



**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)**

**FORM-B**  
(See Rule 12)

**PART-I**

1.	a)	Name of the Deceased employee	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
	b)	Father/Husband's Name	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
	c)	CNIC No.	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
	d)	CNIC No. of Spouse (in case of married employee)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
	e)	Name of Parent Department and Division/Ministry	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
	f)	Designation alongwith BPS (Gazetted <input type="checkbox"/> /Non-Gazetted <input type="checkbox"/> )	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
	g)	Station/Place of last posting	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
2.	Pay																																						
	a)	Basic Pay	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
	b)	Special Pay	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
	c)	Technical Pay	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
	d)	Personal Pay	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
	e)	Qualification Pay	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
	f)	Senior Post allowance	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
	g)	Any other Pay/allowance reckonable for pension	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
		Total	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
3	Date of birth	<table border="1" style="width: 100%; height: 20px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y																													
D	D	M	M	Y	Y	Y	Y																																
4	Date of entry into service	<table border="1" style="width: 100%; height: 20px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y																													
D	D	M	M	Y	Y	Y	Y																																
5	Date of death	<table border="1" style="width: 100%; height: 20px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y																													
D	D	M	M	Y	Y	Y	Y																																
6	Date of retirement/Struck off Strength, on account of Superannuation/ Qualifying service/death during service	<table border="1" style="width: 100%; height: 20px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y																													
D	D	M	M	Y	Y	Y	Y																																
7.	Name of beneficiary(s) (nominated or otherwise)																																						

S. No.	Name	CNIC No.	Date of birth	Relationship with the Deceased	Profession	Marital Status	Monthly Income (Rs.)



### **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](http://www.febgif.gov.pk) Ph.051-9252164

**Note: Photocopy of this form can also be used.**