FILE AFTER ME
(ACTION TO BE TAKEN)

General

1. Even though death is inevitable, our families and we are least prepared for such an eventuality. In most cases the Widow/Next of Kin do not know what should be done to get their dues and continue to avail of benefits. Officers are advised to maintain a file on ‘FILE AFTER ME’ with details duly filled in and explained to the Next of Kin, so that they can initiate correspondence to avail of the under mentioned entitlements:-

(a) Family pension
(b) Army Group Insurance Fund Benefits under extended insurance scheme (if applicable).
(c) Army Officers Benevolent Fund, Financial Assistance.
(d) Continuance of Canteen/Ration facilities
(e) Benefits (if any) of Personal Accident policies issued with Medical Claim Policies, Car Insurance Policies, Household Insurance Policies, Credit Cards, etc.

ACTION IN CASE OF DEATH: EX OFFICERS

2. Death Certificates

(a) Please obtain at least 25 to 30 or more copies of the death certificate from Muncipal Authorities who maintain register of birth/deaths.

(b) In addition The widow/next of kin should also get about 30 copies of their photographs duly attested from a gazetted officer.

3. Intimation of Death Death of an Officer is to be informed at the earliest to a large number of authorities as per suggested list given below:-

(a) In the case of death due to an accident, lodge an FIR at the nearest Police Station at the earliest. This will be required for claims on Insurance Companies as well as for processing payment of compensation by the concerned authorities.

(b) AG’s Branch /MP5, AG’s Branch/PS4, AG’s Branch/CW8 (AOBF), and Army Gp Insurance (for extended life cover), Appendix ‘A’.

(c) Intimate to the Bankers & CDA (P) alongwith details of Officers bank account jointly held in the name of the widow. Appendix ‘B’
(d) Directorate of the Regt/Corps concerned (coord section) Appendix ‘C’.

(e) Station HQ for canteen/ration facilities, surrender of Identity Card of the deceased officer. Appendix ‘D’.

(f) Various Clubs for change of name of the Head of Family, Appendix ‘E’.

(g) Income Tax Authority for finalizing the Tax return of the deceased. Appendix ‘F’.

(h) Bankers for encashment of FDR’s / Pension / Loans etc, Appendix ‘G’.

(j) RTO for encashment of ownership of cars/scooter. Appendix ‘H’

(k) Licensing Authority of the Police for transfer of Private Fire Arms.

(l) If proper **WILL** exists, approach court having jurisdiction for ‘Probate of shares’, etc. This being a very important document.

(m) Zila/Rajya Sainik Welfare Board for widow identity card.

(n) Concerned post office for settlement of deposits in Saving Bank Account.

4. **Procedure for Claim of Benefits**  Pension can be paid directly in view of  Joint Account now permitted. Wherever same has not been done the same should be expedited.

(a) **Ordinary Family Pension**  The widow should open a Savings Bank Account in her single name if not already done preferably with the same Bank and branch from where her late husband was drawing his pension. The details of this Account Number are to be sent to CDA (P) in the letter as per the specimen above refers. Parents and brothers/sisters are not authorised ordinary family pension in case of officers who die as bachelor.

(b) **Grant of Family Pension for Life to Handicapped Children**

A son or daughter of an officer, suffering from any disorder of disability of mind or physically crippled or disabled, which renders him/her unable to earn a living even after attaining the age of 25 years, is eligible for the grant of family pension to the handicapped child. Documentation towards same should be completed if NOT done so.
(c) **Dependents Pension**

Admissible in case of officers who die as a bachelor on account of causes attributable to service. The rate is 50% of the notional amount of special family pension that would have been sanctioned to the widow had the officer been married. Dependent parents and in their absence, dependent brothers/sisters are eligible for this pension.

(d) **Army Group Insurance Fund Benefits**

In case the officer had opted, and was covered under the Extended Insurance Scheme, the amount will be paid by AGIF on submission of an application as mentioned in Para 1 (a) ibid. If you do not have it, get a duplicate one.

(e) **Army Officers Benevolent Fund**

No formal application is required. Widow/NOK has to intimate death of deceased officer to AG’s Branch/CW; who after verifying the records/details will send an amount of Rs.50,000/- as Demise Grant. This will be based on the letter. Incase an amount of Rs.50000/- has already been received on attaining the age of 75 years, no grant is admissible and given by AG’s Branch on death of the officer.

