**KERALA STATE INSURANCE DEPARTMENT**

**GIS – Form No. 7**

**NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES' GROUP INSURANCE SCHEME, 1984**

(When the Government employee has a family and wishes to nominate one person or more than one person)

**Name and address of Nominee(s)**

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

**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