



GOVERNMENT OF KERALA

Abstract

Group Insurance Scheme- Accounting Procedure - GIS to the Employees of Universities, Public Sector Undertaking and other Autonomous Institutions - Orders issued.

FINANCE (GROUP INSURANCE SCHEME) DEPARTMENT

G.O (P)No.592/2011/Fin.

Dated, Thiruvananthapuram, 12/12/2011.

- Read:-
1. G.O.(P) No.392/84/Fin. Dated : 09.07.1984.
 2. G.O.(P) No.371/85/Fin. Dated : 08.07.1985.
 3. G.O.(P) No.26/04/Fin. Dated : 12.01.2004
 4. G.O.(P) No. 249/10/Fin. Dated : 21.04.2010
 5. Lr. No.Co-ord III/7-109/Vol.iv/03-04/235/417 dated: 26-03-2004 and from the Accountant General (A & E), Kerala, Thiruvananthapuram.
 6. Lr. No. Ins/Estt/E3/10589/2004 dated: 26-05-2005 from the Director of Insurance, Thiruvananthapuram.
 7. Lr. No. GIS/GR3/8887/2009 from the Director of Insurance, Dated : 20/04/2011.
 8. Co-Ordn 111/7-109/Vol.V/2011-12/000/24 dated: 14/09/2011.
1. In the Government Order read as third paper above, Government have extended the Group Insurance Scheme to the employees of Aided Educational Institutions, Universities, Public Sector Undertakings and other Autonomous Institutions.
 2. Director of Insurance in his letter read as 6th paper above, has forwarded proposals for evolving accounting procedure for Gis in respect of the above categories of employees. Government have examined the matter in detail and are pleased to issue the following procedure for accounting the transactions under GIS for the above categories of employees barring those in Aided Educational Institutions for whom the procedure issued vide G.O. Read as 2nd paper above is applicable.
 3. The Scheme is optional. The Head of Institution/Office shall ensure that all the eligible employees are enrolled in the scheme within a period of one year of joining service before 30th September. The Chief Executive/Head of the Institution shall furnish the district wise list of offices/units to the District Insurance Officer, concerned.
 4. Those employees who entered Service on or after 12-01-2004 and who are below 50 years of age as on 1st September shall be enrolled in the scheme.

5. The classification Group to which the employee belongs and the amount of insurance cover shall be ordered by Government from time to time. As there is no similarity in the scale of pay of different PSUs and other Semi-Government institutions, the rate of subscription can be determined on the basis of the Grade of employees in different PSUs concerned ie Grade I employee. Grade II, Grade III, Grade IV etc.
6. The details of subscribers to GIS shall be kept in Form GIS 8(a). The Head of Office/Salary Disbursing Officer shall forward the list of members in form GIS-CI along with copy of nomination in triplicate . (One copy to the District Insurance Officer concerned for issue of pass book and one copy of nomination to be pasted in the Service Book after making counter signature/personal file and the remaining one to be kept as office copy).
7. The Head of Office/Salary Disbursing Officer shall maintain up to date Group wise register of subscribers in the prescribed form (Form No, 8(a) containing the details such as name, designation, subscription amount date of entry in service, date of enrollment in the scheme in each office/unit. In the case of transfer of employees, the details such as office/unit to which transferred, date of transfer and date of relief shall be incorporated in the register. The Head of Institution/Salary Disbursing Officer shall remit the premia amount deducted from the pay bills to the Head of account "8011-00-107-99 insurance fund" respectively in the ratio 70:30 within five working days of disbursement of salary every month. The original chalan receipt shall be sent to the District Insurance Officer concerned together with the details of remittance in Form No. B1 showing name, designation, account number, and subscription amount during the month of deduction itself. The District Insurance Officer shall maintain the accounts properly. The salary disbursing officer shall be held personally responsible for the belated remittance of the monthly premia. If the remittance is not made in the respective month itself, the Chief Executive/Drawing and Disbursing Officer concerned will

have to remit interest for the amount for the days from the last due date of remittance at the rates of interest being allowed to the fund, in a separate chalan.

