

**KERALA STATE INSURANCE DEPARTMENT**  
**GROUP INSURANCE SCHEME**  
**FORM No. 5**  
(See Rule 10(2))

Dated : ...../...../20.....

To

The .....

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*(Designation & Address of Head of Office)*

Sub: Application for payment of amount due to Shri/Smt. ....  
..... under the Kerala State Employees' Group Insurance Scheme.

Sir,

With reference to your letter No. ....  
Dated ...../...../20....., I hereby request that the full / ..... % of amount due to late  
Shri/Smt. .... under the Kerala  
State Employees' Group Insurance Scheme, may be paid to me.

Yours faithfully,

Signature : .....

Name : .....

Res. Address: .....

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