



**THERE IS PROVISION OF ONE TIME REFUND OR BENEFIT  
AFTER THE EXPIRY OF EXTENDED INSURANCE PERIOD**

## **EXTENDED ARMY GROUP INSURANCE CERTIFICATE**

To be surrendered on the death of Insurant / Expiry of EI Period to AGI Fund,  
Rao Tula Ram Marg, Post Bag No. 14, Vasant Vihar, New Delhi- 110057

CONTACT Nos: Exch AGI - 011 - 26142749 / 26151391, Claim Div - 8882484303 (Officers) , 7290006136  
(JCO/OR) ,  
PRE Sec - 9811665868

Email- claimdiv@armygroupinsurance.in

Certificate No. : **248782**

No. : **15579539X**

Rank : **SPR**

Date of Issue : 26-12-2024

Name : **SAPKAL UMESH TANAJI**

Regt./ Corps : Bombay Engineer Group(Kirkee)

Date of Birth : 12-09-1987

Date of Retirement : 31-12-2024

Valid Period of EI Cover from : 01-01-2025

TO : 31-12-2054

Sum assured Rs. on death : 750000

Surviving Benefits : 68000

One time refundable premium Paid Rs. : 68000

Nominee(s) with Relationship and Address :

Contingent Nominee(s) with Relationship

**Name : Nayana Umesh Sapkal, Relation : Spouse, DOB :**

**Name : DHANSHREE UMESH SAPKAL,**  
Relation : Daughter, DOB :  
**Name : SHANTANU UMESH SAPKAL,**  
Relation : Son, DOB :

House Number: Vill: NAGTHANE,  
NAGTHANE District: Satara State:  
Maharashtra PIN:

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

### **ON DEATH OF INSURANT**

1. I regret to inform that my husband/wife/mother/father/ \_\_\_\_\_ (As application) No.  
\_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ Expired on (date)  
\_\_\_\_\_ due to (cause) \_\_\_\_\_ at (place) \_\_\_\_\_

2. I enclose the death Certificate.

3. I certify that I am the Nominee/Contingent Nominee (as applicable) as per the Certificate above.

### **CLAIMING SURVIVAL REFUNDABLE PREMIUM**

EI Validity Period has expired and survival refundable premium be refunded to me.

Date \_\_\_\_\_

(Signature of Beneficiary /  
Signature of Nominee)