



**Institute of Human Resources Development  
Prajo'e Towers, Vazhuthacaud  
Thiruvananthapuram-14**

**PROCEEDINGS**

IHRD, Headquarters – Extension of Kerala State Employees Group Insurance Scheme and State Life Insurance Scheme to IHRD employees – Sanction accorded – Orders issued.

*No.EA1/294/2020/IHRD*

*Dated, 21<sup>st</sup> January 2020*

- Read:-**
- 1 *Government Circular No.57/2019/Fin dated 30.05.2019*
  - 2 *This office circular No.EA1/15902/2010/IHRD dated 27.12.2019*
  - 3 *G.O.(P)No.381/2011/Fin dated 06.09.2011*
  - 4 *G.O.(P)No.112/2016/Fin dated 01.08.2016*
  - 5 *G.O.(P)No.104/2012/Fin dated 09.02.2012*
  - 6 *G.O.(P)No.149/16/Fin dated 04.10.2016*

**ORDER**

At present, Group Personal Accident Insurance (GPAI) scheme alone was extended to the IHRD employees on par with Government employees and premium have been remitted annually according to the direction from Government from time to time. Government vide circular read as first paper above have issued direction that, Group Insurance scheme (GIS) and State Life Insurance (SLIC) has been made compulsory for all State Government, Quasi Government employees, employees of autonomous bodies, Co-operative societies and all grant in aid institutions. They also insisted to enroll all regular employees in the Group Insurance scheme (GIS) and State Life Insurance scheme (SLI) who are below the age of 50 years as on the date of first remittance of premium. It is also gathered that, certain regional officers of insurance department have objected the remittance of premium of Group Personal Accident Insurance to the IHRD employees for want of enrollment in Group Insurance and State Life Insurance scheme and the head of institutions have submitted an undertaking that the employees is to be enrolled in the scheme

forthwith. On detailed verification with the guidelines issued by the Kerala State Insurance Department and Government orders for rate of premium contribution etc... the intention of the scheme is to provide twin benefits of the employees with low premium to help their nominees in the event of death while in service and a lump sum payment to augment their resources on retirement. Further, the scheme is self contributory without any additional financial commitment on the part of IHRD or the associate institutions concerned. In the above circumstances, the following orders are issued.

1. Sanction is accorded to all head of institutions to recover the Group Insurance and State Life Insurance premium from the salary of January 2020 of all regular employees who have not completed 50 years of age on the date of first remittance. Those who have already implemented the scheme from the salary of December 2019 will have to revise as per the 10<sup>th</sup> pay revision from January 2020 onwards as detailed below. The rate of premium of Group Insurance scheme and State Life Insurance as per the 10<sup>th</sup> pay revision is re-produced as shown below:-

**A. Group Insurance Scheme (GIS) (rate of payment as per 10<sup>th</sup> pay revision)**

Sl. No.	Scale of pay	Group	Rate of Subscription (Rs.)
1.	₹55350-101400/- and above	A	600
2.	₹35700-75600/- and above but below ₹55350-101400/-	B	500
3.	₹17000-37500/- and above but below ₹35700-75600/-	C	400
4.	₹16500-35700/- and above but below ₹17000-37500/-	D	300

**B. State Life Insurance Scheme(SLI) (rate of payment as per 10<sup>th</sup> pay revision)**

Sl. No.	Pay Range ( revised scale of pay)	Revised rate of Premium (Rs.)
1	Basic pay upto Rs.17999/-	200/-
2	Basic pay from Rs.18000/- upto Rs.35699/-	300/-
3	Basic pay from Rs.35700/- upto Rs.55349/-	500/-
4	Basic pay from Rs.55350/- onwards	600/-

2. The Head of Institutions shall remit the amount recovered from the employees before 10<sup>th</sup> of the succeeding month before the Regional Insurance Office concerned and forward the details to this office along with a copy of challan statement showing the details of employees etc... for office records. The details of employees on Leave Without Allowance may be invariably stated to this office from time to time.

3. The Head of Institutions shall also ensure that, in the event of promotion of employees, further revision of scale of pay etc.. the appropriate premium will have to deducted from their salary accordingly as per the Government orders from time to time.

