

Form No. 1

GOVERNMENT OF KARNATAKA

DEPARTMENT / OFFICE.....

Dated.....

MEMORANDUM

Shri*.....a Group..... employee has been enrolled as a member of the Karnataka State Government Employees Group Insurance Scheme, 1981 with effect from His monthly subscription of Rs.(Rupees...) shall be deducted from his salary/wages commencing from the month of.....and he will be eligible to the benefits of the scheme appropriate to Group w.e.f.....

Head of Office

To

*Shri.....

*Name and designation of the employee

Form No. 2

GOVERNMENT OF KARNATAKA

DEPARTMENT / OFFICE.....

Dated.....

MEMORANDUM

*Shri.....has been promoted on a regular basis, Group
.....to Group.....with effect from..... His monthly subscription
for the Karnataka State Employees Group Insurance Scheme, 1981 shall be raised from
Rs.....to Rs..... from the month ofand
he will be eligible to the benefits of the scheme appropriate to Group.....
W.e.f.....

Head of Office

To

*Shri.....

*Name and designation of the employee

FORM NO. 3

To

The.....

.....

Subject--- Application for payment of accumulation under
Karnataka State Employees Group Insurance
Scheme Rules, 1981.

Sir,

I have been a member of the Karnataka State Employees' Group Insurance Scheme, 1981 since** I have retired from service after attaining the age ofyears/ I have ceased to be in employment with the Karnataka Government w. e. f.....I was holding the post ofbefore retirement/cessation of employment with the State Government. I request that the amount due to me under the Karnataka State Employees ' Group Insurance Scheme may be paid to me.

Yours faith fully,

()

*Designation and address of the Head of Office.

**Month and the year of becoming a member of the Scheme may be indicated here.

Form No. 4

GOVERNMENT OF KARNATAKA

DEPARTMENT / OFFICE.....

Dated.....

To

*.....

.....

Subject---- Payment of the amount due under the Karnataka State Employee' Group
Insurance Scheme, 1981.

Dear Sir/Madam,

I am directed to state that the late Shri..... has nominated you
for amounts of full/.....per cent of amounts due under the Karnataka State
Employees' Group Insurance Scheme, 1981. You are therefore requested to submit an application in the
enclosed Form No.5 for arranging payment.

Yours faithfully

()

*Name and address of the nominee.

FORM NO. 5

To

The.....

.....

Subject-- Application for payment of amount due to
late Shri-----under the
Karnataka State Employees, Group Insurance
Scheme, 1981.

Sir,

With reference to your letter No..... datedI
hereby request that the full/.....per cent of amount due to late
Shri..... Under the Karnataka State Employees Group Insurance
Scheme, may be paid to me.

Yours faithfully

()

*Name and address of the Office from where Form

NO.4 is received..

Form No 6

NOMINATION FOR BENEFITS UNDER THE KARNATAKA STATE EMPLOYEES' GROUP INSURANCE SCHEME, 1981

When the Government employee has no family and wishes to nominate one person or more than one person

I, having no family, hereby nominate the person/persons mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Karnataka Government under the Karnataka State Employees 'Group Insurance Scheme, 1981 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and addresses of nominee/s	Relationship with Govt. employee	Age	**Share of amount be paid to each	**contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person, if any, to whom the right of the nominee shall pass in the event of his predeceasing the Govt. employee
1	2	3	4	5	6

1.

2.

3.

Dated, this day of 19 at

Signature of Two witnesses;

- 1)
- 2)

Signature of Govt. employee.

N. B.: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed. This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

**Where a Government employee who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.

Form No 7

NOMINATION FOR BENEFITS UNDER THE KARNATAKA STATE EMPLOYEES' GROUP INSURANCE SCHEME, 1981

When the Government employee has a family and wishes to nominate one member or more than one member there of

I, having by nominate the person/persons mentioned below, who is/are member(s) of my family, and confer on him/them right to receive to the extent specified below any amount that may be sanctioned by the Karnataka Government under the Karnataka State Employees 'Group Insurance Scheme, 1981 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and addresses of nominee/s	Relationship with Govt. employee	Age	*Share to be paid to each	contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person, if any, to whom the right of the nominee shall pass in the event of his predeceasing the Govt. employee
1	2	3	4	5	6

1.

2.

3.

Dated, this day of 19 at

Signature of Two witnesses;

1)

2)

Signature of Govt. employee.

N. B.: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed.

* This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM NO. 8

Karnataka State Employees Group Insurance Scheme, 1981

Register of Members

Group:

SECTION I:- Particulars of employees subscribing to the insurance Fund only.

Sl no	Name	Designation	Date of birth	Date of appointment	Date of commencement of subscription	Date of promotion to higher Group/Date of transfer to other departments	Date of death	Remarks
1	2	3	4	5	6	7	8	9
SECTION II: Particulars of Employees subscribing to both Insurance Fund & Savings Fund.								
Sl no	Name	Designation	Date of birth	Date of appointment	Date of commencement of subscription	Date of promotion to higher Group/Date of transfer to other departments	Date of cessation of membership and reason therefor	Remarks
1	2	3	4	5	6	7	8	9

ANNEXURE ' A'

SCHEDULE PERTAINING TO KARNATAKA STATE EMPLOYEES' GROUP INSURANCE SCHEME

ATTACHED TO PAY BILL FOR 19----

Name of Office D.D. O -----

Name of the Sub- Treasury/Treasury-----

I. EMPLOYEES SUBSCRIBING TO INSURANCE FUND ONLY

Group	No. Employees	Rate of monthly Subscription Rs.	Total amount Rs.
1	2	3	4
A		77	
B		57	
C		38	
D		19	
Total

II. MEMBERS SUBSCRIBING TO INSURANCE FUND AND SAVINGS FUND

Group	No of members	Insurance Fund		Savings Fund	
		Rate of monthly Subscription Rs.	Total amount Rs.	Rate of monthly Subscription Rs.	Total amount Rs.
1	2	3	4	5	6
A		12.500		27.500	
B		9.375		20.625	
C		6.250		13.750	
D		3.125		6.875	
Total

III. Amount creditable to Insurance Fund
(Column 4 of I + Column 4 of II)

Rs.

