



(<https://kgidonline.karnataka.gov.in>)

Life Insurance New Business

USER MANUAL FOR DISTRICT INSURANCE OFFICER (DIO)

Karnataka Government Insurance Department

Government of Karnataka

Prepared by

Centre for Smart Governance (CSG)

No. 2A, Hayes Road

Bengaluru - 560025

Karnataka Government Insurance Department Web Page:

- Open the web browser.
- Enter the URL (<http://49.206.243.82:92/>).

The screenshot displays the Karnataka Government Insurance Department website. The header includes the KGID logo, the department name, and the Government of Karnataka. A navigation menu lists Home, Life Insurance, Motor Insurance, Group Insurance, Family Benefit, MIS & Admin, and Contact Us. A language dropdown menu is set to Kannada. The main content area features a banner for Motor Insurance and a login form. The login form has three options: Agency Login (selected), KGID Login, and New Employee Login. It includes fields for Username, Password, and Captcha (with the number 8183 visible). A Login button and a Forgot Password? link are also present. The footer contains various policy links and a copyright notice.

help[dot]kgid[at]karnataka[dot]gov[dot]in | +91 080 2237 3845

Karnataka Government Insurance Department
Government of Karnataka

Language Option

Motor Insurance..

Login > Agency Login

Life Insurance
Motor Insurance
Family Insurance
Group Insurance

Agency Login KGID Login New Employee Login

Username: Enter Username

Password: Enter Password

Captcha: 8183 Enter Captcha

Login

Forgot Password?

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Verification and Scrutiny of New Employee Details

LOGIN PAGE- DIO:

1. Select the “KGID Login” Tab.

The screenshot shows the Karnataka Government Insurance Department website. The header includes the department name and contact information. The navigation menu has the following items: Home, Life Insurance, Motor Insurance, Group Insurance, Family Benefit, MIS & Admin, and Contact Us. The main content area features a banner for 'Family Insurance' and a login form. The login form has three radio buttons: 'Agency Login', 'KGID Login' (which is selected), and 'New Employee Login'. Below the radio buttons are input fields for 'KGID Number' and 'Mobile Number'. A blue callout box with the text 'Click on KGID login Tab' has an arrow pointing to the 'KGID Login' radio button. The footer contains various policy links like 'About Us', 'Sitemap', 'Copyright Policy', etc.

2. DIO has to enter his “KGID number” and the Mobile number is auto-populated.
3. Click on “Authenticate” Button to get the “OTP”.

help[dot]kgid[at]karnataka[dot]gov[dot]in +91 080 2237 3845 Kannada

Karnataka Government Insurance Department
Government of Karnataka

Home Life Insurance Motor Insurance Group Insurance Family Benefit MIS & Admin Contact Us

Life Insurance..

Login > KGID Login

Life Insurance
Motor Insurance
Family Insurance
Group Insurance

Enter the KGID number

Mobile number will retrieve automatically

Agency Login KGID Login New Employee Login

KGID Number 1123588

Mobile Number 70*****65

Authenticate

Click on Authenticate button to get OTP

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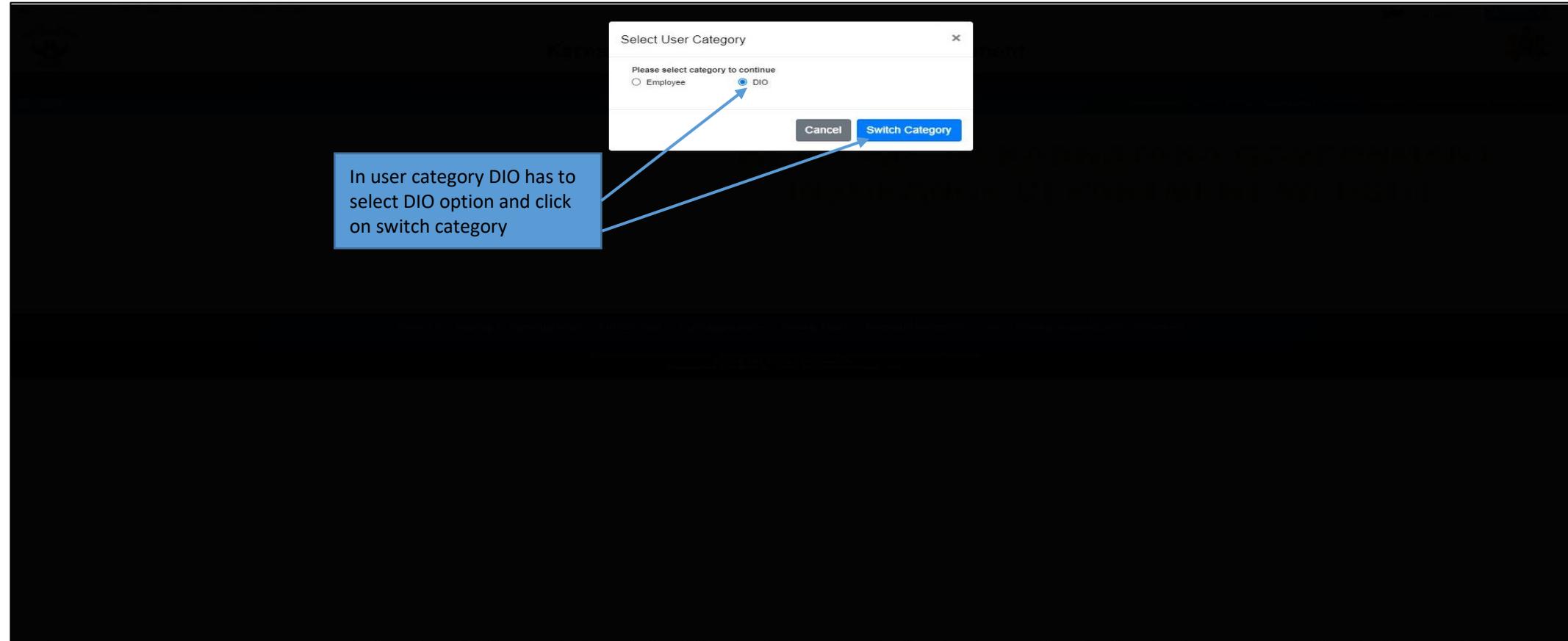
4. Enter the “OTP” and “Captcha” and click on “Login” button.

