A-4 size paper

White Form



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

Name of the Deceased

employee

/. [S. No. Name CNIC No.					Relationsh with the Deceased		Profession			Marital Status		Monthly Income (Rs.)	
6. Date of retirement/Struck off Strength, on account of Superannuation/ Qualifying service/death during service 7. Name of beneficiary(s) (nominated or otherwise)									Y					
5.		Pate of death					D	D	М	М	Y	Y	Y	Y
4.	Γ	Date of entry in	to service				D	D	М	M	Y	Y	Y	Y
3	Γ	Date of birth					D	D	М	M	Y	Y	Y	Y
				٦	Γotal									
		g) Any other Pay/allowance reckonable for pension												
	e) Qualification Payf) Senior Post allowance													
			d)	Person	nal Pay							<u> </u>		
	c) Technical Pay													
			b)	Specia	al Pay									
2.	P	ay	a)	Basic	Pay			·	·					
	g)	Station/Place of	of last posting											
		Designation al (Gazetted	ongwith BPS] /Non-Gazet	ted)									
		Name of Parer Division/Minis												
d) CNIC No. of Spouse (in case of married employee)														
	c) CNIC No.						_							
	,	Father/Husban Name	nd's											

8.	Address(s) of the beneficiary(s) along nwith 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.	Bank Account No (s).												
12.	Period of EOL or period for which contributions to Benevolent and Group paid:	Insurance	e Fur	nds was	not								
	<u>PART-II</u>												
	CERTIFICATION BY THE HEAD OF DEPARTMENT.												
It is ce	rtified that:												
1	The information contained in Part-I in respect is correct according to our r	of ecord.	Mı	r./Miss/l	Mrs.								
F	The above named employee was neither Contingent Paid/Work Charged/Adhor a deputationist from any Provincial/local government and was a regular contribute the/she was neither dismissed nor removed from services (in case of a deprovernment department to another, the case will be prepared by his/her parent department.	butor of l itationist	FEB &	d GI Fu	nds.								
3	The employee died during the continuance of service after retirement												
c	The particulars of nominee(s) of Benevolent Grant and sum assured electioned in Part-I above are correct and there is no other nominee(s) as pease, particulars of nominee(s) given in Part-I found incorrect at later support	r record tage by	of thi	is office	. In								
5 d	The above claim is prepared for the first time and has not been sent preview epartment.	iously fro	om his	s/her pa	rent								
6	The above named employee was not uniform employee of Armed forces at the	time of o	leath.										
Dated				l Signat									
	DEPARTMENTAL FORWARDING												
Insura	Forwarded to Deputy Director/Incharge, Regional Board, Federal Employence Funds, Islamabad/Karachi/Lahore.	es Benev	olent	and G	roup								
F.No.		Dat	ed										

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"- Envelope containing four copies of photographs duly attested in respect of each beneficiary bearing the name of the person on the reverse of three photos and one on the face. In case of purdah observing ladies, photographs will not be required, A certificate that she is Purdah observing lady must be attached.
- j) Annex "J"- Four signatures/right and left thumb impressions on separate sheets (four on each sheet) of each beneficiary/dependents duly attested by class-1 Gazetted Officer.
- k) Annex "K"- In case of female prospective beneficiaries one widow/non-marriage/re-marriage certificate attested by a Gazetted officer.