8. The pass book of the employee shall contain the month of salary, date of payment of salary, the amount of subscription, number and date of remittance of chalan, name of Treasury and signature of the Head of Office/Salary Disbursing Officer. (Form No. 9).
9. The details of subscription in respect of the employee who proceed on leave without allowance, deputation or under suspension shall compulsorily be noted in the register of GIS Form E (copy enclosed). If an employee or a member proceeds on deputation the borrowing authority shall effect recovery of subscription and credit the same to the relevant Head of account. The lending authority shall incorporate suitable clause in this regard in the terms of deputation.
10. The Head of Institution/Chief Executive shall furnish the details of progress of enrollment to the Scheme to the Director of Insurance and Government by October every year. The Head of the Institution shall also forward a consolidated statement containing the details of all enrollments in various offices/units under his jurisdiction to the Director of Insurance and Government by November every year.
11. The details of GIS subscription shall be noted in the Last Pay Certificate in the case of subscribers on their transfer to another office. The facts such as the office to which transferred, date of transfer/relief etc. shall be recorded in the register of subscribers.
12. Members of the scheme are not permitted to withdraw any amount from the savings fund before cessation of employment.
13. In cases where the employee in Public Sector Undertakings resign or get relief from service to take up employment in another Public Sector Undertaking/Government service and vice versa, the Head of institution/Administrative Officer shall forward the pass book

with up to date entries to the new employer. The transfer of accounts in prescribed Form GIS (Form T) showing the total amount of subscription as on date shall also be forwarded to the new office/unit and to the District Insurance Officer. The Chief Executive/Salary Disbursing Officer of the new institution shall record the details in the register of members and continue deduction of subscription with arrears, if any, accrued after relief/resignation of the employee from the former institution.

14. In the case of retirement/cessation of employment, the Head of Institution/Salary disbursing Officer concerned shall forward the duly attested pass book and application in Form GIS-3 to the District Insurance Officer concerned. In the case of employees who die while in service, application of the nominee in Form No. GIS-5 along with attested pass book, nomination and death certificate by a Gazetted Officer shall also be enclosed if the original is to be returned. In the absence of valid nomination, legal heirship certificate and application in Form GIS-5 shall be obtained from all major legal heirs.
15. The District Insurance Officer shall verify the admissibility of the claim with the pass book and accounts maintained in the department and sanction the eligible amount subject to the delegation of Financial powers conferred. Sanction will be issued in Form No. F1 & F2 in the case of retirement claims and death claims respectively. In the case of death claims, the payments from both Savings Fund and Insurance Fund are to be arranged in separate bills. A copy of the sanction order along with receipt in the prescribed form shall be sent to the employee/nominee/legal heir through the Chief Executive/Salary Disbursing Officer of the institution where the employee last worked. The Chief Executive/Salary Disbursing Officer shall record the name of the claimant, amount sanctioned, Order No. and date and nature of claim in the Claim Register. The Chief Executive/Salary Disbursing Officer shall retransmit the duly signed

and certified receipt in duplicate to the District Insurance Officer for issuing bill to the Treasury Officer with copy to the claimant directly. The District Insurance Officer shall maintain a separate Payment Register and all the payment shall be reconciled with treasury records.

16. The present table of benefits for disbursement of claims to Government Employees on retirement at the age of 55 years will be applicable to those employees whose retirement age is above 55 years.
17. All other provisions of the accounting procedure ordered in the Government Order read as second paper above and subsequent orders shall be applicable to the employees of these institutions. Rules in the Government Order read as first paper above shall also be applicable to the employees of these institutions.
18. Form B1,C1,E,F1,F2,T for Transfer of Accounts, Receipts, Treasury Bill and Form No. 8(a) are appended to this order along with Form No. 1 to 9.

