



ACTION TO BE TAKEN BY THE SPOUSE/ NOK ON DEMISE OF A PENSIONER



1. Write to the Pension Disbursing Authority (PDA) i.e. the pension paying bank intimating them of the demise of the pensioner, asking them to discontinue the pension of the pensioner and commence payment of the family pension of the spouse/ NOK/ heir, enclose an ink signed death certificate (on receipt) and copy of the PPO. A sample application form is attached as an **Annexure I**.

2. If the Pension Account is a joint account or the spouse is a nominee, then it is easy to operate the same account for family pension, otherwise a fresh bank account is required to be opened in the same bank. The bank authorities will require a proof of identity and residence. Photo copy of Voter Identity Card/ PAN Card/ Aadhaar Card as required by bank with three copies of attested photographs to be submitted.

3. Inform about the death to respective CDA, IHQ MoD(N)/DOP/DPA, Naval Pension Office and PCDA(N) Mumbai (Post 1986 retirees)/ PCDA(P), Allahabad (Pre 1986 retirees). A sample application form is attached as an **Annexure II**.

4. Do write to Secretary NGIF to claim the (subject to validity of cover mentioned in insurance extension) **PRDIES and Demise Grant**. A sample application is attached as **Annexure III**.

5. Return the deceased pensioners identity card to the nearest Depot Ship/ CRSO for further disposal, and apply for new identity card to ZSB.

6. If there are other insurance policies on the name of the deceased person then do write the insurance companies to pay the due amount.

7. Write to all banks wherein the pensioner has his accounts to transfer the closing balances to the spouse/ NOK providing them with the bankers address and account number.

ANNEXURE I

DRAFT LETTER FOR FAMILY PENSION

From

Name, Address
Mobile No. Email ID
Date

To

The Bank Manager
Bank Address

Sir/ Madam,

SUBJECT: GRANT OF FAMILY PENSION ON DEMISE OF PENSIONER

1. Reference our Joint Pension SB A/c no. _____ held with your bank.
2. I regret to inform you that my husband, P.NO. _____ Rank _____
Name _____ has expired on _____ at _____ due to
_____. His Death Certificate issued by _____ dated
_____ is enclosed for ready reference.
3. He was drawing his pension through your bank. You are therefore requested to kindly stop the payment of his pension with effect from _____ and commence payment of family pension applicable to me through the same Pension SB Account no _____ held with your Bank.
4. You are requested to forward the attached copy of this letter along with copy of the death certificate to your CPPC for early commencement of family pension.
5. Thanking you in anticipation.

Your faithfully,

Signature
(Name)

Copy to:-

The Principal Controller of Defence Accounts, Pension Section, Darupadi Ghat, Allahabad
211014 **(for Pre Nov 1985 retirees)** { Email :- cda-albd[at]nic[dot]in }

The Principal Controller of Defence Accounts, Pension Section, No. 1 Cooperage Road
Mumbai - 400 001 **(for Post Nov 1985 retirees)**{Email:- pensionpcdanavy[dot]dad[at]nic[dot]in }

The Logistics Officer-in-Charge, Naval Pension Office c/o INS Tanaji, Sion Trombay Road
Mankhurd Mumbai - 400 088 {Email - navpen-officers[at]navy[dot]gov[dot]in for commissioned
officers and navpen-navy[at]nic[dot]in for sailors.}

ANNEXURE II

DRAFT LETTER FOR INTIMATION OF DEATH OF DEFENCE PENSIONER

From
Name Address
Mobile No. Email ID
Date

To,

The Chief of the Naval Staff {for DOP(OA&R)} IHQ MoD(N), Room No. 227, C Wing Sena Bhawan New Delhi - 110 011 **(for Commissioned Officer)**

The Chief of the Naval Staff (for Dte of Pay and Allowances) IHQ MoD(N), Room No. 108, 1st Floor, NHQ Annexe Building Talkatora Stadium New Delhi - 110004
(for Commissioned Officer) {Email- dpa-navy[at]nic[dot]in}

The Chief of the Naval Staff (for Dte of Ex-Servicemen Affairs) IHQ MOD(N), 6th Floor, Chanakya Bhawan, Chanakyapuri, New Delhi - 110021 {Email- desa-navy[at]nic[dot]in}

The Logistics Officer-in-Charge Naval Pay Office, SBS Road, Mumbai 400023
{Email:- wcnnavpay[at]navy[dot]gov[dot]in}

The Logistics Officer-in-Charge, Naval Pension Office c/o INS Tanaji, Sion Trombay Road Mankhurd Mumbai - 400 088 {Email - navpen-officers[at]navy[dot]gov[dot]in for commissioned officers and navpen-navy[at]nic[dot]in for sailors.}

