

HYDERABAD DIVISION भारतीय जीवन बीमा निगम Letter of Authorisation

UNDER SALARY SAVINGS SCHEME

of t	the _	То,		
	pployer /		3	
Pa	ying Authority			
Co	de NumberR	e : POLICY No		
	You are hereby authorised to deduct monthly pa amount deducted to the Life Insurance Corporation	vments herein indicated fr	form my colon, and to transmit	
1.	Upon termination of my employment or			
2.	Upon the date when the number of employees for whom Life Insurance Premiums are so deducted and transmitted hereunder are less than the minimum required or			
3.	Upon the completion of the premium paying period as provided in the policy or			
4.	If the salary in any month/s is not sufficient to deduct premium or			
5.	Upon the cancellation of the Scheme by Life Insurance Corporation of India for any reason whatsoever.			
com	I hereby agree that this authorisation will rem mencement of this policy	ain valid for a minimum	period of 5 years from the	
100	I agree that your liability will be continued to male by wherever this can be made and remitting the a consible for any consequences on account of no account of no account of no	amount to the Corporation	n in disease to be all the state of	
			Signature	
TO	BE FILLED IN BY THE PROPOSER			
1.	Name		(in Block Letters)	
2.	Place of work			
3.	Department in which working			
4.	Designation and Salary Roll No. or Badge No. if any			
5.	Designation and full postal address of the payment Authority			
FOR	ROFFICE USE ONLY		IMPORTANT	
1.	PA Code No Policy No		For the attention of	
2.	Premium Amount Rs. Propo		Proposer / Policy holder	
	Date of Commencement		Kindly ensure deduction of premiums	
3,	Salary month from which deduction is to start Forwarded to the Authority for arranging the prestated above from the salary of the assured.		from salary to avoid lapsation of the policy	