The screenshot displays the Karnataka Government Insurance Department (KGID) website. The header includes the KGID logo and the text "Karnataka Government Insurance Department, Government of Karnataka". A navigation menu lists: Home, Life Insurance, Motor Insurance, Group Insurance, Family Benefit, MIS & Admin, and Contact Us. A banner for "Life Insurance" features an illustration of a person with a question mark and a family under an umbrella. Below the banner is a "Login" section with a "KGID Login" tab selected. The login form contains the following fields and buttons:

- Agency Login (unselected), **KGID Login** (selected), New Employee Login (unselected)
- KGID Number: 1123588
- Mobile Number: 70*****65
- Authenticate button
- OTP: Enter OTP (with a callout box "Enter OTP and captcha" pointing to this field)
- Captcha: 5835 (with a callout box "Enter OTP and captcha" pointing to this field)
- Enter Captcha button
- Login button (with a callout box "Click on login button" pointing to this button)

The footer contains links for: About Us, Sitemap, Copyright Policy, Privacy Policy, Hyperlinking Policy, Security Policy, Terms and Conditions, Help, Screen Reader Access, and Guidelines.

5. After clicking on Login button, the User Category webpage is displayed. Select the **DIO** option.
6. Click on **“Switch Category”**.



8. The dashboard displays a report of Processed Applications and the Pending Applications.
9. Applications submitted by employees for verification are displayed.
10. Click on “View Application” to open the application submitted by an employee.

Government of Karnataka
Karnataka Government Insurance Department

Home Application for verification Cancellation Request Reports

Designation : Assistant Director Department : KANNADA, CULTURE AND INFORMATION SECRETARIAT

Submitted Application For Verification

Total Received Applications : 23

Name	Application Reference Number	District	Department	Priority	Status	Action
Pramod SR	20210112132202	Bengaluru (Urban)	KANNADA, CULTURE AND INFORMATION SECRETARIAT	New Employee	Pending	View Application

Click on view application

11. Workflow Details of the Applications are displayed.
12. Click on **Next** option to proceed further.

Home >
Designation : Trainee Department : KARNATAKA GOVERNMENT INSURANCE DEPARTMENT KGID

DIO Verification

Workflow of Application.