4. The Head of Institutions shall obtain prescribed application form (copies attached) from the employees who join the Group Insurance scheme and State Life Insurance alongwith their nominations. The application so received shall be verified with their Service Book and one copy of the same shall be pasted in their Service Book under proper attestation.

5. The Head of Institutions shall also make necessary entries in the Service Book of the employees concerned indicating the scheme, rate of first contribution and the date of last enhancement etc... with due authentication.

6. The Head of Institutions shall maintain a register of members in Form No.G1S-8 (copy attached).

7. The Head of Institutions shall ensure that, the implementation of the Insurance scheme shall be without any additional financial commitment on the part of IHRD or institutions concerned.

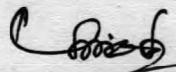
8. Further clarification if any shall be issued on request.

*Sd/-*  
**Dr.P.Suresh Kumar**  
**DIRECTOR**

**Copy to:-**

1. *All head of institutions (with the copies of application forms and relevant orders)*
2. *Additional Director*
3. *Deputy Director*
4. *Finance Officer*
5. *Administrative Officer*
6. *All employees in the IHRD (Headquarters)*
7. *Notice Board*
8. *EB3 section for necessary follow up action*
9. *SF*
10. *OC*

**Forwarded/ By Order**

  
**Administrative Officer**



# KERALA STATE INSURANCE DEPARTMENT

## കേരള സംസ്ഥാന ഇൻഷുറൻസ് വകുപ്പ്

### PROPOSAL FOR STATE LIFE INSURANCE POLICY

സംസ്ഥാന ലൈഫ് ഇൻഷുറൻസിലേയ്ക്കുള്ള പ്രൊപ്പോസൽ

FOR OFFICE USE ONLY

Inward No. : \_\_\_\_\_

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

PolicyNo : \_\_\_\_\_

ഇതോടൊപ്പം ലഭ്യമാക്കിയിട്ടുള്ള മാർഗനിർദ്ദേശങ്ങൾ ശ്രദ്ധാപൂർവ്വം വായിച്ചതിനു ശേഷം മാത്രം പൂരിപ്പിക്കുക

#### Personal Details (വ്യക്തിഗത വിവരങ്ങൾ)

1. Employee Code (PEN/KSID ID)   Not yet received / ലഭ്യമായിട്ടില്ല

2. Name (in Capital Letters, Initials last) / പേര് ഇംഗ്ലീഷ് വലിയ അക്ഷരത്തിൽ, ഇനീഷ്യൽ അവസാനം

മാതൃ ഭാഷയിൽ \_\_\_\_\_

3. Gender (Put a V mark) പുരുഷൻ / സ്ത്രീ :  Male (പുരുഷൻ)  Female (സ്ത്രീ)

4. Date of Birth / ജനന തീയതി

5. Marital Status (Put a V mark)  
 Married / വിവാഹിതൻ  Unmarried / അവിവാഹിതൻ  Widow(er) / വിധവ/വിഭാര്യൻ  Divorcee / വിവാഹമോചിതൻ

6. Permanent Address / സ്ഥിരമായ ഭേദവിഭാസം  
 House No./Name വീട്ടു നമ്പർ/പേര്   
 Lane No./Place നാലം   
 Post Office തപാൽ ഓഫീസ്   
 District ജില്ല  PIN പിൻകോഡ്   
 PAN  Mobile No. മൊബൈൽ നമ്പർ  Phone No. ഷോൺ നമ്പർ   
 email

#### Official Details (ഔദ്യോഗിക വിവരങ്ങൾ)

7. Name of Department/Board/Corporation/... ജോലി ചെയ്യുന്ന വകുപ്പ്/ബോർഡ്/കോർപ്പറേഷൻ/... ന്റെ പേര്

8. Name & Address of Office / ഓഫീസിന്റെ പേരും ഭേദവിഭാസവും  DDO/SDO Code   
  
  
 PIN  Phone   
 email

9. Designation / ഉദ്യോഗഭേദം

10. Date of Entry in Service / ജോലിയിൽ പ്രവേശിച്ച തീയതി

11. Basic Pay / അടിസ്ഥാന ശമ്പളം  
 Rs.

12. Retirement Age / അടുത്തുണ്ട് പറ്റി പിരിയുന്ന പ്രായം  Years

#### Premium Details (അടച്ച പ്രീമിയത്തിന്റെ വിവരങ്ങൾ)

13. Details of Premium Remitted (അടച്ച പ്രതിമാസ പ്രീമിയം)

a. Amount (തുക) : Rs.

