

Option Form for Group Term Insurance.

Kindly enroll me for the Group Term Insurance Scheme taken by Airports Authority Officers' Association (India) from LIC of India or any other reputed insurance company.

<u>Particulars</u>		
1. Name:	2. Designation:	
3. Father's/ Husband's Name:	4. Date of Birth:	
5. Date of Joining CAD/NAA/AAI:	6. Station of Posting:	
7. Contact No.:	8. Email id:	
9. Postal Address:	10. Permanent Address:	
11. Details of Dependents:		
Name	Date of Birth	Relationship
12. Details of Nominee:		
Name and Address	Date of Birth	Relationship
13. Payment Details (To be filled in by Regional/ Branch Secretary, in case a consolidated Cheque/ DD is sent)		
Ch/DD No.:	Date:	Drawn on (Name of Bank):

Certified that:

1. I am not suffering from any serious illness/disease as on the date of application.
2. The particulars given above are true to the best of my knowledge and belief. In the event that any of these details are found incorrect at any time in future, AAOA (I) or any of its Office Bearers shall not be responsible for any loss to me or my nominee under any circumstances.

Witness:

1.

Signature of Member

Date: _____

Membership No. _____

2.