(BY ORDER OF THE GOVERNOR)

V.P JOY

Secretary (Finance)

To

The Accountant General (A & E/Audit), Kerala, Thiruvananthapuram.
The Principal Accountant General (Audit), Kerala, Thiruvananthapuram.
All Heads of Departments and Offices.
The Director of Public Relations, Thiruvananthapuram.
The Director of Printing, Thiruvananthapuram.
www.finance.kerala.gov.in
The Director of Insurance, Thiruvananthapuram.
All District Insurance Officers.
The Director of Treasuries, Thiruvananthapuram.
All District Treasury/Sub Treasury Officer.
All Departments and Sections of the Secretariat.
The Registrar, High Court of Kerala, Ernakulam (with C/L)
The Registrar, University of Kerala/Calicut/Cochin/and M.G. University,
Kottayam (with C/L)
The Advocate General, Kerala Ernakulam (with C/L)
The Registrar, Kerala Agricultural University, Mannuthi, Thrissur
(with C/L)
The Secretary Kerala Public Service Commission (with C/L)

The Chairman, Kerala State Electricity Board, Thiruvananthapuram
(with C/L)
The Managing Director, KSRTC, Thiruvananthapuram (with C/L)
The Secretaries, Additional Secretaries, Joint Secretaries,
Deputy Secretaries and Under Secretaries.
The Secretary to the Governor.
The Private Secretary to the Chief Minister and other Ministers.
The PA to Speaker.
The Private Secretary to the leader of opposition, MLA Hostel,
Thiruvananthapuram.
The Additional Secretary to the Chief Secretary etc.
All Managing Directors/Chief Executives of PSUs.
The Registrar, Sanskrit University, Kalady/Medical and Allied University,
Mulamkunnathukavu.
✓ The Nodal Offices, www.finance.kerala.gov.in
The stock file/Office Copy.

Forwarded/By Order



Section Officer.

FORM No. 1
GOVERNMENT OF KERALA

Department/Office.....

Dated.....

MEMORANDUM

*Shri.....a Group.....
employee has been enrolled as a member of the Kerala State Government Employees Group Insurance
Scheme, 1984 with effect from..... His monthly subscription of Rs.....
(Rupees)shall be deducted from his salary/wage commencing
from the month of and he will be eligible to the benefits of the scheme appropriate to Group
..... w.e.f

Head of Office

To

*Shri.....

*Name and designation of the employee

FORM No. 2
GOVERNMENT OF KERALA

Department/Office.....

Dated.....

MEMORANDUM

*Shri..... has been promoted on a regular basis, from
Group..... to Group..... with effect from
..... His monthly subscription for the Kerala State Government Employees Group
Insurance Scheme, 1984 shall be raised from Rs. to Rs. from the month of
..... and he will be eligible to the benefits of the scheme appropriate to
Group w.e.f

Head of Office

To

*Shri.....
*Name and designation of the employee

FORM No. 3

To

*The

Sub:- Application for payment of accumulation under the Kerala State Employees' Group Insurance Scheme Rules, 1984.

Sir,

I have been a member of the Kerala State Employees' Group Insurance Scheme 1984 since** I have retired from service after attaining the age Years / I have ceased to be in employment with the Kerala Government w.e.f. I was holding the post of before retirement/ cessation of employment with the State Government. I request that the amount due to me under the Kerala State Employees' Group Insurance Scheme may be paid to me.

Yours Faithfully,
()

* Designation and address of the Head of Office.

** Month and year of becoming a member of the Scheme may be indicated here.

FORM No. 4

To

*The

Sub:- Payment of the amount due under the Kerala State Employees' Group Insurance Scheme Rules, 1984.

Dear Sir/Madam,

I am directed to state that late Shri..... has nominated you for payment of full/..... percent of amounts due under the Kerala State Employees' Group Insurance Scheme 1984. You are therefore requested to submit an application in the enclosed Form No. 5 for arranging payment.

Yours Faithfully,

()

* Name and address of the nominee.

19
FORM NO. 5
(SEE RULE 10(2))

To

The

.....

