



राष्ट्रीय हथकरघा विकास निगम लिमिटेड
(भारत सरकार का उपक्रम, वस्त्र मंत्रालय)

NATIONAL HANDLOOM DEVELOPMENT CORPORATION LIMITED
(A Government of India Undertaking, Ministry of Textiles)

सीआईएन नं. / CIN NO: U17299UP1983GOI005974

ECPF/22-23/1025

21.11.2022

Employees Deposit Linked Insurance Scheme (EDLI).

Employees Deposit Linked Insurance Scheme or EDLI is an insurance cover provided to all employees under the EDLI scheme 1976 by the EPFO (Employees Provident Fund Organization) for salaried employees. EDLI applies to all organizations registered under the Employees Provident Fund and Miscellaneous Provisions Act, 1952. The nominee receives a lump-sum payment in the event of the death of the person insured, during the period of the service.

Features of Employees Deposit Linked Insurance Scheme.

EDLI applies to all employees with employment for a continuous period of 12 months preceding the month in which he/she died, irrespective of change of establishment during the said period. The minimum assurance benefit payable for death is capped at Rs. 2,50,000/- with effect from 15.02.2020. If the basic salary goes above Rs. 15,000 per month, the maximum death benefit is capped at Rs. 7,00,000/- with effect from 21.04.2021.

How to claim the benefits under EDLI.

1. The benefits can be claimed by the nominee specified by the insured person. If no nominee was registered, then the family members or legal heirs can apply for the same.
2. The deceased person should have been an active contributor to the EPF scheme at the time of his/her death.
3. EDLI Form has to be duly completed and submitted by the claimant.
4. The claim form has to be signed and certified by the employer.

Documents required for a payout under EDLI.

1. EDLI claim form.
2. Death Certificate of the insured person.
3. Succession Certificate in case the legal heir files the claim.
4. Guardianship Certificate if the claim is filed on behalf of a minor by a person other than the natural guardian.
5. Copy of cancelled cheque for the account in which the payment is to be received.
6. The claimant can also submit EPF withdrawal claim to claim all the benefits under the three schemes, EPF, EPS and EDLI.
7. Any additional documents required must be furnished at the earliest to process the claim

कृते एन.एच.डी.सी. लि. ईसीपीएफ ट्रस्ट

(जितेन्द्र वी. पुरोहित)

सचिव

Copy to:-

1. MD cell for information.
2. DGM Comm/ (F&A).
3. HR Department.
4. All Employees NHDC.
5. Notice board.



Life Insurance Corporation of India

Pensions & Group Schemes Unit

<Address of the P&GS Unit>

Phone nos: <Unit Phone No1>, <Unit Phone No1>

Email id:<E-mail ID>, Fax: <Fax No>

Claim form under Group Insurance Scheme in lieu of EDLI Scheme

We would like to submit our claim for the Group Insurance Benefit pertaining to the following employee, who died while in service, as per details given below:

1	i. Name of the Scheme	
	ii. Master Policy No	(EDLI)GI :
	iii. Full Address of the Master Policy Holder	
2	i. Full Name of the Deceased Member	
	ii. Date of Birth	
	iii. Date of Joining Service	
	iv. Date of Joining PF	
	v. P.F Account No	
	vi. Date of Entry in the Scheme	
	vii. Date of Death of Member (Enclose Death Certificate)	
	viii. Cause and Time of Death	
	ix. Was the member in service on date of death	
3	i. Name and Address of the nominee/ heir to whom the claim amount is payable	
	ii. Relationship with deceased member	
	iii. Mobile No. and Email id of the nominee	
	iv. If more than one nominee, the percentage of share for each nominee	
	v. Aadhar No. of the Nominee	
	vi. PAN No. of the Nominee	
	vii. If the nominee is a minor, state name and address of Guardian	

**SIGNATURE OF THE MASTER POLICY HOLDER
WITH COMPANY SEAL**

viii. Nominee's Bank Account Details

Name of the Nominee	Bank A/c No.	Name of the Bank	Name of the Branch	Type of Account	IFSC of the Bank Branch

Note: Please Specify the shares of the nominees / heirs if there are more than one nominee / heir to whom the claim is to be paid and particulars of separate Bank A/C Nos.)

We hereby declare that the answers to all the questions are true in every respect and that the above employee was a member of the Group Insurance Scheme.

We hereby request LIC of India to remit the claim amount to the Claimant's above mentioned Savings Bank A/C through NEFT.

Dated at _____ this _____ day of _____ 20

**SIGNATURE OF THE MASTER POLICY HOLDER
WITH COMPANY SEAL**

Discharge Receipt

Master Policy No: _____

We hereby acknowledge receipt of a sum of Rs _____ (Rupees _____) from The Life Insurance Corporation of India in full and final settlement of the claim and demand in respect of above mentioned claim. Further we agree and declare that upon such a payment the Corporation will be discharged of our entire claim in respect of the above insured member.

Dated at _____ this _____ day of _____ 20

Witness

Signature : _____
 Name : _____
 Address : _____

Please Affix
a Re.1/-
Revenue
Stamp

Signature of Nominee