Employee Name: Employee 25 Application Reference Number: 20210105120000

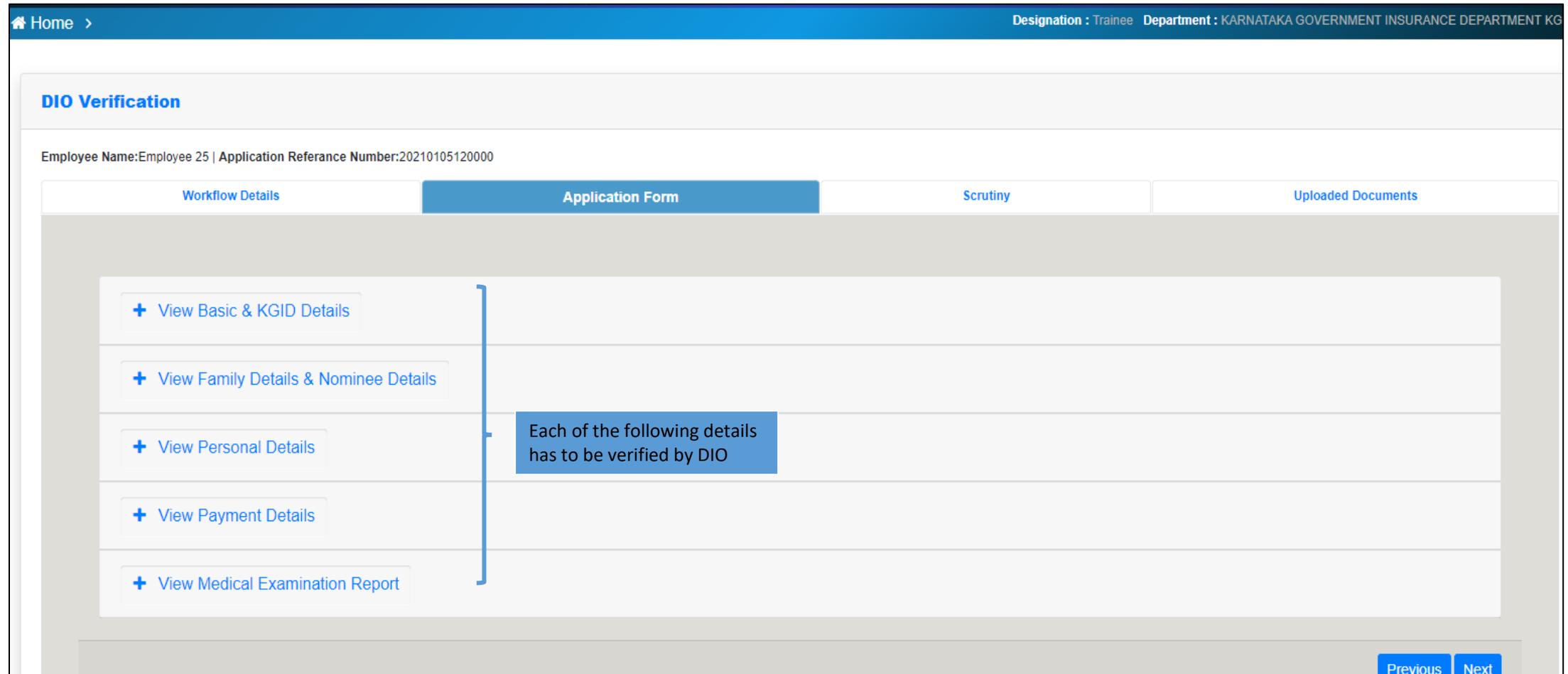
Workflow Details
Application Form
Scrutiny
Uploaded Documents

Submitted Date	From	To	Remarks	Comments	Status
21 Jan 2021 15:55:18	DIO				Pending
21 Jan 2021 15:55:18	Superintendent	DIO	No Correction Found	No Correction Found	Forward to DIO
20 Jan 2021 10:51:46	Caseworker	Superintendent	Issue in Application Form	Application correction required	Forward to Superintendent
08 Jan 2021 14:35:05	DDO	Caseworker	No Correction Found	No Correction Found	Forward to Caseworker
05 Jan 2021 12:27:48	Applicant	DDO			Submitted By the Applicant

Next

13. DIO has to verify the following details in the Application form:

- * Basic & KGID Details
- * Family Details & Nominee Details
- * Personal Details
- * Payment Details
- * Medical Examination Report



The screenshot shows a web application interface for DIO Verification. At the top, there is a navigation bar with a 'Home' link and a user profile section showing 'Designation : Trainee' and 'Department : KARNATAKA GOVERNMENT INSURANCE DEPARTMENT KG'. Below the navigation bar, the main content area is titled 'DIO Verification'. Underneath, it displays 'Employee Name:Employee 25 | Application Reference Number:20210105120000'. A horizontal menu contains four tabs: 'Workflow Details', 'Application Form' (which is currently selected and highlighted in blue), 'Scrutiny', and 'Uploaded Documents'. The 'Application Form' tab is active, showing a list of five items, each with a plus icon and a text label: '+ View Basic & KGID Details', '+ View Family Details & Nominee Details', '+ View Personal Details', '+ View Payment Details', and '+ View Medical Examination Report'. A blue callout box with a bracket on the left side of the list contains the text 'Each of the following details has to be verified by DIO'. At the bottom right of the application form area, there are two buttons: 'Previous' and 'Next'.

