

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME
FORM No. 2
(Vide Rule 5)

Department/Office :
.....

Dated :/...../20.....

MEMORANDUM

Shri/Smt.
(Name), (Designation)
has been promoted on a regular basis from Group (A/B/C/D) to Group
(A/B/C/D) with effect from 20..... He/She has opted to take
more units under the Group (A/B/C/D). His/Her monthly subscription shall be
raised from ₹ to ₹ from the month of 20..... and
he/she will be eligible to the benefits of the scheme appropriate to Group
(A/B/C/D) w.e.f. 20.....

Head of Office

To

Shri/Smt.
.....
(Name & Designation of the employee)