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Army Group Insurance Fund
AGI Bhawan, Rao Tula Ram Marg
PO Vasant Vihar, Post Bag No -14
New Delhi - 110057

A/56271/10/AG/Ins (Coord) dt 01 Jan 2026

Addl Directorate General of Manpower
(Policy & Planning/MP-5 & 6)
AG's Branch, IHQ of MoD (Army)
West Block -III, RK Puram, New Delhi-110066

DGMS (Army) / MPRS (O)
AG's Branch, IHQ of MoD (Army)
3rd Floor, 'A' Block, Room No 334
KG Marg, New Delhi - 110011

Directorate of Indian Army Veterans
AG's Branch, IHQ of MoD (Army)
Maude Lines, 104 Cavalry Road
Delhi Cantt - 110010

Kendriya Sainik Board
West Block -IV, Wing-VII
RK Puram, New Delhi-110066

All Area / Sub Area HQ

All Record Offices

DOCUMENTATION FOR PAYMENT OF DEATH BENEFIT UNDER EXTENDED ARMY GROUP INSURANCE (EI) SCHEME

1. On demise of a member (veteran) of Extended Insurance (EI) scheme, Army Group Insurance Fund (AGIF) is responsible for **disbursement of EI benefit to the widow/NOK as entitled, if death of veteran takes place during the EI validity period.** This disbursement process commences once claim documents are received at AGIF. It has been observed that in some cases the documents are received are in order, however in most of the cases the **documents received are either faulty or incomplete.** In such cases a long protracted correspondence is being done by this Directorate based on the communication details available with AGIF. In spite of the best efforts the correct claim documents are not made available on time by Widow/NOK/Zila Sainik Boards/VSK/Fmns concerned resulting in numerous reminders and phone calls being made to send the correct documents to pay their dues on time.

2. The **procedure and documentation to claim the EI benefit has now been simplified** for ease of claimants. It is reiterated that the **claim affidavit is required only if claimant is person other than Nominee or Contingent Nominee. Claim affidavit is not required if the claimant is Nominee or Contingent Nominee.** A list of documents required to be submitted to AGIF by the claimants is attach as **Appendix A.**

3. A chart describing the validity of Extended Insurance (EI) cover period according to date of retirement of veterans and premium status (refundable or non-refundable) is given at Appendix B attach.
4. Please advise all the dealing authorities under your jurisdiction to forward the EI claim documents as listed at Appendix A attach, to this Directorate judiciously & duly checked.
5. Please disseminate the letter down upto offices dealing with EI claims for their necessary action and to Ex-Servicemen societies for wide publicity.

(MS Chari)

(HS Oberoi)
Col
Dir AGI (Coord)
for MD

Encls : Appendix A with Annexure-1, 2 & 3 and Appendix B

Internal:-

Claim Div - for information and necessary action please.

APPENDIX A

(Ref para 2 of AGIF letter No A/56271/10/AG/Ins (Coord) dated 01 Jan 2026)

**DOCUMENTS REQUIRED TO BE SUBMITTED TO AGIF TO CLAIM
BENEFIT UNDER EXTENDED INSURANCE (EI) SCHEME**

1. **In case the claimant is Nominee or Contingent Nominee** (as mentioned in Extended Insurance Certificate issued by AGIF) :-
 - 1.1. **Original** Extended Insurance (EI) certificate.
 - 1.2. Death certificate of member (Veteran) with **valid QR Code**.
 - 1.3. Cancelled cheque **in original** with name of account holder printed on it.
OR
Copy of 1st page of bank pass book of claimant(s) **duly authenticated by concerned bank branch**.
 - 1.4. **Self-attested** copy of Aadhar card of Claimant(s).
 - 1.5. **Self-attested** copy of PAN card of Claimant(s).
 - 1.6. Active mobile number and email ID of claimant(s) for smooth communication.-
2. **In case the claimant is other than Nominee or Contingent Nominee**, the Extended Insurance (EI) amount will be distributed amongst remaining Class I legal heirs. If none of the Class I legal heirs survive, then the amount may be claimed by Class II legal heirs. If the claimant is other than Nominee or Contingent Nominee the following documents **(In addition to the above mentioned documents)** will also be forwarded :-
 - 2.1. Death certificate of Nominee and Contingent Nominee with valid QR Code.
 - 2.2. EI claim affidavit **(as per format attach as Annexure-1)** from each claimant(s).
3. In case any remaining Class I legal heirs decide to disavow their share, a "consent certificate" on Rs 10/- affidavit duly attested from Magistrate/ Tehsildar/Executive Magistrate/Notary will be required in original in favour of remaining Class I legal heir(s). **Format of "consent certificate" is attach as Annexure-2.**
4. If there is any minor mismatch in the name of veteran or claimant(s) as given in Extended Insurance (EI) certificate (Service Records of veteran) and in Bank pass book/Aadhar Card & PAN card, a **dual name affidavit** on Rs 10/- affidavit duly attested from Magistrate/ Tehsildar/Executive Magistrate/Notary will be attach with the claim documents in original. **Format of dual name affidavit is attach as Annexure-3.**
5. If the QR code (on death certificate) facility is not available in the district, please forward the following:-
 - 5.1. Death certificate duly attested from Zila Sainik Board only.
 - 5.2. A certificate from Zila Sainik Board stating that "QR Code facility is not available in the district".