b. Mode of Payment (പ്രീമിയം അടച്ച രീതി)  Demand Draft  Challan  TR5

c. Receipt No (ഡിസി/ചെല്ലാൻ/റ്റിആർ 5 രശീതി നമ്പർ)

d. Date (തീയതി)

e. Name of Bank/Treasury/Office (ബാങ്ക്/ട്രഷറി/ഇൻഷുറൻസ് ഓഫീസിന്റെ പേര്)

14. Details of SLI Policies taken from Kerala State Insurance Department/കേരള സംസ്ഥാന ഇൻഷുറൻസ് വകുപ്പിൽ നിന്നും എടുത്ത എസ്എൽഐ

പോളിസികളുടെ വിവരങ്ങൾ

	Policy No. / പോളിസി നമ്പർ	Premium / പ്രീമിയം		Policy No. / പോളിസി നമ്പർ	Premium / പ്രീമിയം
a.	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

I do hereby declare that the details given above are true and complete in all respects. (മേൽ പ്രസ്താവിച്ച കാര്യങ്ങൾ യാഥാർത്ഥ്യമാണെന്ന് പ്രസ്താവിച്ചുകൊള്ളുന്നു)

Place സ്ഥലം : .....

Signature (ഒപ്പ്) : .....

Date തീയതി : .....

Name (പേര്) : .....

Form 2 (ഫോം 2)

Nomination Form (നാമനിർദ്ദേശ പത്രിക)

Sl. No. നം	Name & Address of Nominee അവകാശിയുടെ പേരും മേൽവിലാസവും	Relationship with the Insured ഇൻഷുർ ചെയ്തവെടുന്ന ആളുമായുള്ള ബന്ധം	Share വിഹിതം (%)	Major/Minor (പ്രായപൂർത്തിയായത്/അല്ലാത്തത്)	If Minor (പ്രായപൂർത്തി ആയില്ല എങ്കിൽ)		Remarks (റിമാർകസ്)
					Date of Birth (ജനന തീയതി)	Name & Address of Proxy (പ്രായപൂർത്തിയാകാത്ത അവകാശിക്കു വേണ്ടി വിഹിതം കൈപ്പറ്റേണ്ട ആളുടെ പേരും മേൽവിലാസവും)	

Name & Address of Witness (സാക്ഷികളുടെ പേരും മേൽവിലാസവും) :

Signature (ഒപ്പ്)

- .....
- .....

Signature of the Insured  
(ഇൻഷുർ ചെയ്തവെടുന്ന ആളുടെ ഒപ്പ്)

Date (തീയതി) .....

Note : If the proposer is married when he/she is nominating, he/she should nominate only family members such as wife, husband and children. If he/she is unmarried at that time he can nominate any member of the family as family defined in the KSR Part III Rule 71. Such nomination will be void when he/she attains a family and he/she should file a new nomination. (നാമനിർദ്ദേശം ചെയ്യുന്ന അവസരത്തിൽ അപേക്ഷകൻ(ൻ) വിവാഹിതൻ(ൻ) ആണെങ്കിൽ കുടുംബാംഗങ്ങളെ (ഭാര്യ, ഭർത്താവ്, മക്കൾ) മാത്രമേ നാമനിർദ്ദേശം ചെയ്യുവാൻ പാടുള്ളൂ. അവിവാഹിതൻ(ൻ) ആണെങ്കിൽ കേരള സർവീസ് ചട്ടങ്ങൾ ഭാഗം III ചട്ടം 71 ൽ കുടുംബത്തെ നിർവ്വചിച്ചിട്ടുള്ളതിൽ പെടുന്ന ഏതെങ്കിലും അംഗങ്ങളെ നാമനിർദ്ദേശം ചെയ്യാവുന്നതാണ്. വിവാഹത്തോടെ ഇപ്രകാരമുള്ള നാമനിർദ്ദേശം അസാധുവാകുന്നതും പുതിയ നാമനിർദ്ദേശം നൽകേണ്ടതുമാണ്)

