

Death Benefit Claim Form Sample for Government Employee

The **death benefit claim form** sample for government employees provides a standardized template to facilitate the submission process. This form ensures accurate documentation of necessary details to expedite the claim. Using the sample can help beneficiaries understand the required information and reduce processing time.

Section 1: Deceased Employee Information

Full Name:

Employee ID / Service Number:

Department/Office:

Date of Death:

Cause of Death (if known):

Section 2: Claimant Information

Claimant's Name:

Relationship to Deceased:

Full Address:

Contact Number:

Email Address:

Section 3: Bank Details (for Payment)

Bank Name:

Bank Account Number:

IFSC Code:

Branch Address:

Section 4: Documents Attached

- Copy of Death Certificate
- Employee ID Proof
- Claimant ID Proof
- Bank Passbook or Account Statement
- Relationship Proof (if required)

Section 5: Declaration

I hereby declare that the information given above is true and correct to the best of my knowledge and belief.

Date:

Signature of Claimant:

Submit Claim