14. To verify the “Basic Details” & “KGID Details” tick the check box **verify**.

Employee Name: Pramod SR | Application Reference Number: 20210208130605

Workflow Details | **Application Form** | Scrutiny | Uploaded Documents

[View Basic & KGID Details](#)

Basic Details

Proposer Name	:	Pramod SR	Spouse Name	:	
Present Working office	:	DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, BANGALORE URBAN DISTRICT, BANGALORE	Residential Address	:	Hassan
Father Name	:	Ramesh	Date of Birth	:	01-01-1987
Place of Birth	:	Hassan	Gender	:	Male
Pincode	:	573201	Phone	:	8956472365
Joining Date of Government Service	:	13-12-2020	Permanent / Temporary	:	Permanent
Present Designation	:	Trainee	Present Pay Scale	:	30350.00 - 58250.00
Marital Status	:	Unmarried	Divorce / Remarried	:	N/A
Is spouse government employee?	:	No	Group	:	C
Are you an orphan?	:	No			

KGID Details

Employee Pay Scale : 30350.00 - 58250.00

KGID Premium Details

KGID Policy Number / Application Ref Number	Sanction Date	KGID Premium
20210208130605		2770
Total:		2770

Verify Click on Verify

16. To verify the “Personal Details” tick the check box **verify**.

Personal Details

Is your health in good condition :	Yes	Height [cms] : 165	Weight [kgs] : 70
Are you married ? If so,	No		

Details about personal health

Health Details	Comments	Documents(if any)
On what occasion and for what diseases or injuries have you received medical advice, when and by whom?	No	
Has any relative (member of your family) living or, dead, been affected with diabetes, Cancer, Gout, Consumption, epilepsy, Insanity, Apoplexy, Heart failure ? If so, give particulars.	No	
Have you lived in the same house or been associated in any way with a person suffering from consumption or any other infectious diseases within the last two years ? If so, give details.	No	
Have you ever suffered from diseases of the Brain or from Paralysis, Insanity, Epileptic or other fits, or any other nervous disorder ?	No	
Have you ever suffered from Sore-throat, Spitting of blood, Chronic Cough, Asthma, Bronchitis or other diseases of the Lungs ?	No	
Have you ever suffered from Dropsy or diseases of the Liver Kidney or Urinary Organs ?	No	
Have you ever vomited or passed blood or suffered from Diarrhoea, Dysentery or Stomach ache ? If so, since when, how often and how long each time ?	No	
Have you ever suffered from Rheumatic fever or chronic Rheumatism? If so, what joints were attacked? do you suffer from shortness of breath, giddiness or palpitation of heart? If so, since when how often and how long each time ?	No	
Have you ever passed blood, pus, sugar, or albumen in urine? How often do you get up at night to pass urine?	No	
Have you had any other illnesses considered by you to be important or not? If so, give details.	No	
Do you drink wine, spirits or malt liquors? Are you addicted to the use of any narcotic drugs like opium, cocaine, etc. If so, give particulars. Do you smoke tobacco? If so, to what extent ?	No	
[a] Have you remained absent from your work on grounds of health during the last 3 years? If so, state when, how long and or what ailments?	No	
[b] Were you medically advised to have a change of place for health reasons? If so, give reasons and state when and how long.	No	
Has any proposal on your life been previously made to official Branch or Life Insurance Corporation, or Postal Insurance, or Hyderabad state Life Insurance fund? If so, state.	No	

Verify ← Click on Verify

[+ View Payment Details](#)

17. To verify the “Payment Details” tick the check box **Verify**.

Employee Name:Pramod SR | Application Reference Number:20210208130605

Workflow Details | **Application Form** | Scrutiny | Uploaded Documents

+ View Basic & KGID Details

+ View Family Details & Nominee Details

+ View Personal Details

- View Payment Details

Payment Details

Initial Amount :	1440	Payment Reference No :	4521027890
Purpose :	KGID Premium	Sub Purpose :	Initial Payment
DDO Code :	120270	HOA :	Revenue Head of Account
Date :	12-02-2020		

Verify **Click on Verify**

+ View Medical Examination Report

Previous Next

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18. To verify the “Medical Examination Report” tick the check box **Verify**. Click on **Next** to proceed further.

[View Medical Examination Report](#)

Physical Details

Proposer's Height [Cms] : 165	Proposer's Weight [Kgs] : 70
Proposer's Pulse Rate [No's/Min] : 54	Proposer's Breathing Rate [No's/Min] : 72
Proposer's Blood Pressure : 72	Low / Diastolic : 72
HIGH Systolic : 72	Remarks : good

Other Details

Was Proposer Admitted To Hospital?	No
Has Proposer Met With an Accident?	No
Has Proposer Undergone Test Like Ecg, X-Ray, Laseray?	No
At Present Has Proposer Undergone Any Treatment?	No