Sub:- Appplication for payment of amount due to late Sri/Smt under
the Kerala State Employees Group Insurance Scheme.

Sir,

With reference to your letter No dated I hereby
request that the full/..... percent of amount due to late Shri/Smt.....
under the Kerala/State Employees Group Insurance Scheme, may be paid to me.

Yours faithfully,

(.....)

*Name and address of the Office from where Form No. 4 is received.

20
FORM NO 6
 (See rule 17(4))

Nomination for the benefits under the Kerala State Employees Group Insurance Scheme

Extended PSUs and Semi Government Institutions etc.

(When the employee has no family and wishes to nominate one person or more than one person.)

I, having no family, hereby nominate the person/persons mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employees Group Insurance Scheme, in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and address of Nominee/ Nominees	Relationship with employee	Age	*Share of amount to be paid to each	** Contingence on the happening of which the nomination shall become invalid.	Name, address and relationship of the person if any to whom the right of the nominee shall pass in the event on his predeceasing the employee	Name and address of of the person whom the share is to be paid on behalf of minor/minors
(1)	(2)	(3)	(4)	(5)	(6)	(7)

- 1.
- 2.
- 3.

Dated this _____ day of _____ 20____ at _____

Signature, Name and address of employee

Signature of two witness

(1)

(2)

NB:- 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 they may be payable under the insurance Scheme.

**Where 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.

20
FORM NO 7
 (See rule 17(4))

Nomination for the benefits under the Kerala State Employees Group Insurance Scheme

Extended PSUs and Semi Government Institutions etc.

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

I hereby nominate the person(s) mentioned below who is /are member(s) of my family, and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employees Group Insurance Scheme, in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and address of Nominee/ Nominees	Relationship with employee	Age	*Share of amount to be paid to each	Contingence on the happening of which the nomination shall become invalid.	Name, address and relationship of the person if any to whom the right of the nominee shall pass in the event on his predeceasing the employee	**Name and address of the person to whom the share is to be paid on behalf of minor/minors
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						

Dated this day of 20 at

Signature, Name and address of employee

Signature of two witness

(1)

(2)

NB:- 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 they may be payable under the insurance Scheme.

**Vide G.O.(P) No. 531/87/Fin. Dated 18/6/1987

KERALA STATE INSURANCE DEPARTMENT

**KERALA STATE GOVERNMENT
GROUP INSURANCE SCHEME**

PASS BOOK

Account No.....

Dated.....

Issued to Sri./Smt.
.....
.....
.....

Group at the time of admission

Scale of pay

Date of retirement

Date of entry in service

Date of Birth

Deduction/remittance of the 1. Date.....

first premium. 2. Amount.....

DISTRICT INSURANCE OFFICER

**KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME – EXTENDED TO
PSUs AND SEMI GOVERNMENT INSTITUTIONS.
'Form B1'**

Schedule preparing to Kerala Sate Employees Group Insurance Scheme – Recovery of subscription from the salary for the month of 20... attached to DD / Chalan receipt sent to District Insurance Officer.

Name of the Office with Phone No.

Name of Institution

Sl. No.	Account No.	Group	Name of the member/ subscriber.	Designation & scale of pay	Month to which subscription relates	Amount Recovered		Remarks
						Rs.	Date of payment of salary	

No. of members:

Total Amount:
(in words)

Station:

Date:

..... Certified that a sum of Rs..... has been recovered from the salary for and remitted vide chalan Nos..... dated in District/Sub Treasury DD No..... drawn in favour of

Name and signature of
Head of Office/Salary Drawing Officer

Designation

Office Seal

GROUP INSURANCE SCHEME
Extended to PSUs and Semi Government Institution etc.
FORM GIS 'C1'

Name of Office
and full address:

Name of Institution:
Revenue District:

Sl. No.	Sl. No. in the Register of Members.	Name(in Block Letters)	Designation and scale of pay	Group and rate of subscription	Date of payment of first subscription (copy of chalan and schedule in Form B1 to be attached)	Due Date of Retirement	Age & Date of Birth	Date of Entry in service	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Station:
Date:

Name and Signature of
Head of Office/Salary Drawing Officer

Designation

Office Seal

To
The District Insurance Officer
.....

