

**ANNEXURE- III****(A)\***

#	Name and complete Address of the Society	Total Membership as on (Date)	Total Membership upto the age of 65 years sponsored for insurance	Remarks
1	2	3	4	5

**(B)\***

#	Name of Insured	Age/Sex	Address	If physically handicapped, please give details
1	2	3	4	5

Name of the Nominee	Age	Relationship	Premium Paid
1	2	3	4

\* To be submitted when all eligible members of Society have been sponsored for insurance.

\*\* To be submitted when all members of a Society have not been sponsored for insurance.