



कर्मचारी भविष्य निधि संगठन

Employees' Provident Fund Organisation

(श्रम एवं रोजगार मंत्रालय, भारत सरकार)

(Ministry of Labour & Employment, Govt. Of India)

मुख्य कार्यालय / Head Office

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ORDER

[In the matter of Introduction of a Composite Claim Form in Death Cases to replace existing claim Form-20, 10-D and 5-IF]

Employees' Provident Fund Organisation has embarked upon its next phase of e-governance reforms with a view to make its services available to all its stakeholders in a more efficient and transparent manner.

2. The Central Provident Fund Commissioner vide order No. Manual/Amendments/2011/ Pt/31792 dated 20.02.2017 has introduced Composite Claim Form (Aadhar) and Composite Claim Form (Non-Aadhar) by replacing the erstwhile Forms No. 19, 10C & 31 to simplify the submission of claim form by the subscribers.

3. Pursuant to the provisions of paragraph 72(5)(c) of the Employees' Provident Funds Scheme, 1952, paragraph 38 of Employees' Pension Scheme, 1995 and paragraph 24(1) of the Employees' Deposit-Linked Insurance Scheme, 1976, Central Provident Fund Commissioner hereby prescribes Composite Claim Form in Death cases by replacing existing Forms No. 20, 5-IF and 10-D. In case of death of a member, the claimant may apply for claim of provident fund, insurance fund and monthly pension in this single form.

(Dr. V.P. Joy)

Central Provident Fund Commissioner

EMPLOYEES' PROVIDENT FUND ORGANISATION
Composite Claim Form in Death Cases
[Form-20 (PF Payment)/Form-10-D (Pension), Form - 5 IF (EDLI)]

1	Tick whichever is/are applicable	(i) Provident Fund ()	(ii) Pension () Type of Pension claim:	(iii) Insurance [EDLI] ()
2	Name of the deceased member (in CAPITAL letters)			
3	(a) Father's Name :	a)		
	(b) Spouse's Name :	b)		
4	Marital status of deceased member			
5	a) Aadhar Number of the deceased member (if available)			
	b) Universal Account Number (UAN)			
	c) PF Account Number (in case UAN not available)			
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)			

CLAIMANT'S DETAILS FOR PROVIDENT FUND, PENSION AND INSURANCE (EDLI)

10	Particulars of the claimant/minor/nominee(s)/legal heir(s)/surviving family member on whose behalf the claim is submitted								
	S. N.	Name	Father's / Spouse's Name	Aadhar Number	Gender	Date of Birth	Marital Status	Relationship with	
	i							Member	Guardian
	ii								
	iii								
	iv								
v									

11	Bank Account details for payment of PF & EDLI: (Please attach a copy of cancelled cheque/attested copy of first page of bank Pass Book)	Saving Bank Account No.
		Name & address of the Bank
		IFS Code

BANK ACCOUNT DETAILS FOR PENSION

12	Bank Account details for payment: (Please attach a copy of cancelled cheque/attested copy of first page of bank Pass Book)	Saving Bank Account No.
		Name & address of the Bank
		IFS Code

13	Full Postal address of claimant	Pin.....
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Certified that the particulars are true to the best of my knowledge.

Claimant's signature
Name:.....

Employer's Signature
Designation & Seal of Employer

Enclosures:

- i) Death Certificate
- ii) Joint photograph of all the claimants
- iii) Date of Birth certificate of children claiming pension
- iv) Scheme Certificate (if applicable)