees Benevolent and Group ace Funds, Islamabad/Karachi/Lahore.
F.No.	Dated
· · · ·	

Stamp and Signature Head of the Department or authorized officer not below BS-20

PART-III

Visible and Attested Photocopies on A-4 size paper of the following documents shall be submitted with this application form:

- a) **Annex "A"-** Last pay certificate/computerized pay slip duly countersigned by head of department showing personal No. allotted by the Accounts Office.
- b) **Annex "B"-** First and second page of service book/PPO/statement of service in case of gazetted employee.
- c) **Annex "C"-** CNIC in respect of the aforesaid deceased employee and the prospective beneficiaries and in case of any minor beneficiary, B-Form. (Both sides of CNIC must be copied on A-4 size paper)
- d) Annex "D"- Death certificate issued by Union Council/Union Committee/Municipal Committee.
- e) **Annex "E"-** Death Notification/office order of retirement under which name of deceased employee was struck off the strength from service.
- f) **Annex "F"** Nomination form for pertaining to benevolent fund and group insurance filled in the employee during service.
- g) Annex "G"- List of dependent family members i.e. wife/wives, natural son(s), father, mother, minor brothers and unmarried/divorced/widowed sisters/daughters. The list should indicate name, CNIC No. relationship, age, marital status, profession, monthly income, present mailing address and contact number(s).
- h) **Annex "H"-** Wholly dependency certificate (other than spouse) issued by the Head of the Department/Officer authorized by the department (Authority letter must be attached).
- i) **Annex "I"** In case of female prospective beneficiaries one widow/non-marriage/re-marriage certificate attested by a Gazetted officer.
- j) Annex "J" DCS form
- k) Annex "K"- 02 Copies of cheque leaf containing IBAN (Joint account is not applicable)

Federal Employees Benevolent & Group Insurance Funds Benevolent Fund Building, Block A-1 Near Zero Point, Islamabad.

For further information/complaint, please visit our website i.e. www.febgif.gov.pk Ph.051-9252164 Note: Photocopy of this form can also be used.