Health Details

4) Is there any symptoms of having illness in chest, heart and lungs?	No
5) Is there any symptoms of disease in teeth,gums,tongue,ear,nose,Throat, eyes?	No
6) Does the Proposer have any deficiency or disability	No
Does the Proposer have Thyroid,lymph node in joint, or have scars from surgery	No
7) Any indication of enlargement of Spleen or Liver	No
8) Is there any abnormality in any part of the Gastrointestinal track	No
9) Does proposer suffer from Hernia?	No
10) Is there any abnormalities found in the urinary tract	No
11) Does the proposer have any indication of having diseases or ailments with respect to the Nervous System	No
12) Does the proposer have any indication of having undergone a surgery	No
13) Does the proposer have any marks of which might have occurred accidentally or done due to any other reason	No
14) Is there any important adverse symptom in the very nature of the proposer's health	No
Does the Proposer have a good life cycle? If not, please give the specific reason	No

Doctor Details

<input checked="" type="radio"/> Click on Verify KMC Code : 49164 Doctor KGID : 1794429 Doctor Hospital Name : <input checked="" type="checkbox"/> Verify	<input type="radio"/> Other state doctor	Doctor Name : DR MANJIA NAIK R Designation : SPECIALIST	<div style="background-color: #007bff; color: white; padding: 5px; display: inline-block; margin-bottom: 10px;">Click on Next Button</div> <div style="display: flex; justify-content: flex-end; gap: 10px;"> Previous Next </div>
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19. In Scrutiny DIO has to verify:

- * Whether applicant details are correct.
- * Whether applicant has paid initial deposit premium.
- * Whether applicant signed proposal form.
- * Whether doctor signed medical report form.
- * Whether load factor is correct.
- * Whether medical report is mandatory/ not mandatory.
- * Whether medical opinion required or not.

20. Tick the check box “Verified”, if the above mentioned details are correct.

Workflow Details
Application Form
Scrutiny
Uploaded Documents

[Verify Basic & KGID Details](#)

[Verify Family Details & Nominee Details](#)

[Verify Personal Details](#)

[Verify Payment Details](#)

[Verify Medical Examination Report](#)

Facing Sheet

[View Facing Sheet](#)

Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)	Action
No data available in table						

Medical Leave:

Remarks:

Comment:

Load Factor:

Sum Assured: ₹ 604540

Forward to Deputy Director
 Need DHO Opinion

<input checked="" type="checkbox"/> Verified <input checked="" type="checkbox"/> Verified	Whether applicant details are correct. Whether applicant has paid initial deposit premium. Whether applicant signed proposal form. Whether doctor signed medical report form. Whether load factor is correct. Whether medical report is mandatory/ not mandatory. Whether medical opinion required or not.
--	--

Click on Verified Boxes

Accept
Clear

Page 17 of 23

21. In Scrutiny DIO can verify the “Medical Leave Details”.

Home > Application for verification > Cancellation Request > Reports >

Home > Designation : Assistant Director Department : KANNADA, CULTURE AND INFORMATION SECRETAR

DIO Verification

Employee Name:Pramod SR | Application Reference Number:20210112132202

Workflow Details **Application Form** **Scrutiny**

Verify Basic & KGID Details Verified

Verify Family Details & Nominee Details Verified

Verify Personal Details Verified

Verify Payment Details Verified

Verify Medical Examination Report Verified

Facing Sheet [View Facing Sheet](#)

Whether applicant details are correct. Verified

Whether applicant has paid initial deposit premium. Verified

Whether applicant signed proposal form. Verified

Whether doctor signed medical report form. Verified

Whether load factor is correct. Verified

Whether medical report is mandatory/ not mandatory. Verified

Whether medical opinion required or not. Verified

Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)
01-01-2021	06-01-2021	6		View Document	View Document

Medical Leave: 6 Remarks: No Correction Found Comment: No Correction Found

Load Factor: L-2 None

Sum Assured: ₹ 573580

Forward to Deputy Director
 Need DHO Opinion
 Accept

[Accept](#) [Clear](#) [Previous](#)

Click here to view the Facing Sheet

Click here to View the Reimbursed Document

Click here to view the Supporting Document

22. If the Employee is applicable for the “Load Factor”, it is auto-populated.

23. If the Employee is applicable for the “Decrease Lean (DL)”, it can be selected from the drop-down available.

DIO Verification

Employee Name: Pramod SR | Application Reference Number: 20210112132202

Workflow Details | **Application Form** | **Scrutiny**

Verify Basic & KGID Details Verified

Verify Family Details & Nominee Details Verified

Verify Personal Details Verified

Verify Payment Details Verified

Verify Medical Examination Report Verified

Facing Sheet [View Facing Sheet](#)

Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)
01-01-2021	06-01-2021	6		View Document	View Document

