

**Annexure – III**  
**KARNATAKA SOCIAL SECURITY SCHEME, HUBLI-29**  
**DEATHCLAIM FORM**

Name of Deceased Member, Dr. \_\_\_\_\_

IMA K.S.S.S. Reg. No. : \_\_\_\_\_ . Year \_\_\_\_\_

Name of Local Branch of IMA to which attached \_\_\_\_\_

Date of Death : \_\_\_\_\_ Cause of Death : \_\_\_\_\_

Name of Nominee : \_\_\_\_\_

Relationship to Deceased Member : \_\_\_\_\_

Death certificate from Birth & Death Registrar in original

Name & Address of Claimant. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

Phone No. : \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Claimant -----

Date : \_\_\_\_\_ Signature of Local IMA Branch

Secretary/President

Seal of IMA Local Branch

**DETAILS OF BANK ACCOUNT OF NOMINEE**

Name of Nominee \_\_\_\_\_  
( as in Bank account )

Bank Account No. \_\_\_\_\_

Name of Bank & Branch \_\_\_\_\_

Address of the Bank \_\_\_\_\_

\_\_\_\_\_

Photo of Nominee

Signature of the Nominee \_\_\_\_\_

I here with attest the signature of the person above and details of the account are correct.

Signature of Br Manager & Seal \_\_\_\_\_

Date : \_\_\_\_\_

**Please Note :**

1. This claim form duly filled up, signed and attested must be sent through the Hon. Secretary / President of Local
2. Copy of Death Certificate from appropriate authority (Municipal / Panchayath etc.,)
3. Medical Certificate from the Medical attendant regarding the illness and cause of death.
4. Membership certificate issued by IMA KSS Scheme in Original is to be submitted.