The Principal Controller of Defence Accounts, Pension Section , Draupadi Ghat, Allahabad 211014 **(for Pre Nov 1985 retirees)** { Email :- cda-albd[at]nic[dot]in }

The Principal Controller of Defence Accounts, Pension Section, No. 1 Cooperage Road Mumbai - 400 001 **(for Post Nov 1985 retirees)**{Email:- pensionpcdanavy[dot]dad[at]nic[dot]in }

Sir/ Ma'am,

SUBJECT: INTIMATION OF DEATH OF DEFENCE PENSIONER

1. I regret to inform you that my husband, Service No. _____ Rank _____ Name _____ has expired on _____ at _____ due to _____. A copy of death certificate dated _____ issued by _____ is enclosed herewith for your info and necessary action.

2. He was drawing his pension through _____ (Name of bankers) under the authority of Pension Payment Order No. _____ (copy enclosed)

Signature _____
Name
Date

INSTRUCTIONS FOR THE NOMINEE OF NGIF

1. Please forward this insurance certificate along with documents immediately on the death of the individual to the Secretary, Naval Group Insurance Fund, Directorate of Non Public Funds, IHQ MoD (N), Talkatora Annex Building , Ground Floor, Talkatora Indoor Stadium, New Delhi - 110 001. {Email :- dnpr[at]navy[dot]gov[in] }
 - (i) Original / attested copy of Death Certificate issued by Municipal Authority / Registrar of Births and Deaths.
 - (ii) Certificate issued in regional languages must be translated in English / Hindi and duly attested by Gazetted Officer.
 - (iii) Affidavit duly attested by Notary Public (Specimen copy of Affidavit enclosed in original Nominee(s) is required to sign on two places as deponent.
 - (iv) In case of accidental / Unnatural death, attested copy of First Information Report (FIR) lodged with the police and copy of post - mortem report.
 - (v) Enclosed Pre - receipt duly filled up and signed by the nominee and countersigned by 1st class Magistrate / Gazetted Officer / Secretary , Zila Sainik Board with Rank , Designation and Seal.
2. Nominee is authorised to sign the covering letter.
3. Insurance cover lapses on completion of cover period. It is not renewable.
4. Premium is non - refundable on completion of cover period.
5. In case of any change in the name of nominee(s) , a fresh PRDIES application along with original PRDIES certificate is required to be submitted to The Secretary , Naval Group Insurance Fund, Directorate of Non Public Funds, IHQ MoD(N), Talkatora Annex building, Ground Floor, Talkatora Indoor Stadium, New Delhi - 110 001. Email :- dnpr[at]navy[dot]gov[dot]in **(for Commissioned Officers)** and The Logistics Officer - in - Charge, Naval Pension Office, C/o INS Tanaji, Sion Trombay Road, Mankhurd, Mumbai - 400088**(for sailors)** and navpen-navy[at]nic[dot]in for sailors.}

ANNEXURE III

**DRAFT LETTER FOR POST RETIREMENT DEATH INSURANCE EXTENSION SCHEME
POLICY FROM NAVAL GROUP INSURANCE FUND**

From

Name
Address
Mobile No.
Email ID
Date

To,

The Secretary
Naval Group Insurance Fund,
Directorate of Non Public Fund
IHQ MoD(N), Talkatora Annexure Building
Ground Floor, New Delhi - 110001
{ Email :- dnpf[at]navy[dot]gov[dot]in }

Sir/Madam,

1. I regret to inform that my husband/ wife/ father/ mother No. _____ Rank
_____ Name _____ expired on _____ due to
_____ at _____ (Place of death).

2. I enclose the following documents:-

- (a) Post Retirement Death Insurance Extension Scheme Certificate.
- (b) Death Certificate
- (c) Affidavit on non judicial stamp paper of appropriate value, duly attested by a 1st Class Magistrate.
- (d) Pre-receipt form duly completed/ signed by the Nominee.

2. It is requested that insurance amount due to me may please be remitted to my bankers _____ (Name and full address of bank) for credit to my account number _____ IFSC Code _____ (Please Enclose Cancelled Cheque)

Your faithfully,

Signature of _____
Nominee
Name in
block letters

One copy of recent photograph of nominee to be pasted on Affidavit and attested by 1st Class magistrate

AFFIDAVIT

I _____ wife/ husband/ mother/ father of late _____ do hereby take oath and state as under.

1. That _____ (Name of the late Officer/ Sailor) who was a member of Naval Post Retirement Death Insurance Extension Scheme 1982 expired on _____ due to _____ (show cause).
2. That late Officer/Sailor was my _____ (Relationship) and has nominated me as a nominee to receive the insurance benefits if and when the claim arose.
3. That I am the same person as nominated by the late Officer/ Sailor indicated in the insurance certificate.

