

**MAHARASHTRA STATE ELECTRICITY BOARD'S
CONTRIBUTORY PROVIDENT FUND TRUST.**

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No. AD/PF/GTAS/310

Date: 29 MAR 2014

DEPARTMENTAL CIRCULAR NO.189

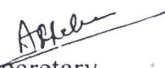
Sub: - The handover of EDLI Scheme, 1976 of EPF & MP Act, 1952 from 1st April, 2014 to RPFC, Bandra from LIC of India.

The management of four companies i.e. MSPGCL, MSETCL, MSEDCL & MSEBHCL has decided that the Employee Deposit Linked Insurance Scheme, 1976 (EDLI) under Section 17 (2A) of EPF & MP Act, 1952 provided by LIC of India, known as Group Term Assurance Scheme (GTAS) will be handed over to Regional Provident Fund Commissioner, Bandra (RPFC) from 1st April, 2014. Henceforth EDLI claims will be settled by RPFC, Bandra.

All officers & employees should make note to send the pending/outstanding claims for any reasons urgently to this office, as the claims in which event of death occur on or before 31st March 2014 will be considered & settled at LIC of India under GTAS. Such claims may still be filled up in old GTAS Form. Information regarding pending claims upto 31st March 2014 shall be sent to this office and inform the same to LIC of India by 30th April 2014.

Further claim in which event of death occur after 31st March, 2014, Form No 5 (IF) (copy of Form is available on www.mahadiscom.in) is to be filled by claimant and forward the same to CPF office, Dharavi for onward transmission to RPFC, Bandra.

The contents of this circular may please be brought to the notice of all the concerned.


Secretary.

to the Board of Trustees,
of MSEB CPF Trust, Mumbai.

APPLICANT'S MOBILE NO. _____



TELEPHONE NO.

EMPLOYERS'

EMPLOYEES

CLAIMANTS

P. R. O.

GRIEVANCES

26470001/2/3/4/5/6

2647 00 07

2647 61 29

कर्मचारी भविष्य निधि संघटना

कर्मचारी अनुबद्ध ठेव बीमा योजना १९७६

कर्मचारी भविष्य निधि संगठन

कर्मचारी निक्षेप सहबद्ध बीमा स्कीम 1976

EMPLOYEES' PROVIDENT FUND ORGANISATION

THE EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME, 1976

(प्रत्येक अर्जदाराने वेगळा अर्ज भरावा. जर अर्जदार अज्ञान असेल तर त्यांच्या पालकाने भरावा. अर्जदार एकापेक्षा जास्त असतील तर त्यांच्यातर्फे त्यांच्या पालकाने भरावा.)

(प्रत्येक दावेदार द्वारा अलग से भरा जाना है । दावेदार के अवयस्क होने की अवस्था में उस के संरक्षक द्वारा भरा जाना चाहिए । जहां अवयस्क एक से अधिक है तो संरक्षक को उन की ओर से क्लेम करना चाहिए ।)

(To be filled up separately by each claimant. In case the claimant is minor it should be filled up by the Guardian on his / her behalf. Where there are more than one minor the guardian should claim in one Form on their behalf.)

१. मृत सदस्याविषयी माहिती :-

1. मृतक सदस्य का ब्यौरा :-

1. PARTICULARS OF THE DECEASED MEMBER :-

- (i) नांव - _____
नाम - _____
Name - _____
- (ii) वडिलांचे नांव किंवा (विवाहित स्त्रीच्या बाबतीत पतिचे नांव) _____
पिता का नाम अथवा विवाहित स्त्री के मामले में पति का नाम _____
Father's Name (or Husband's Name _____
in case of married women) _____
- (iii) मृत्युची तारीख _____
मृत्यु की तिथि _____
Date of death _____
- (iv) संस्था जिथे सदस्य शेवटी नोकरीला होता. _____
फॅक्टरी/स्थापना का नाम जिस में अंतिम रूप से कार्यरत था। _____
Last employed in (Name of factory / establishment) _____
- (v) भविष्य निधि व विमा निधि खाते क्रमांक _____
कोड संख्या और भ. नि. में खाता संख्या _____
Code No. & Account No. in P. F. _____

