

Mobile No

EMPLOYEES' PROVIDENT FUND ORGANISATION
Composite Claim Form in Death Cases
[Form-20 (PF Payment)/Form-10-D (Pension), Form - 5 IF (EDLI)]

1	Tick whichever is/are applicable	(i) Provident Fund ()	(ii) Pension () Type of Pension claim:	(iii) Insurance [EDLI] ()
2	Name of the deceased member (in CAPITAL letters)			
3	(a) Father's Name :	a)		
	(b) Spouse's Name :	b)		
4	Marital status of deceased member			
5	a) Aadhar Number of the deceased member (if available)			
	b) Universal Account Number (UAN)			
	c) PF Account Number (in case UAN not available)			
6	Date of Leaving service			
7	Period of Non-Contributory service (Year/Month/Days)			
8	Date of death of the member			
9	Whether the member had died while in service(Yes / No)			

CLAIMANT'S DETAILS FOR PROVIDENT FUND, PENSION AND INSURANCE (EDLI)

Particulars of the claimant/minor/nominee(s)/legal heir(s)/surviving family member on whose behalf the claim is submitted									
10	S. N.	Name	Father's / Spouse's Name	Aadhar Number	Gender	Date of Birth	Marital Status	Relationship with	
	i							Member	Guardian
	ii								
	iii								
	iv								
	v								
11	Bank Account details for payment of PF & EDLI: (Please attach a copy of cancelled cheque/attested copy of first page of bank Pass Book)				Saving Bank Account No.				
					Name & address of the Bank				
					IFS Code				
BANK ACCOUNT DETAILS FOR PENSION									
12	Bank Account details for payment: (Please attach a copy of cancelled cheque/attested copy of first page of bank Pass Book)				Saving Bank Account No.				
					Name & address of the Bank				
					IFS Code				
13	Full Postal address of claimant								
					Pin.....				

Certified that the particulars are true to the best of my knowledge.

Claimant's signature

Name:.....

Employer's Signature
Designation & Seal of Employer

Enclosures:

- i) Death Certificate
- ii) Joint photograph of all the claimants
- iii) Date of Birth certificate of children claiming pension
- iv) Scheme Certificate (if applicable)