APPENDIX B

(Ref para 3 of AGIF letter No A/56271/10/AG/Ins (Coord) dated 01 Jan 2026)

ENTITLEMENT UNDER EXTENDED INSURANCE (EI) SCHEME

Date of retirement/disch from Regular Army	Premium amount & Status (Non-refundable / Refundable)	Validity Period of Extended Insurance (EI) Cover & Age	Extd Insurance Amount to be paid to NOK
01 Jan 1981 to 31 Mar 1989 (For Officers)	Offrs : ₹ 1640/- (one time non refundable)	10 years from the date of retirement or 65 years of age whichever is occurs earlier. This was later enhanced to 15 years from the date of retirement or 70 years of age whichever occurs earlier	₹ 65,000/-
01 Apr 1981 to 31 Mar 1989 (For JCOs/OR)	JCOs/OR : ₹ 580/- (one time non refundable)		₹ 30,000/-
01 Apr 1989 to 31 Mar 1994	Offrs : ₹ 1640/- JCOs/OR : ₹ 580/- (one time non refundable)	-do-	₹ 1,00,000/- ₹ 50,000/-
01 Apr 1994 to 01 Jul 1999	Offrs : ₹ 6,900/- JCOs/OR : ₹ 3,500/- (one time non refundable)	20 years /70 years of age whichever occurs earlier	₹ 2,00,000/- ₹ 1,00,000/-
02 Jul 1999 to 30 Dec 2004	Offrs : ₹ 15,300/- JCOs/OR : ₹ 6,800/- (one time non refundable)	20 years/72 years of age whichever occurs earlier	₹ 3,00,000/- ₹ 1,50,000/-
31 Dec 2004 to 29 Jun 2009	Offrs : ₹ 31,300/ JCOs/OR : ₹ 15,500/- (one time non refundable)	26 years from the date of retirement or 75 years of age whichever occurs earlier (25 years between 01 Jan 05 to 31 Dec 07 also upgraded to 26 yrs)	₹ 4,00,000/- ₹ 2,00,000/-
30 Jun 2009 to 30 Jul 2010	Offr : ₹ 42,660/- JCOs/OR : ₹ 22,200/- (one time non refundable)	26 years from the date of retirement or 75 years of age whichever occurs earlier.	₹ 6,00,000/- ₹ 3,00,000/-
31 Jul 2010 to 30 Dec 2013	Offrs : ₹ 51,900/- JCOs/OR : ₹ 25,900/- (one time refundable)	-do-	₹ 6,00,000/- ₹ 3,00,000/-
31 Dec 2013 to 31 Dec 2014	Offrs : ₹ 82,300/- JCOs/OR : ₹ 41,590/- (one time refundable)	-do-	₹ 10,00,000/- ₹ 5,00,000/-
01 Jan 2015 to 31 Mar 2017	Offrs : ₹ 1,22,250/- JCOs/OR : ₹ 63,500/- (one time refundable)	30 years from the date of retirement or 80 yrs of age whichever occurs earlier	₹ 10,00,000/- ₹ 5,00,000/-
01 Apr 2017 to 31 Dec 2021	Offrs : ₹ 1,09,220/- JCOs/OR : ₹ 55,291/- (one time non refundable)	-do-	₹ 10,00,000/- ₹ 5,00,000/-
01 Jan 2022 to 30 May 2022	Offrs : ₹ 90,000/- JCOs/OR : ₹ 40,000/- (one time non refundable)	26 years from the date of retirement or 80 yrs of age whichever occurs earlier 30 years from the date of retirement or 75 yrs of age whichever occurs earlier	₹ 10,00,000/- ₹ 5,00,000/-
31 May 2022 to 31 Mar 2025	Offrs : ₹ 1,60,000/- JCOs/OR : ₹ 68,000/- (one time refundable)	-do-	₹ 15,00,000/- ₹ 7,50,000/-
01 Apr 2025 onwards	Offrs : ₹ 2,75,000/- JCOs/OR : ₹ 1,20,000/- (one time refundable)	-do-	₹ 30,00,000/- ₹ 15,00,000/-

ANNEXURE 1

(Ref para 2.2 of Appx A to AGIF letter No A/56271/10/AG/Ins (Coord) dated 01 Jan 2026)

