KERALA STATE INSURANCE DEPARTMENT
GIS – Form No. 6
NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES’ GROUP INSURANCE SCHEME, 1984
(When the Government employee has no family and wishes to nominate one person or more than one person)

<table>
<thead>
<tr>
<th>Name and address of Nominee</th>
<th>Relationship with the subscriber</th>
<th>Age</th>
<th>Share of Amount to be paid *</th>
<th>Contingencies on the happening of which the nomination shall become invalid **</th>
<th>Name, address and relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the subscriber</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Dated this ............ day of ............................................... 20............ at ..............................................................

Signature & Address of two witnesses:

1. ..........................................................
   Signature: ..........................................................

2. ..........................................................
   Name & Designation: ...............................................
   Countersigned by

   Designation of Head of office (Office Seal)

Note: The 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 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