(f) **Canteen/Ration Facilities**

Widows of officers are entitled to avail of indigenous canteen items from less specially allocated/short supply items. For this purpose, the entitled individuals are attached to the nearest station/unit run canteen as convenient to Station HQ. Similar action is to be taken for drawl of rations, upto permissible scale, on payment from the nearest sub unit. Ration and Canteen Cards are prepared by the local Unit/Station HQ on the authority of PPO and Ex-Servicemen Identity Card.

(g) **Legal Assistance**

This is being provided to the wives of serving personnel and widows in consultation with Legal Department of Army HQ. Similar facilities are also available at Command Level.

(h) **Benefits/Concessions Granted by Central/Staff Govts/Union Territories**

Do go through latest instructions for Senior Citizens, Income Tax Department and Rajya Sainik Board instructions to avail the benefits. Some of them are enumerated below:-
Rs._______ (Rupees _______ thousand only) is given by the Station Head Quarters as demise grant to the NOK of the veteran. Grant of Monetary Allowance attached with various post Independence Gallantry awards. Air Travel concession by Air India / Indian Airlines to War Widows, Permanently War Disabled Ex-Servicemen and their families and Gallantry Award Winners. Issue of Rail Travel Concession cards admissible to War Widows, and Indian Peace Keeping Force casualties in OP PAWAN. Reservations for employment in various organizations. Quotas in educational institutes for children of Ex-Servicemen. Indigo & Spicejet gives concession on the Basic fare to the dependents also. Only a Identity Card towards the same is required.

5. In order to assist Widows/NOK in the rehabilitation process, a number of welfare schemes have been initiated at the State level. Financial assistance for various contingencies is also available. The benefits are available to the Widow/NOKs from respective State Govt’s/UTs, who can be approached through the nearest Zila Sainik Board. Detailed information, where required may be obtained from AG’s Branch MP5 (b) of Kendriya Zila Sainik Boards.

**Other Concessions**

6. (a) Gallantry Award Winners & Battle Casualties are exempted from paying Income Tax on their pension income.

(b) Heart patients, alone or along with upto one escort are entitled to 75% concession on fare in any class when travelling by train for heart surgery in a recognized hospital and for return journey also. A certificate issued by officer in charge of a recognized hospital on a prescribed proforma is required to be obtained to avail this concession.

**Concessions For Senior Citizens**

7. Senior citizens above the age of 65 and women have different tax slabs. For the Financial Year 2010-11, income upto Rs.2.4 Lacs for Senior Citizen & Rs.1.90 Lacs for Women is exempt for payment of Income Tax. Visit/Consult an IT Consultant for further queries.
Appendix - A

From: Mrs W/o Late 

To: AG’s Branch/MP 5 (b)
Army Headquarters
West Block III
R K Puram
New Delhi 110 066
Tel: (011-26195662)

Sub: INTIMATION OF DEATH IN RESPECT OF IC
RANK NAME REGT.

Sir,

1. I regret to inform you that my husband Brig ____________ expired on ____________ due to illness. He was in receipt of retiring/revised retiring pension of Rs.___________ per month vide PPO No. ________________ CORR PPO No. ________________.

2. Death Certificate to this effect issued by the Hospital / Muncipality is enclosed herewith for your further necessary action please.

Yours faithfully,

Copy to:

1. AG’s Branch / PS 4 (c )
Army HQs, Sena Bhawan
DHQ P.O
New Delhi 110 011.
Tel: 011-3375138

2. AG’s Branch/CW-8 (AOBF)
South Block
Army Headquarters
New Delhi 110 011
3. Parent Directorate Coord at AHQ
   Sena Bhawan
   New Delhi.

4. Army Group Insurance
   AGI Bhawan
   Rao Tula Ram Marg
   New Delhi 110 057.
   Tel: 011-26142793

The following documents are enclosed:

(a) Death Certificate
(b) Extended Insurance Certificate No.
(c) My Bank Particulars are as follows:-
   (i) SB A/c No. __________
   (ii) Name of Bank: __________
   (iii) Address of Bank: __________

It is requested that the amount of the sum insured may please be sent to my Bank A/c as mentioned above, under intimation to me.
To,

The CCDA (P)
Allahabad.