DEPONENT

VERIFICATION

I, the above name deponent do hereby verify that the contents of the above affidavit are true to my knowledge.

Verified by _____ on the _____ day of _____

1st Class Magistrate

TO BE SIGNED OVER ONE
RS 1/- REVENUE STAMP

PRE - RECEIPT

Received from Secretary , Naval Group Insurance Fund, DNPf, IHQ MoD(N), Talkatora Annex building, Ground floor, Talkatora Indoor Stadium, New Delhi - 110001 a sum of Rs. _____ (Rupees _____ only) being the death benefits admissible to me under Post Retirement Death Insurance Extension Scheme - 82 consequent, upon the death of my husband _____ on _____.

2. I hereby certify that I have not received any payment from Naval Group Insurance Fund on account of above earlier.

3. It is requested that the amount of Rs. _____ credited to my bankers as follows:

Account No _____
IFSC Code _____
Banker's Address _____
Pin _____
Contact No. _____

Full Postal Address:

	Signatures	
Pin		

Signatures of _____ attested.

(Signature of Judicial / Gazetted Officer / Secretary , Zilla Sainik Board
with Name Designation and Official Seal / Rubber Stamp)

To be forwarded to respective CRSO's (Address and Contact details are given below)

APPLICATION FOR DEATH GRANT

1.	Name of the Deceased	
2.	Rank & P. NO	
3.	Date of Birth	
4.	Date of Joining Service	
5.	Date of Retirement	
6.	Date of Death (Attach a death Certificate)	
7.	Address of Correspondence	
8.	Contact No. Email-Id	
9.	Name of NOK	
10.	Relationship with NOK	
11.	Pension Payment Order(PPO) Number (Attach a copy of PPO)	

12. Particulars of Family members:-

<u>Ser</u>	<u>Name</u>	<u>Age</u>	<u>Monthly Income</u>	<u>Occupation</u>
(a)				
(b)				

13. Furnish particulars of bank account of NOK : - Attach a copy of cancelled cheque.

Signature of NOK

Name _____

Relation _____

Date:- _____

Documents Required

1. Copy of Pension Pay Order (PPO)
2. Copy of Discharge Book
3. Copy of Death Certificate
4. Leaf of cancelled cheque

COUNTERSIGNED BY CRSO / ZSB

Signature _____

Name _____

Rank _____

Officer Seal and Date

Note: - Please forward the application to Secretary NGIF (New Delhi) along with the above mentioned documents through respective CRSO's only.

LISTS OF CRSO'S

<u>Ser</u>	<u>CRSO</u>	<u>Geographical Area</u>	<u>Contact No. & Email ID</u>	<u>Address</u>
01	CRSO (North)	Delhi , NCR, Haryana, HP, J&K and Punjab	011 - 24121429 Fax 011 - 24121430 crsonorth.navy@gmail.com	The Commanding Officer {for CRSO (North)} INS India , Dalhousie Road, New Delhi 110 011
02	CRSO(Central)	MP, Rajasthan, UP & Uttarakhand	011 - 24121429 Fax 011-24121430 crsonorth.navy@gmail.com	As Above
03	CRSO (East)	AP, Chhattisgarh, Orissa, Tamil Nadu & Pondicherry	0891- 2752771 Fax 0891 - 2510275 crsoeast.navy@gmail.com	The Flag Officer Commanding-in-Chief, {for CRSO (East), Naval Regimental System, Headquarters, Eastern Naval Command, Visakhapatnam - 530014
04.	CRSO (NE)	Bihar, Jharkhand, West Bengal, North East States	033-22314965 Fax 033-22420205/ 22221400 Extn - 436/459 crsonortheast.navy@gmail.com	The Naval Officer-in-Charge (for CRSO (NE), c/o Navy Office Hasting, Kolkata - 700022
05	CRSO (West)	Goa, Gujarat, Karnataka, Maharashtra, Dadra & Nagar Haveli, Daman & Diu	022-22751998 Fax 022-22698393 crsowest.navy@gmail.com	The Flag Officer Commanding-in-Chief {for CRSO (West)} Naval Regimental System Headquarters Western Naval Command Ballard Pier, Near Tiger Gate, Naval Dockyard, Mumbai - 400 023
06	CRSO (South)	Kerala & Lakshadweep	0484-2873333 / 2873334 crsosouth.navy@gmail.com	The Flag Officer Commanding-in-Chief {for CRSO (South)} Naval Regimental System Headquarters Southern Naval Command Naval Base Kochi - 682004
07	CRSO (A&N)	A&N Islands and Kardip	03192-248333/248294 Fax 03192-232829 crso.an@gmail.com	The Naval Component Commander {for CRSO (A&N)} Naval Regimental System c/o Navy Office, Port Blair - 744102