KERALA STATE INSURANCE DEPARTMENT

GROUP PERSONAL ACCIDENT INSURANCE SCHEME

FORM I

See Section 9(1)

Name of Employee : ..... PEN/KSID ID .....
Designation : .....
Office : .....

To *

.....

I do hereby inform the ..... (Designation of Head of Office) that the person(s) mentioned hereunder shall be my Nominee(s) and that the benefits due to me under the Personal Accident Insurance Scheme to Government Employees and Teachers shall be given to them in the following proportions (in the event of my death or incapacitated to receive the benefit).

Sl. No.	*Name of Nominee*	*Age*	*Address*	*Relationship with the member*	*Proportion of benefits to be given*	*Contingency under which the nomination becomes ineffective*	*Person whom the amount is to be given if the nominee is a minor*
1	2	3	4	5	6	7	8

Place :
Date :

Countersigned :
Head of Office/Head of District Office

Signature :
Name of Employee :

*Officer of the Insured mentioned in Section 5