APPLICATION FORM FOR PENSION TO WIDOW OF OFFICERS

PART - I

PARTICULARS RELATING TO DECEASED OFFICER

1. Surname  ___________________________ First Name  ___________________________
   (Block Letters)

2. (a) Unit/Corps/Ship  ________________ (b) Rank  ________________
   (c) Date of Birth  ________________ (d) Place of Birth  ________________

3. To be answered only if death occurred after termination of service.
   (a) Date of Death  ________________ (b) Place of Death  ________________

PART - II

PARTICULARS OF APPLICANT

4. Surname  ___________________________ First Name  ___________________________
   (Block Letters)

5. Address in Full  ___________________________________________________________

6. (a) Date of Birth  ________________ (b) Date  ________________

7. Were you living apart from your husband at the time of his death for any reason other than his employment with the forces? If ‘yes” attach a statement of circumstances.
8. (a) Particulars of children of the deceased officers under 18 years of age (see note overleaf) in respect of whom allowances claimed.

**BIRTH CERTIFICATE TO BE ATTACHED IF AVAILABLE**

<table>
<thead>
<tr>
<th>Full name (Full name of each Child &amp; Sex)</th>
<th>Sex</th>
<th>Date &amp; Place</th>
<th>Present Address (if different from your own, state reasons)</th>
</tr>
</thead>
</table>

(b) Are all the children maintained by you ____________________________

(c) Nationality ____________________________

(d) State/Province, you belong ____________________________

Note: Para 7 & 8 where applicable.
From: Mrs
W/o (Rank) ____________________ ____________________

Date __________

To,

The Branch Manager
_______Bank
__________________

Subject: PAYMENT OF FAMILY PENSION IN RESPECT OF WIDOW
PPO No. _______________ CORR PPO NO. ____________________
Joint SB A/c No. ____________________ at Bank

Sir,

1. I regret to inform you that my husband ____________________ expired on ____________. Death Certificate to this effect issued by the Hospital / Muncipality is enclosed for your further action.

2. My late husband was in receipt of revised retiring pension Rs. _______ vide PPO No. ____________________ CORR PPO No. ________________. In addition he was in receipt of Dearness Pension and Dearness Relief. These were being paid by your Bank branch through Joint Saving A/c No. ________________.

3. My name is included in the above PPO for payment of family pension. I am also a joint holder of the above Joint Saving A/c with your Bank.

4. In view of the demise of my husband, it is requested that his pensionary payments be discontinued with effect from date of death i.e. ____________. My family pension of ________ may please be credit to the same Joint Saving Account No. ______________ w.e.f. ________________.

Thanking you,

Yours faithfully,

__________________
Copy to:-

1. CCDA (P) ........... for information and necessary action.
   Draupdighat
   Allahabad – 21104
   U.P. (Tel: 0532-623849)

2. Adjutant General’s ....... for information and necessary action.
   Branch/MP 5 (b)
   Army Headquarters
   West Block – III,
   R K Puram
   New Delhi 110 066
   Tel: 011-26195662
To,

The Director General
Directorate General of ______
Army Headquarters
Sena Bhawan
New Delhi.

Reporting of Death ; IC ______ Rank _______Name______________

Sir,

1. It is to intimate that my husband, IC _______Rank ____________ expired on __________ after having lived the life to the fullest (Copy of Death Certificate is enclosed).

2. His Regimental _______ Association Number is _______________. It is to request that all correspondence as being sent hither-to-fore be sent to me, and I would love to be associated with Regiment Corps in the future too.

3. Financial assistance from Regimental _______ Association be sent on the above address.

Warm Regards,

Yours faithfully,

Lt Gen ________________
Director General of _______
Sena Bhawan, AHQ
New Delhi 110 011.
Appendix ‘D’

MRS

________________
NEW DELHI

Date: _______

To,

The Adm Comdt
Stn HQ
Delhi Cantt.

**Surrender of Identity Card Retired Personnel**

IC _______ Rank _______________ Name ____________________

Sir,

1. It is to inform about the sad demise of my husband, IC ______, Rank _________(Retd) Name_______________ on ______________ dated ______________(Death Certificate enclosed).

2. Please find enclosed his Identity Card No. ____________ issued on ______________. It is requested that I be issued a dependent card.

