

**Form V**  
(See clause 11(2) of SSY (R&R), 2017)

**CLAIM FORM FOR ASSISTANCE UNDER SAMAJIK SURAKSHA YOJANA, 2017**

**Claim Application No. SSY/** \_\_\_\_\_

To  
The Registering Authority,  
Samajik Suraksha Yojana.

- Sir, 1. I, Sri / Smt. \_\_\_\_\_ Regn. No. \_\_\_\_\_
2. Sri / Smt. \_\_\_\_\_ Nominee of Late  
\_\_\_\_\_ Regn. No. \_\_\_\_\_ residing at  
\_\_\_\_\_ engaged in \_\_\_\_\_ do hereby submit  
my claim for assistance under the scheme for Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_) as detailed below.
3. I am / Late \_\_\_\_\_ (Strike out whichever is not  
applicable) is/was also registered under WBOCWW Scheme / WBTWSSS / erstwhile  
SASPFUW and the Registration No. is \_\_\_\_\_
4. My Bank A/C No \_\_\_\_\_ of \_\_\_\_\_ Branch  
\_\_\_\_\_ Bank. IFS Code of bank Branch is \_\_\_\_\_  
(copy of 1st page of bank pass to be attached)

\* Strike out whichever is not applicable

(Signature of the beneficiary / Nominee)

Sl. No	Benefit type	Amount in Rs.
1.	<b>Claim for benefit under Provident Fund (See clause 8.1.3 &amp; clause 8.1.8)</b>	
a	Name of the beneficiary:	
b	Registration No, under erstwhile SASPFUW. if any:	
c	Type of claim*: Premature Closure / Final Payment.	
d	Relationship with deceased beneficiary:	
e	Date of death:	
Document to be submitted : In case of final payment the passbook under erstwhile SASPFUW / SSY to be submitted in original.		

2	<b>Health &amp; Family Welfare (See clause 8.2.3)</b>	
a	For Ailments covered under WBHS-2008 requiring hospitalisation or outdoor treatment/	i) Cost of clinical test ii) Cost of Medicine iii) Cost of hospitalization iv) Payment for loss of employment of the beneficiary (No. of Days hospitalised _____ to _____)
b	Any kind of surgery (strike out whichever is not applicable)	

Certified that I have not availed this benefit under any other Scheme of the government. [Documents to be enclosed: a) Discharge Certificate from Govt. Hospitals or empanelled hospitals: b) Original voucher/s for claim/s regarding (i) & (ii) above ]

