



MOBILE NO.

**EMPLOYEES PROVIDENT FUND ORGNISATION****COMPOSIT CLAIM FORM IN DEATH CASES****Form No. 20 (PF Payment/Form 10D(Pension)Form 5.IF. (EDLI)**

1	✓ Tick whichever is/are applicable	i. Provident Fund ( )	ii. Pension ( ) Type of Pension Claim	Insurance [EDLI] ( )
2	Name of the Member (IN CAPITAL LETTERS)			
3	a. Father Name b. Spouse's Name	a. b.		
4	Marital Status of Deceased Member	Married/Unmarried		
5	a. Adhar Card No. of deceased member (if available) b. Universal A/c. No. (UAN) c. PF A/c. No. (in case UAN not available)	a. b. c.		
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)		YES/NO	

**Claimants details for Provident Fund, Pension and Insurance (EDLI)****Particulars of the claimants/minor/nominee's/legal heirs/surviving family member on whose behalf claim is submitted**

Sr No	Name	Father/Spouse's Name	Aadhar No.	Gen der	Date of Birth	Marital Status	Relationship with	
							Member	Guardian
10	1							
	2							
	3							
	4							
	5							
	6							

11	<b>Account details for payment of PF and EDLI</b>  Please attach a copy of cancelled cheque attested copy of 1 <sup>st</sup> page of Bank Pass Book	Saving A/c. No.  Name and address of Bank  IFS Code
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**Bank Account details for Pension**

12	<b>Bank Account details for Payment</b>  Please attach a copy of cancelled cheque attested copy of 1 <sup>st</sup> page of Bank Pass Book	Saving A/c. No.  Name and address of Bank  IFS Code
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13	Full postal address of claimant	
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**Certified that the particulars are true to the best of my knowledge**

Claimant's Signature

Employer's Signature  
Designation & Seal of Employer