**TO BE PREPARED ONLY IN CASE OF CLAIMANT IS
OTHER THAN NOMINEE OR CONTINGENT NOMINEE**

(TO BE PREPARED ON A NON-JUDICIAL STAMP PAPER OF APPROPRIATE VALUE (NOT LESS THAN RS 10/-) AND ATTESTED BY A MAGISTRATE /TEHSILDAR / MUNSIF MAGISTRATE/NOTARY)

EXTENDED INSURANCE (EI) CLAIM AFFIDAVIT

(STRIKE OFF WHICHEVER IS NOT APPLICABLE)

I _____, age _____ years, wife/son/daughter/ father/mother/
brother/sister of Army No _____ Rank _____ Name _____
_____ Regt _____, presently residing at Village/Mohalla _____
Post _____ Tehsil _____ District _____,
PIN _____ State _____, Mob No _____ & _____.

Solemnly affirm, declare, do hereby take an oath as under:-

1. That _____ (Name of late veteran) had died on _____ due to _____ (cause of death), death certificate with QR scan code is enclosed in original (or) attested by Zila Sainik Board only **(in case death certificate does not have QR scan Code)**.
2. That Extended Insurance (EI) certificate No _____ dated _____ for Rs _____ issued to the late veteran is enclosed, in original.

(OR)

That original Extended Insurance (EI) certificate No _____ dated _____ for Rs _____ issued to the late veteran by AGIF could not be traced out as the same has been lost beyond recovery. In case the EI certificate is traced later, we will send it by Registered/Speed Post to Army Group Insurance Fund, AGI Bhawan, Rao Tula Ram Marg, Post Bag No 14, PO : Vasant Vihar, New Delhi – 110057 immediately.

3. That the death benefit under AGI EI scheme be paid to me as per bank details given below:-

Account Number : _____, Bank Name : _____
Branch Name : _____, IFSC Code No _____
Bank Address: Post _____, Distt _____, State _____ PIN : _____

It is certified that **above account is a saving account and in operative state**. Last transaction was made in this account on _____.

4. A cancelled cheque in original having printed the name of claimant on it (OR) 1st page of bank pass book copy of claimant duly attested by concerned bank, of the same account as given at Para 3 above is enclosed.

5. That I was married (in case of widow of veteran) to No _____ Rank _____
 Name _____ on _____ (Date of Marriage)

(OR)

That I _____ (Name of Deponent) am the _____
 (Relationship with the deceased) of No _____ Rank _____
 Name _____

6. That my correct name is _____ and not _____
 as recorded in the service documents of deceased veteran/El
 Certificate.

7. That the details of all Family members of above deceased veteran are as under:-
 Name _____ Age _____ Date of death (if not alive) _____

7.1. Father, Shri _____

7.2. Mother, Smt _____

7.3. Widow, Smt _____

7.4. Children including adopted children:-
 Name _____ Sex _____ Date of Birth _____ Date of Death (if not alive) _____

7.4.1. _____

7.4.2. _____

7.4.3. _____

7.4.4. _____

7.5. Details of brother/sister of deceased veteran:-
 Name _____ Sex _____ Date of Birth _____ Date of Death (if not alive) _____

7.5.1. _____

7.5.2. _____

7.5.3. _____

7.5.4. _____

8. That the first wife of the above deceased veteran, Smt _____ has been
 died/divorced on _____ (if applicable else delete) and the following children were born
 from the first wife:-

Name _____ Sex _____ Date of Birth _____ Date of death if not alive _____

8.1. _____

8.2. _____

9. That Smt _____, first wife of deceased veteran has/had divorced on
 _____ and the veteran got re-married to Smt _____ on _____
 (if applicable else delete).

10. That the children of first wife and second wife are being looked after by
 _____ (if applicable else delete).

(OR)

That _____ (Name of deceased veteran) was not married. He
 died as a bachelor and is not survived by any wife, divorced wife or children.

11. That there is no dispute suite or litigation of any nature whatsoever pending
 between the legal heirs of the above deceased.

12. That the payment if made will be subject to the clear understanding that I will be liable to share and/or part with proportionate share of any other heir to the said property/amount of the deceased veteran according to law applicable in this behalf.

13. That in case the above declaration is not found to be true at any time in any particulars, I shall be liable to refund the whole amount alongwith interest at the rate of 12% per annum from the date of payment till it is refunded to AGIF.

DECLARATION

I, the above said Shri/Smt _____ do hereby solemnly affirm, declare take on oath that contents of this affidavit are true to the best of my knowledge and belief and nothing has been concealed or suppressed.