Medical Leave: 6 | Remarks: No Correction Found | Comment: No Correction Found

Load Factor: -2

Sum Assured

Forward to Deputy Director Need DHO Opinion Accept

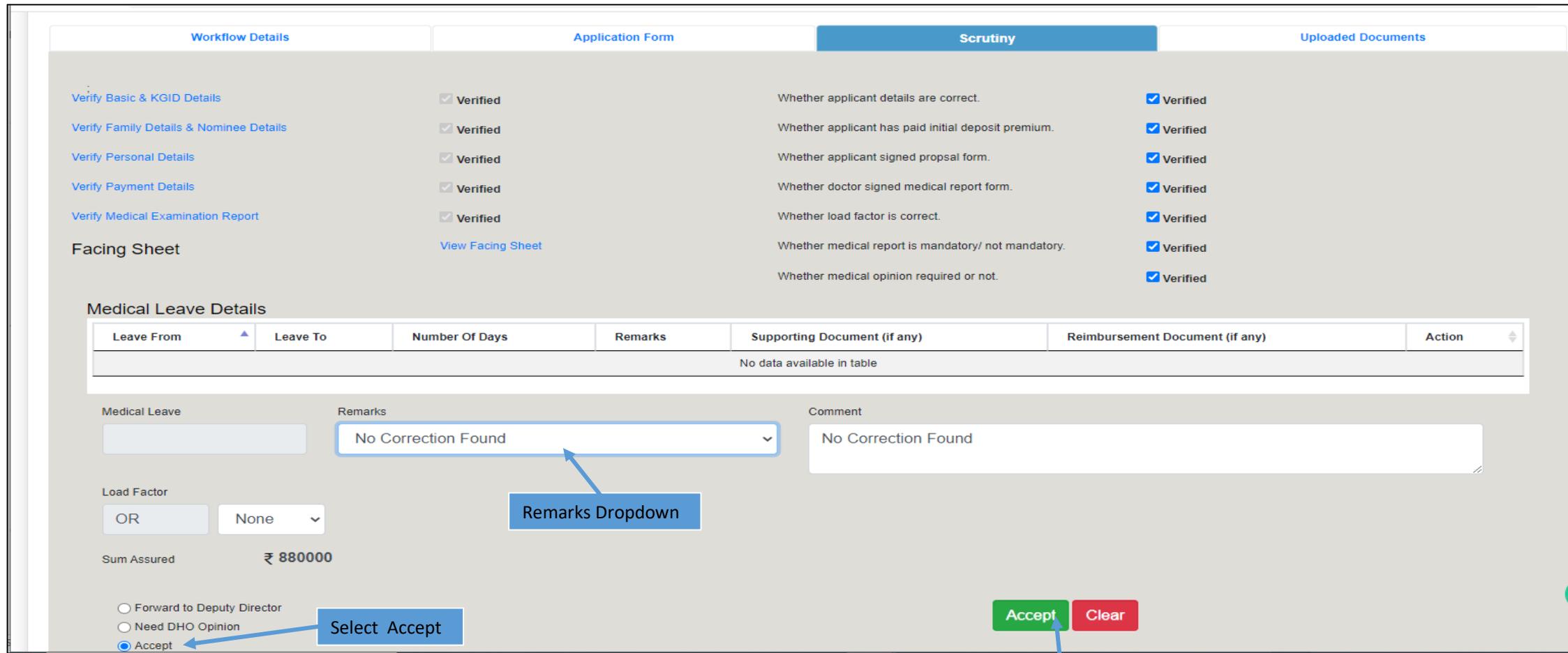
Load Factor (Callout):

- None
- DL Rs 250 for 2 years
- DL Rs 300 for 3 years**
- DL Rs 450 for 3 years
- DL Rs 450 for 5 years
- DL Rs 500 for 5 years
- DL Rs 750 for 5 years
- DL Rs 350 for 7 years
- DL Rs 700 for 7 years

Select the DL (Callout)

[Accept](#) [Clear](#) [Previous](#)

24. After verification, if no corrections are required, DIO can accept the application by clicking on **Accept** button.
25. If DIO wants DHO Opinion then they can select **“Need DHO Opinion”** and it will move to Caseworker Login.
26. If Sum Assured Value is more than 15 Lakhs, DIO has to select **“Forward to Deputy Director”** option.



The screenshot displays the 'Scrutiny' tab of a web application. It features a navigation bar with 'Workflow Details', 'Application Form', 'Scrutiny', and 'Uploaded Documents'. The main content area is divided into several sections:

- Verification Status:** A list of items with 'Verified' checkboxes:
 - Verify Basic & KGID Details
 - Verify Family Details & Nominee Details
 - Verify Personal Details
 - Verify Payment Details
 - Verify Medical Examination Report
 - Facing Sheet (with a 'View Facing Sheet' link)
- Medical Leave Details:** A table with columns: Leave From, Leave To, Number Of Days, Remarks, Supporting Document (if any), Reimbursement Document (if any), and Action. The table is currently empty, showing 'No data available in table'.
- Input Fields:**
 - Medical Leave:** A text input field.
 - Remarks:** A dropdown menu currently showing 'No Correction Found'.
 - Comment:** A text area currently containing 'No Correction Found'.
 - Load Factor:** A dropdown menu currently showing 'None'.
 - Sum Assured:** A text input field showing '₹ 880000'.
- Action Buttons:**
 - Radio buttons for 'Forward to Deputy Director', 'Need DHO Opinion', and 'Accept' (which is selected).
 - 'Accept' and 'Clear' buttons.

Annotations on the screenshot include:

- 'Remarks Dropdown' pointing to the 'Remarks' dropdown menu.
- 'Select Accept' pointing to the 'Accept' radio button.
- 'Click on Accept Button' pointing to the 'Accept' button.

27. DIO can click on “Uploaded Documents” to View and Download the “Application Form” and “Medical Form”.



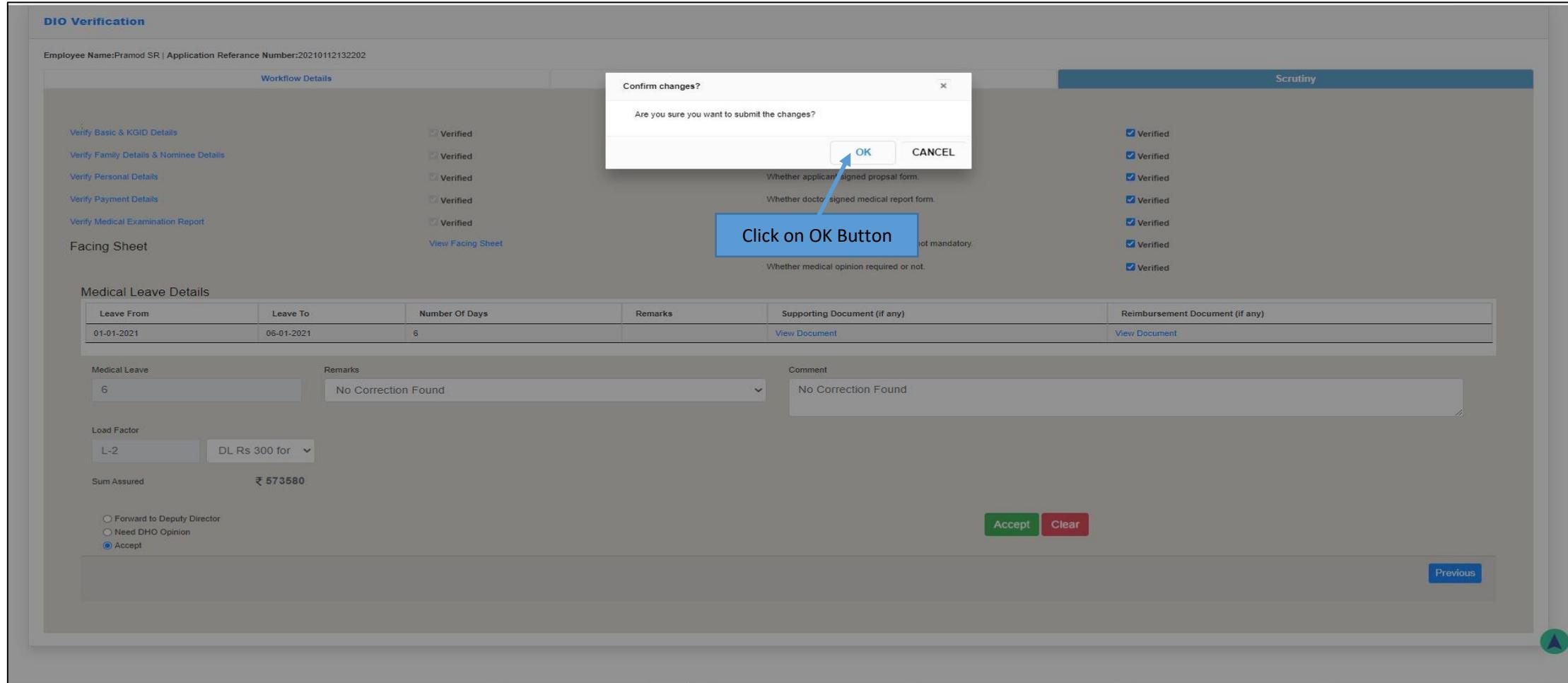
Employee Name: Pramod SR | Application Reference Number: 20210208130605

Workflow Details Application Form Scrutiny **Uploaded Documents**

Application Form [Click Here](#) Medical Form [Click Here](#)

Click to Download the Application Form Click to Download the Application Form Previous

28. DIO has to confirm changes before submitting the application, click on “OK” Button.



The screenshot displays the 'DIO Verification' application interface. At the top, it shows 'Employee Name: Pramod SR | Application Reference Number: 20210112132202'. The interface is divided into 'Workflow Details' and 'Scrutiny' sections. A modal dialog box titled 'Confirm changes?' is open, asking 'Are you sure you want to submit the changes?' with 'OK' and 'CANCEL' buttons. A blue callout box points to the 'OK' button with the text 'Click on OK Button'. The background shows various verification steps, many marked as 'Verified'. Below the verification steps is a 'Medical Leave Details' table and a 'Medical Leave' form with fields for 'Medical Leave', 'Remarks', and 'Comment'. At the bottom, there are radio buttons for 'Forward to Deputy Director', 'Need DHO Opinion', and 'Accept' (which is selected), along with 'Accept' and 'Clear' buttons.

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)
01-01-2021	06-01-2021	6		View Document	View Document

Medical Leave: 6
Remarks: No Correction Found
Comment: No Correction Found

Load Factor: L-2, DL Rs 300 for
Sum Assured: ₹ 573580

Forward to Deputy Director
 Need DHO Opinion
 Accept

Accept Clear Previous

29. “KGID Policy Number” is generated and the employee will get the notification to his registered mobile number & email id.
 30. Employee can download “NB Bond” and “facing sheet” in his login.

DIO Verification

Employee Name:Pramod SR | Application Reference Number:20210112132202

Workflow Details

- Verify Basic & KGID Details Verified
- Verify Family Details & Nominee Details Verified
- Verify Personal Details Verified
- Verify Payment Details Verified
- Verify Medical Examination Report Verified
- Facing Sheet [View Facing Sheet](#)

Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)
01-01-2021	06-01-2021	6		View Document	View Document

Medical Leave: 6
 Remarks: No Correction Found
 Comment: No Correction Found

Load Factor: L-2
 DL Rs 300 for

Sum Assured: ₹ 573580

Forward to Deputy Director
 Need DHO Opinion
 Accept

Policy Generated

Policy has been generated successfully and policy number is BNG12012021897564123810346

KGID Policy number has been generated

Scrutiny

- Verified

Accept Clear Previous

Karnataka Govt Insurance Dept

(LIFE INSURANCE) Bangalore

WHEREAS THE DIRECTOR , KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, OFFICIAL BRANCH , BANGLORE , for and on behalf of the governor of Karnataka (hereinafter called the Insurance Department) has received a Proposal and Declaration for assurance , which proposal and declaration with the statements contained and referred to therein, the insured named in the schedule here to has agreed shall be the basis of the assurance, and has received the first premium for the assurance of the amount and the terms stated in the scheduled.

Now this Policy witnessed that in consideration of the premises and on condition that there shall be duly paid to the insurance department the subsequent premiums as for in the said schedule , the insurance department will , upon satisfactory proof that that the sum assured has become payable in the term of the said schedule , be subject and liable to pay the amount thereof , to the person or persons mention in the said schedule are entitled.

This contract is made subject to the following pravisio, viz. It shall be void and the payment made by the proposer under it shall be forfeited if the statement contained in the aforesaid proposal and declaration be untrue and it's hereby declared that this policy is granted subject to the rules issued by the government Karnataka related to government servants (Compulsory life insurance) Rules 1958.

SCHEDULE
 Date of last Detailed Medical Examination: 05-01-2021

Name and Designation: EMPLOYEE 27, CLERK, DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, BANGALORE URBAN DISTRICT, BANGALORE	Policy No: BNG10022021362541201510306 Date of Risk: 10-02-2021 Admitted Date of Birth: 23-10-1993
Father Name: FATHER 27 Date of Proposal and Declaration:	Monthly Premium: 1810 Sum Assured: 562910 Month of Final Payment: OCTOBER-2048

Sum Assured Rs. Five Lakh Sixty Two Thousand Nine Hundred Ten Rupees Only
 Due Date of Subsequent Premium: First day of March and onwards

Event on which sum assured becomes payable : The Insured completing the age of 35 years or at death ,if earlier.

Sl.No	Name	Relationship	Age	Share	GuardianName	Relation
1	FATHER 27	FATHER	37	50	--	--
2	IJU	MOTHER	37	50	--	--

To whom the sum assured is payable : To the insured on his/her completing the age of 55 years or in the event of his/her death earlier to his/her nominee. Nominees registered in the office of director , Government insurance department , and filling such nominees, to the legal heirs of the insured after the production of satisfactory evidence of the death of the insured.
 In witness whereof these presents has been executed on behalf of and under the direction of the government of Karnataka at Bangalore.

Checked by Caseworker Examined By supdt For Director