.....

IV. Amount creditable to Savings Fund
(column 6 of II)

.....

Note: Where the total amounts creditable to Insurance Fund and Savings Fund contain fractions of a rupee, the higher fraction may be rounded to a rupee.

Seal of Office

Date :

Signature of Treasury Officer

ANNEXURE ' B'

SCHEDULE OF RECEIPTS PERTAINING TO KARNATAKA STATE EMPLOYEES' GROUP INSURANCE SCHEME

ATTACHED TO PAY BILL FOR 19----

Name of the Sub- Treasury/Treasury-----

I. EMPLOYEES SUBSCRIBING TO INSURANCE FUND ONLY

Group	No. Employees	Rate of monthly Subscription Rs.	Total amount Rs.
1	2	3	4
A		77	
B		57	
C		38	
D		19	
Total

II. MEMBERS SUBSCRIBING TO INSURANCE FUND AND SAVINGS FUND

Group	No of members	Insurance Fund		Savings Fund	
		Rate of monthly Subscription Rs.	Total amount Rs.	Rate of monthly Subscription Rs.	Total amount Rs.
		3	4	5	6
A		12.500		27.500	
B		9.375		20.625	
C		6.250		13.750	
D		3.125		6.875	
Total

III. Amount creditable to Insurance Fund (Column 4 of I + Column 4 of II)	Rs.
IV. Amount creditable to Savings Fund (column 6 of II)
V. Grand total of receipts imder the Scheme(III + IV)

Seal of Office

Date :

Signature of Treasury Of

ANNEXTURE ' C '
RECEIPTED BILL

Received a sum of Rs.....()
 From the Insurance and /or of Rs.....()
 From the Saving Fund accrued to the undersigned, whose particulars are given below :

Name of the employee/member

Designation of the post held immediately

Before retirement/death

Group to which the employee/member belonged A/B/C/D

Name of the legal heir(s) in the event of death
 of the employee/ member

1.....

2.....

3.....

Dated..... Signature of the recipient(s)

FOR USE IN DEPARTMENTAL OFFICE

- (a) Relevant bio-date of employee/membership
- (1) Date of commencement of insurance cover/membership
 and the group which he belonged initially
- (2) Year of acquiring membership in higher group.....
- | | | |
|-------|---|----|
| (i) | C | 19 |
| (ii) | B | 19 |
| (iii) | A | 19 |

- (b) Countersigned for payment or Rs..... ()
 To claimant (s) by crossed Cheque.

Signature
 Date
 Designation of D.D.O

FOR USE IN THE TREASURY OFFICE

Passed for payment of Rs.....()
 By crossed Cheque No.....dated.....

Head of debit	Amount
(1) 811 - Insurance and Pension Funds – State Government Employees' Group Insurance Scheme (new minor head)	
- Insurance Fund (sub-head) (Disbursements)	
(2) 811 - Insurance and Pension Funds	
- State Government Employee' Group Insurance Scheme (new minor head)	
- Savings Fund (sub-head) (Disbursements)	

Date..... Signature
 Designation of Treasury officer

ANNESURE ' D'

SCHEDULE OF DISBURSEMENTS UNDER KARNATAKA STATE EMPLOYEES'
GROUP INSURANCE SCHEME FOR19.....

Name of sub-Treasury/Treasury.....

.....

I. Disbursements in respect employee/members on account of death while in service.

Group members who died	Number of employees/	Amount paid in rupees		
		Insurance Fund	Savings Fund	Total
1	2	3	4	5
A				
B				
C				
D				
Total				

II. Disbursements to members on retirement/resignation etc.

Group members who retired/ resignation etc.	Number of employees/	Amount paid from Savings Fund in
		rupees
1	2	3
A		
B		
C		
D		
Total		

III. Total amount paid from Savings Fund Rs.....
(Column 4 of I + Column 3 of II)

Seal of Office

.....

Date :

Signature of Treasury Office

ANNEXURE 'E'

QUARTERLY STATEMENT OF ACCOUNTS OF KARNATAKA STATE EMPLOYEES' GROUP INSURANCE
SCHEME FOR THE QUARTER ENDED.....19.....

I. Insurance Fund-Receipts

(Amount in rupees)

Month	opening Balance	Receipts during the month	Total receipts (2 +3)
1	2	3	4

II. Insurance Fund-Disbursements

Month	Disbursements (Amount in rupees)
1	2

III. Insurance Fund closing Balance

Amount in rupees

Month	* Closing balance (Column 4 of I Column 2 of II)	Interest added to the closing balance of the last month of the quarter.
1	2	3
	Nil
	Nil
Total		

*Note : Closing balance does not include interest.

IV. Savings Fund-Receipts

Month	opening Balance	Receipts during the month	Total receipts
1	2	3	4

V. Savings Fund- Disbursements

Month	Disbursements (Amount in rupees)
1	2

VI. Savings Fund-Closing balance

(Amount in rupees)

Month	Balance (Column 4 of IV- Column 2 of V)	Interest added to the balance of the last month	*Closing balance (2+3)
1	2	3	4
		Nil	
		Nil	

*Note : Closing balance includes interest.

Seal of Office

Date

Signature of Administrator.