GROUP INSURANCE SCHEME
 Extended to PSUs and Semi Government Institutions
FORM GIS E

Register for watching the recovery of subscriptions towards Group Insurance Scheme from employees on leave without allowances, suspension, deputation, foreign service etc.

Sl. No.	Name of the employee with designation and account number	Group and rate of subscription	Month up to which recovery has been effected	(Vide rule 21)		Details of remittance		If transferred whether noted in the LPC	Remarks
				Details of leave without allowances, deputation, foreign service, suspension etc.	Details of TRS receipt/Chalan/ Cheque with date	Amount remitted			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	

Note:

1. Each member on L.W.A/ Foreign Service/ Deputation or under suspension should be assigned a separate page.
2. In respect of chalans the number, date, head of account and name of the treasury should be noted. The chalans should be got with reference to the receipt schedule of the treasury.

(Below Rupees.....)

GROUP INSURANCE SCHEME
Extended to PSUs and Semi Government Institutions etc.
FORM F1
(Vide Rule 18)

Proceedings of the District Insurance Officer.....
(Present: Shri/Smt.....)

Sub:- Group Insurance Scheme of State Government Employees, extended to PSUs
and Semi Government Institutions Settlement of claim relating to
Shri/Smt..... Payment Ordered -

Ref:- 1.

2.

3.Claim No.

Shri/Smt was a subscriber to the

Group Insurance Scheme. His/Her account No. is His/Her group being
..... at the time of his/her retirement/cessation of membership. He/She is eligible to
receive the amounts under the scheme by reason of his/her retirement/cessation of
employment.

Order No. INS/ Group/ Claim/ Retirement..... 20..... Dated.....

In pursuance of the powers vested in me as per provision in GO(ms) No.
1008/2000/Fin dated 5/7/2000 sanction is hereby accorded for the payment of a sum of
Rs.....(Rupees..... only)
being the amount accumulated under the savings Fund to Shri/Smt
in full an final settlement of his/her claims from the Group Insurance Scheme.

The expenditure of Rs..... (Rupees.....only)
will be by debit to "8011 Insurance and Pension funds – 107 State Government Insurance
Fund – 98 Savings Fund."

District Insurance Officer.
.....

(Office Seal)

Copy to:

1. Office Head/Salary Drawing Officer.
2. Party/Nominee
3. Accountant General (A & E) Kerala, Trivandrum (with C.L.).
4. The District/Sub Treasury Officer
.....
5. The Principal Secretary (Finance)
Government Secretariat
Thiruvananthapuram.
6. Stock File.

(Below Rupees.....)

GROUP INSURANCE SCHEME
Extended to PSUs and Semi Government Institutions etc.
FORM F2
(Vide Rule 18)

Proceedings of the Director of Insurance, Thiruvananthapuram / District Insurance Officer

.....
(Present: Shri/Smt.....)

Sub:- Group Insurance Scheme of State Government Employees, extended to PSUs and Semi Government Institutions etc. Settlement of claim relating to Shri/Smt..... Payment Ordered -

Ref:- 1.

2.

3.Claim No.

Shri/Smt was a subscriber to the

Group Insurance Scheme. His/Her account No. is His/Her group being at the time of his/her death. His/Her nominee is eligible to receive the amounts under the scheme by reason of his/her death.

Order No. INS/ Group/ Claim/ Death 20..... Dated.....

In pursuance of the powers vested in me as per G.O.(P) 371/85/Fin. Dated: 8/7/1985 / GO(ms) No. 1008/2000/Fin dated 5/7/2000 sanction is hereby accorded for the payment of a sum of Rs.....Rupees..... only) being the amount accumulated under the savings Fund and Insurance Fund to Shri/Smt in full an final settlement of his/her claims from the Group Insurance Scheme.

