

THE EMPLOYEES' PROVIDENT FUND ACT No. 15 of 1958

Form "L"

Claim for benefits under section 26 of the Act by a Nominee /Heir / Administrator / Executor

(This claim should be sent to the Commissioner of Labour through the employer
by whom the deceased member was last employed)

PART I

I,(state full name of claimant) being nominee/heir/administrator/executor of last will of whose membership No. is do hereby, in terms of section 26 of the Employees' Provident Fund Act, No. 15 of 1958, make a claim for the payment of benefits due in respect of the said deceased member, who was last employed by (state name and registered number of deceased member's employer).

The deceased member was married* / not married*.

I annex here to –

- (a) copy of the certificate of death issued by the Registrar of Births and Deaths of Division relating to the death of the said deceased member*.
- (b) certified copy of the letters of administration granted by the District Court of relating to the administration of the estate of the said deceased member*.
- (c) certified copy of the probate granted to the executor of the last will of the said deceased member by the District Court of *.

PART II – (See note below)

1. Address of Claimant	
2. Relationship of Nominee of Heir of deceased member	
3. If the claimant is not the spouse of the deceased member, is the spouse living ?	
4. Name and address of spouse, if living	
5. If the spouse has been legally separated, state name of court and number of case allowing separation	
6. Names of all surviving children of the deceased and their address	
7. Names of any deceased children of the deceased member	
8. Names and addresses of the heirs of deceased children of the deceased member	
9. If the deceased member was not married, give names and addresses of next-of-kin	
10. Particulars of properties or other assets left by the deceased member and their value (Grama Sevaka's report should be attached. See note below.)	
11. Is the estate of the deceased member subject to testamentary or other action in any court ? If so, state – (a) the name of the court and the name of the case (b) the name and address of the administrator, or executor or the person who is in a position to give information about the case	
12. Was the deceased member paying income tax ?	

I declare that the above particulars are true and correct.

Date :

.....
Signature of left thumb mark of Claimant

PART III

I,....., manager/superintendent/proprietor* of do hereby certify that the said (Membership number) was employed by me. His last monthly contribution was included in the return of contributions sent for the month of20.....

He died*/is reported to have died/on
The claimant is known */not known to me*.
I am aware that the claimant is

- (a) the nominee referred to*.
- (b) related to the deceased member as claimed*.
- (c) the guardian of the claimant who is a minor*.
- (d) the administrator of the deceased member's estate*.
- (e) executor of the last will of the deceased member*.

The claimant signed claim*/placed his thumb impression on the claim* in my presence*.
I am satisfied that the signature*/thumb mark* on the claim is that of the claimant.

.....
Signature of Employer

Date :

Registered Number of Employer :

* Delete whichever is inapplicable.

Note.-

1. Part II should be filled in by a claimant who makes a claim as an heir of a deceased member. A claimant who is a nominee need not fill in Part II if the full benefits due to the deceased member have been covered by nominations, that is to say, where the claimant alone or the claimant along with one or more persons has been nominated to share the full benefits. If any share of the total benefit due to the deceased member has been left unallotted. Then the nominee who makes a claim should fill in Part II. An administrator or executor need not complete Part II
2. Page 10 of Part II. The Report should be from the Grama Sevaka of the area where the deceased member was ordinarily resident and should be countersigned the Divisional Revenue Officer of the area. It should, in addition to any other information give the following information -
 - (a) Properties and assets owned by the deceased in the area where he resided and their value,
 - (b) properties and assets owned by the deceased member outside that area, if known,
 - (c) names of spouse, children or legal heirs,
 - (d) whether letters of administration or probate have been obtained, if so, name of court, the case number and the name of administrator or executor, (e) whether deceased member was paying income tax at the time of his death.