

Annexure 2: Benefit Claim Form

Date:

Details of Claimant

Name: _____ CID No. _____
Designation: _____ Sector: _____
Others _____

Reason for claim (tick as appropriate)

- Death of nominee Medical Grant Farewell

a) For demise of nominee

Name: _____ Gewog: _____ Relationship to the
CID: _____ Dzongkha: _____ claimant:
Village: _____ Date of expiry: _____

b) For medical grant

Name: _____ Village: _____ Date of referral:
CID: _____ Gewog: _____

c) For farewell of the member

Name: _____ CID: _____

Reason:

- Transfer Resignation Superannuation

Checklist

- Copy of Death Certificate Copy of Death confirmation letter from Gup Official referral letter from hospital
 Copy of CID for decease Transfer order

I hereby declare that all the information provided above are true and authentic to the best of my knowledge. I have claimed a sum of Nu. _____ from the Scheme.

(Dated Signature of the Claimant)

Approved by:

Treasurer

Member Secretary

Chairperson