Form 3 (ഫോം 3)

Certificate of the Head of the Office (മേലുദ്യോഗസ്ഥന്റെ സാക്ഷ്യപത്രം)

This is to certify that Sri./Smt./Kum. ...., (Designation) ..... is personally known to me. His/Her basic pay is Rs. .... His/Her date of birth is ..... and it is verified with his/her Service Records/SSLC Book and found correct (അപേക്ഷകനായ ശ്രീ/ശ്രീമതി/കുമാരി ..... (ഉദ്യോഗപേര്) ..... എനിക്ക് നേരിട്ട് അറിയാമെന്ന് സാക്ഷ്യപ്പെടുത്തുന്നു. അദ്ദേഹത്തിന്റെ/അവളുടെ അടിസ്ഥാന ശമ്പളം ..... രൂപയാണ്. അപേക്ഷകന്റെ/യുടെ ജനന തീയതി ..... ആയി കാണിച്ചിട്ടുള്ളത് സർവ്വീസ് രേഖകളുമായി/എസ്എസ്എൽഐ സി ബുക്കുമായി ഒത്തുനോക്കി ശരിയാണെന്ന് ബോധ്യപ്പെട്ടിട്ടുണ്ട്.)

Signature (ഒപ്പ്) : .....

Official Address : .....

(ഔദ്യോഗിക വിലാസം) .....

Place സ്ഥലം : .....

Office Seal

Date തീയതി : .....

(കാര്യമായ മുദ്ര)

**KERALA STATE INSURANCE DEPARTMENT**

**GROUP INSURANCE SCHEME**

**FORM GIS - A**

(Vide Rule 5)

To

The .....

.....

..... (DDO/Controlling Officer)

Sir/Madam,

I, ..... (Name),

..... (Designation) belong

to\* ..... on the scale of pay ₹.....

working in .....Department. I

request that I may be enrolled as a member of Group ..... (A/B/C/D) having a monthly

subscription of ₹ ..... in the Group Insurance Scheme introduced by the Government

as per G.O.(P) 392/84/Fin. dated 9.8.1984. I agree to abide by all the rules and

instructions made or to be made by Government relating to the scheme.

Yours faithfully,

Place : .....

Date : ...../...../20.....

(Name & Signature)

*\* State whether regular establishment, work-charged establishment, contingent establishment, full-time teaching and non-teaching staff or Private School, Private College under direct payment scheme.*

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**For Office use only**

Entered in Register of Members in Form No.GIS-8 and page one of the Service Book.

Head of Office.

(Office Seal)

**KERALA STATE INSURANCE DEPARTMENT**

Form No. 6

**NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES' GROUP INSURANCE SCHEME, 1984**

(When the Government 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, 1984 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	Relationship with Government employee	Age	Share of amount to be paid to each * (%)	Contingencies on the happening of which the nomination shall become invalid **	Name, address and relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the Government Employee
1	2	3	4	5	6

Dated this ..... day of ..... 20..... at .....

Signature & Address of two witnesses:

1. ....
2. ....

Signature : .....

Designation : .....

*Note : 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 that may be payable under the Insurance Scheme*

*\*\* Where Government 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*



**KERALA STATE INSURANCE DEPARTMENT**

Form No. 7

**NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES' GROUP INSURANCE SCHEME, 1984**

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

I, ..... hereby nominate the person(s) 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, 1984 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(s)	Relationship with Government employee	Age	Share of amount to be paid to each * (%)	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the Government Employee
1	2	3	4	5	6

Dated this ..... day of ..... 20..... at .....

Signature & Address of two witnesses:

1. ....
2. ....

Signature : .....

Designation : .....

*Note : 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 that may be payable under the Insurance Scheme*

