

**KERALA STATE INSURANCE DEPARTMENT**  
**GROUP INSURANCE SCHEME**  
**FORM No. 4**  
(See Rule 10(2))

Department/Office : .....  
.....

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

To

.....  
.....  
..... (Name & Address of the nominee)

Sub: Payment of the amount due under the Kerala State Employees' Group Insurance Scheme.

Dear Sir/Madam,

I am directed to state that late Shri/Smt. .... has nominated you for payment of full/..... % of amounts due under Kerala State Employees' Group Insurance Scheme. You are therefore requested to submit an application in the enclosed Form No. 5 for arranging payment.

Yours faithfully,

Signature & Designation of Head of Office