

1. Documents that are need to be submitted by concern department while resigning/ terminating/ superannuating

- i. Forwarding letter (refund advice letter)
- ii. Relieving order
- iii.** Service Bio-data (**form no. 3**)
- iv. Last pay certificate
- v. CID photocopy
- vi. Certificate by employer to be completed and signed by the head of agency over office seal. (**Form no.4**)
- vii. Discharge voucher to sign by the employee over Nu.5 revenue stamp and attested thereon. (**Form no.8**)

2. Documents that are need to be submitted for Death & Permanent Disability Claim

Note: If a member dies or became permanent disabilities while in service, the Head of the Agency or the Employer shall inform the RICBL in writing within one month of the incidence.

- i. Forwarding letter (refund advice letter)
- ii. Relieving order
- iii.** Service Bio-data (**form no. 3**)
- iv. Last pay certificate
- v. CID photocopy of the deceased/permanent disability patient.
- vi. Certificate by employer to be completed and signed by the head of agency over office seal. (**Form no.4**)
- vii. Claimant's statement to be completed and signed by the nominee and attested thereon by the head of agency over office seal. (**Form no 5**)
- viii. Discharge voucher to sign by the nominee over Nu.5 revenue stamp and attested thereon. (**Form no. 6**)
- ix.** Kindly submit nomination paper, if not legal heir of certificate (specimen copy enclosed) duly completed and sign by the head of agency over office seal. (**Form no.7**)
- x. Copy of citizenship identity card of the nominee.
- xi. Kindly submit death certificate in the proper letter head from the competent authority or Medical certificate if it is permanent disablement.

Form No. 3 (Service Bio-data)

**ROYAL INSURANCE CORPORATION OF BHUTAN LIMITED
GROUP SAVINGS CUM INSURANCE SCHEME
SERVICE BIO-DATA**

Employee's Name:.....

Sex (tick): Male Female

Designation.....

Department.....

Pay Scale.....

RSCS Grade/ GIS Group.....

Cadre & Code.....

Service Status (Pl. tick) Regular Contract Service

Date of birth.....

Date of joining service.....

Date of joining GIS scheme.....

Give the name of office and address of previous employment, if any.....

Citizen Identity Card No.....

GIS Accounts Number.....

Dated

----- **to be completed by office** -----

Physical disability at the time recruitment if any YES NO
(Confirm the nature of disability)

Signature of Employer
Office Seal

Form No.8. (In case of retirement /resignation/superannuation and termination)

**Royal Insurance Corporation of Bhutan Limited
Phuentsholing : Bhutan**

Discharge Voucher

Claim NO.....

I, Mr./Mrs.....holder of GIS account no.....
do hereby acknowledge the receipt of Nu.....in payment of Savings with
interest.

Nu.....

Witness:

Affix Revenue Stamp

Signature

.....
Signature of employee/nominee or legal heir

Name.....

Designation.....

Office address.....

CID NO:

