

**HAL POST SUPERANNUATION GROUP HEALTH INSURANCE SCHEME**  
**SURVIVAL CERTIFICATE FOR THE POLICY PERIOD**

**Scheme (Select One)**

- Employees (Workmen & Executives) retired, etc. before 1.1.07
- Executives retired/retiring etc. after 1.1.07
- Workmen retired/retiring etc. after 1.1.07

**From:**

Name in Full :  
Mailing Address :

Phone Nos. (Land Line) with STD Code : Mobile No.:

E-mail id :

**To:**

HR Head,  
Hindustan Aeronautics Limited  
\_\_\_\_\_ Division / Office

Dear Sir/ Madam,

**Sub: Survival Certificate**

Please refer to your letter No. \_\_\_\_\_ dated \_\_\_\_\_, on the above subject.

I, (Mr. / Ms.) \_\_\_\_\_,  
(Ex-Employee/ Executive / Workman OR Spouse of the Ex-Employee/Executive/ Workman/ Family Member) {Tick whichever is applicable}, certify the following in respect of beneficiaries under the "HAL Post Superannuation Group Health Insurance Scheme":

Name of the Beneficiary (ies) (To be indicated separately in respect of the Ex-Employee/ Executive/ Workman & Spouse)	Ex-PB No./ EID No. (at the time of superannuation etc.)	Relationship (Indicate Self or Spouse)	MAID No.(s) (as indicated in the Insurance Card)	Remarks (to indicate surviving/ expired)	Indicate date of death/ Exit (If expired/ exited from Scheme)

**Note:** In case of unfortunate death of both the beneficiaries, the Family Member will indicate the same in the Remarks column.

(Signature of the Ex-Employee/  
Executive/ Workman/ with Date)

(Signature of the Spouse  
with Date)

(Signature of the Family Member (if applicable) with Name, Relationship with the Ex-Employee/ Executive/ Workman/ Spouse and Date)