

**FORM - 8**

**NOMINATION FOR BENEFITS UNDER THE CENTRAL GROUP INSURANCE SCHEME WHEN A MEMBER OF THE SERVICE HAS A FAMILY AND WISHES TO NOMINATE ONE OF MORE MEMBERS OF THE FAMILY.**

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

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Name and addresses of nominee / nominee	Relationship with member of the service	Age	Share to be paid to each	Contingencies 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 of pre-deceasing the member of the service
(1)	(2)	(3)	(4)	(5)	(6)
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Dated this \_\_\_\_\_ at Chennai

Signature of the Witnesses:

- 1.
- 2.

Signature of the member of the service

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

N.B. : The Member of the service should drawn line a gross the blank space below the last entry to prevent insertion of any names after he has signed.

**FORM - 7**

**NOMINATION FOR BENEFITS UNDER THE CENTRAL GROUP INSURANCE SCHEME WHEN A MEMBER OF THE SERVICE HAS NO FAMILY AND WISHES TO NOMINATE ONE OF MORE THAN PERSON**

I having no family nominate the person(s) mentioned below and confer on her / them the right to receive to the extent specified below any amount that may be sanctioned by the State Government under the Central Group Insurance Scheme in the event of my death while in service of which having become payable on my ceasing to be a member of the Service may remain unpaid at my death.

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Name and addresses of nominee / nominee	Relationship with member of the service	Age	Share to be paid to each	Contingencies 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 of pre-deceasing the member of the service
(1)	(2)	(3)	(4)	(5)	(6)

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Dated this

at Chennai

Signature of the Witnesses:

1.

2.

Signature of the member of the service

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

N.B. : The Member of the service should drawn line a gross the blank space below the last entry to prevent insertion of any names after he has signed.