The expenditure will be accounted as shown below:

- (i) Rs (Rupees..... only) will be by debit to "8011 Insurance and Pension funds – 107 State Employees Group Insurance Scheme – 99 Insurance Fund."
- (ii) Rs (Rupees..... only) will be by debit to "8011 Insurance and Pension Funds – 107 Kerala State Government Employees Group Insurance Scheme – 98 Savings Fund."

Director of Insurance/District Insurance Officer.

(Office Seal)

Copy to:

1. Office Head/Salary Drawing Officer.
2. Party/Nominee
3. Accountant General (A & E.) Kerala, Trivandrum (with C.L.).
4. The District/Sub Treasury Office
5. The Principal Secretary (Finance),
Government Secretariat,
Thiruvananthapuram.
6. Stock File.

GROUP INSURANCE SCHEME FOR STATE GOVERNMENT EMPLOYEES

Extended to PSUs and other Autonomous bodies

ADVICE FORM FOR TRANSFER OF ACCOUNT

Form T

Name of Office:

Name of institution:

1. Name and designation and scale of pay of the transferred employee .
2. GIS account No. & Date of effect of membership.
3. (i) Details of nomination
(ii) Date of its Acceptance by the Head of Office
(iii) Name and address of nominees and
(iv) their relationship with the subscriber
4. Date of transfer/relief/resignation
5. Transferred from (Name of Office)
6. Transferred to (Name of Office)
7. Rate of subscription with period Rs.
8. Total amount transferred
(in figures and in words) Rs.
9. Month up to which subscriptions were made
10. Default of subscription if any with reasons
11. Belated remittance of monthly subscriptions if any and reasons there of

Signature of the
Salary Drawing and Disbursing Officer/
Head of Office

Place:

Date:

CLAIM ON GROUP INSURANCE SCHEME

(Extended to Public Sector Undertakings and Semi Govt. Institutions Etc.)

RECIPT

Received from the Director of Insurance, Kerala State Insurance Department, Thiruvananthapuram / District Insurance Officer, a sum of Rs..... (Rupees only) in full discharge of all money under Group Insurance Scheme (Savings Fund / Insurance Fund) due to me by reason of cessation of employment / death of the member late

Place :

Date :

Stamp

Signature of the claimant with full Address
.....

This is to certify that Shri/Smt is personally known to me and that he/she/late Shri/Smt..... was a member in the Group Insurance Scheme vide GIS Account No. The signature of the claimant Shri/Smt..... is attested.

Name signature and Designation
of a Gazetted Officer.

Place :

Date :

(Office Seal)

Please pay the amount from District/Sub Treasury

Signature of the claimant

No.

Date:

From

To

Sir,

Sub:- GIS – Advice of Transfer of Account – Regarding.

Ref:- GIS Account No.

I am forwarding herewith the Advice of Transfer of account in the above GIS account
to Sri/Smt

Yours faithfully,

Copy to:

The District Insurance Officer,
.....

Below Rs.

CHARGEABLE TO (I)

8011.....
107.....
98/99.....

For Rs.....

Payable at.....

Passed for Rs.....

(in figures and words)

Director of Insurance/
District Insurance Officer
Kerala State Insurance Department

Place :

Date :

(Office Seal)

KERALA STATE GOVERNMENT INSURANCE DEPARTMENT

Thiruvananthapuram..... 20.....

From

The Director of Insurance/District Insurance Officer.

To

The District/Sub Treasury Officer.

Sir,

I write to inform you that the following bill in respect of claim under Group Insurance Scheme has been encashed for payment at your treasury and forwarded to the party direct.

Please encash the same on presentation debiting the amount to 8011-107-98 & 99 GIS

Yours Faithfully

Director of Insurance/
District Insurance Officer

Dated.....

GIS Claim No.

GIS A/c No

Name

Amount

Rs

Ps

Rupees

1. Copy forward to Shri/Smt.....
For information with bill.

2.

3.