

## **Claim Requirements**

### **Instruction:**

All questions in the claim form must be answered fully and accurately and the form should bear signature of an Officer authorized in this behalf by the Participant.

### **Death Claims:**

- Death claim form
- Last attending physician's statement
- A duly attested photo-copy of certificate of death issued by a Local Body/ or Burial Certificate
- If the death was the result of the causes other than natural such as accident, suicide or homicide, the following additional documents will be submitted to DFTL: (1) A certified copy of FIR or Police Report containing full details as to how when and where the incident took place. OR (2) Original or attested copy of Postmortem report.
- An attested photo-copy of the National Identity Card.
- A Documentary proof of age.
- Any other documents required by DFTL.

## **Accidental Disability**

### **CLAIMS FORMS**

- Accidental Claim Form:**  
Ensure that all the required information is provided and it is signed by the employer/ authorized officer
- ATTENDING SURGEON'S STATEMENT**  
This form is to be filled-in by last attending physician / clinic / hospital of the accidentee
- Employee Statement**  
This form is to be filled-in by employee himself in the event of accident, mention of date & time of accident, with witness is necessary

### **OTHER REQUIREMENTS**

- x-rays, medical investigations reports
- An attested photocopy of NIC
- Age proof
- A photocopy of application form

## **Natural Disability**

### **CLAIMS FORMS**

- ND Claim Form:**  
Ensure that all the required information is provided and it is signed by the employer/ authorized officer
- ATTENDING SURGEON'S STATEMENT**  
This form is to be filled-in by last attending physician / clinic / hospital of the employee
- Employee Statement**  
  
This form is to be filled-in by employee himself

### **OTHER REQUIREMENTS**

- X-rays, medical investigations reports
- An attested photocopy of NIC
- Age proof
- A photocopy of application form
- Retirement letter
- A photocopy of medical Board Certificate