(Signature of Deponent/Claimant)

VERIFICATION AND ATTESTATION

Certified that the above statement was declared on _____
Solemn affirmation before me at _____ (Place) on this
_____ date of _____ 20_____ by _____
(Name of Claimant) who is identified and witnessed by:

Identified By

Signature _____

Name in Block letter _____

Full Postal Address: _____

Mobile No: _____

(COURT/NOTARY
OFFICE SEAL)

Witnessed by

Signature _____

Name in Block letter _____

Full Postal Address: _____

Mobile No: _____

Signature of Magistrate/Tehsildar/Notary)

COUNTERSIGNED BY ZILA SAINIK BOARD/VSK/STN HQ

Station :

Dated :

ANNEXURE 2(Ref para 3 of **Appx A** to AGIF letter No A/56271/10/AG/Ins (Coord) dated 01 Jan 2026)

(To be prepared on a non Judicial stamp paper of Rs.10/- and attested by Magistrate/ Tehsildar/ Munsif Magistrate/ Notary)

AFFIDAVIT**CONSENT CERTIFICATE**

1. I, _____ S/o, W/o, F/o, M/o, D/o
 _____ aged about _____ years and
 resident of Vill _____ Post _____ Tehsil
 _____ District _____ State _____ do
 hereby Solemnly affirm and state as under :-

2. I am _____ S/o, W/o, F/o, M/o, D/o No _____
 Rank _____ Name _____ My Aadhar card No
 is _____ and a self-attested photocopy of my Aadhar card is attach herewith.

3. I am entitled to AGI _____(%) share in the, Extended Insurance (EI) benefit of my late husband/Father/Son.

4. I have NO OBJECTION if my share of Extended Insurance is paid to my
 _____(mention relation, Shri/ Smt
 _____ I shall not make any claim for the whole or any part of
 the said EI amount in respect of the said benefits at any time hereafter and do hereby indemnity
 and shall keep indemnified Army Group Insurance Fund in this regard.

5. My mobile No is _____

(Signature of Deponent)

Verification

I _____ the above named deponent to hereby verify that
 the contents of the above affidavit are true to the best of my knowledge, no part of it is false and
 nothing material has been concealed these from.

Verified at _____ on this _____ day of
 _____(Month) _____ 202 (year) .

(Signature of Deponent)
 Mobile No _____**ATTESTED**

(Court Round Seal)

Signature _____
 (Magistrate/Tehsildar/Munsif Magistrate/ Notary)

ANNEXURE 3

(Ref para 4 of Appx A to AGIF letter No A/56271/10/AG/Ins (Coord) dated 0) Jan 2026)

**TO BE PREPARED ONLY IN CASE OF ANY MINOR MISMATCH
IN NAME OF VETERAN OR CLAIMANT(S) IN SERVICE RECORDS
AND CLAIM DOCUMENTS/DEATH CERTIFICATE ETC**(TO BE PREPARED ON A NON-JUDICIAL STAMP PAPER OF RS 10/-) AND ATTESTED BY
A MAGISTRATE /TEHSILDAR / MUNSIF MAGISTRATE/NOTARY)**DUAL NAME AFFIDAVIT**

(STRIKE OFF WHICHEVER IS NOT APPLICABLE)

1. I _____, age _____ years, wife/son/daughter/ father/mother/
brother/sister of Army No _____ Rank _____ Name _____
_____ Regt _____, presently residing at Village/Mohalla _____
Post _____ Tehsil _____ District _____,
PIN _____ State _____, and my Mobile No is _____ & _____.

I Solemnly affirm, declare, do hereby take an oath as under :-

1.1. That I am presently residing at the above mentioned address and I am the legal wife/son/daughter/mother of above mentioned deceased veteran.

1.2. That my/ my husband/father's/son's correct name is _____. In my/ my father's/husband's/son's service records and in Extended Army Group Insurance (EI) Certificate my/his/her name is mentioned as _____ which is incorrect. Further in my/his/her Aadhar Card No _____ my/his/her name is mentioned as _____ in my/his/her PAN card No _____ my/his/her name is mentioned as _____ in my/his/her bank account pass book my/his/her name is mentioned as _____.

1.3. I further swear and oath that both/all the names i.e. _____ as mentioned in Extended Army Group Insurance (EI) Certificate and _____ as mentioned in bank account pass book/cancelled cheque/Aadhar Card/PAN Card etc pertains to one and the same person i.e. me/ my husband, father/son.

1.4. I have also affixed my/his/her photograph on this affidavit.

2. If the above information found false I will be liable for legal action as per law on the subject.

Signature of deponent/Claimant

Verification

I _____ the above named deponent to hereby verify that the contents of the above affidavit are true to the best of my knowledge, belief and no part of it is false and nothing material has been concealed these from.

Dated :

Signature of deponent/Claimant

ATTESTED

(Court Round Seal)

Signature _____
(Magistrate/Tehsildar/Munsif Magistrate/ Notary)