Yours faithfully,

Mrs
Appendix ‘E’

MRS

NEW DELHI

Date: __________

To,

The Secretary
DSOI
Dhauila Kuan
New Delhi.

Surrender of Membership Card
IC___________ Rank _____________ Name ______________

Sir,

1. It is to inform about the sad demise of my husband Rank ________________ (Retd) _____________ on dated ________________ (Death Certificate enclosed).

2. His membership No. ________________ may please be terminated and security be refunded to the undersigned on the ibid address or his membership be transferred on my name being the NOK. Details of Dependents are :-

(a)
(b)
(c)
(d)

Yours faithfully,

Mrs

(Note: Similar Letter to all the Clubs, wherever he was a Member).
Appendix ‘F’

MRS

Address

Date:

To,

The Income Tax Commissioner
Noida Zone
Sector 20
Noida.
(U.P)

**Finalisation of Income Tax Return**

Dear Sir,

1. It is to inform about the sad demise of my husband Maj Gen (Retd) ____________ on ____________ dated ____________ (Death Certificate enclosed).

2. His PAN No. _______________& his Income Tax Return for the Assessment Year ____________ was filed on ____________ (date). Same may please be finalized and refund given at the ibid address.

3. My PAN No. is ________________.

Mrs__________

**Note:** PAN Card is also required for ladies even though they may not be working or do not fall in the Income Tax Bracket for Women.
Appendix ‘H’

MRS

Address:________________________
________________________

Date:__________

To,
RTO
Sector 33
Noida.
(U.P)

Transfer of Ownership Car

Sir,

1. It is to inform about the sad demise of my husband Name __________,
   Rank_________ (Retd) __________on ___________ dated ___________
   (Death Certificate enclosed).

2. It is to request ownership Car Reg No. ___________ be transferred on the name
   of undersigned being the NOK. Original Registration Book/Certificate is enclosed for
   your necessary action please.

Thanking you,

Yours faithfully,

Mrs
To,

The Branch Manager
________ Bank
________
________

Final Settlement of Account No.

Sir,

1. I & my Late Husband, Rank _________(Retd) ______________ have a joint account, A/c No. ______________ with your Bank. It is to request following FDRs held jointly be encashed & loans taken against it be adjusted. Following FDRs are held _______ with your Branch.

(a)

(b)

Thanking you,

Yours faithfully,

Mrs
LAST WILL AND TESTAMENT

1. I, the undersigned ____________________ S/o ____________________ born on ___________ residing at __________________________, am making this Will on ___________.

2. As on date I am not suffering from any disease. I am in full control of my faculties. Dr ________________ will certify to this effect. I am not making this WILL under any threat or duress. I am making this Will to ensure that after my death my properties are disposed off as per my wishes.

3. A detailed list of all my belongings is below. In due course of time this list may undergo some changes. These entire belongings have been acquired or accumulated as a result of my salaries & investments, etc. and I am free to dispose off the same as per my wishes. In my family. My Spouse is dependant on me. Other members of my family who are not dependant on me include the following:-

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age &amp; Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Dependant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Not Dependant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Immovable Property**

On my death the property as under will be inherited by my husband

(a) House at ____________________ of which I am presently _______ Holder.

5. (a) In the event of my spouse pre-deceasing me the properties at para 4 above shall be inherited by my son/daughter __________.
(b) In the event of inheritance/acquisition of any other property in the future it will go to my __________. In the event of his predeceasing me, it will be divided equally between the ________.

6. **Movable Property**

(a) Jewellery - as in my locker at ________________ to be shared equally by my ________________ ‘viz, ________________

(b) FD & Cash Balances in my Saving Account No. ________________ at ________________ to my ________________ in the event of my ________ predeceasing me, it will be equally shared between ________.

7. I am appointing ________________ (Mob: ________________) Advocate, as the Executor cum Arbitrator of this Will. He will be extended a sum of Rs.50,000/- (Rupees Fifty Thousand only) out of my cash assets, in advance, for efforts and expenses in connection with peaceful transition of title of properties. This Will shall be considered as the authority letter for effecting all transfers envisaged in this document by the Executor cum Arbitrator.

8. On my death no religious ceremonies should be insisted upon. As far as possible my body should be cremated in an electric crematorium.

Place : ___________  Signature _____________

Date : ___________  Name ________________

Address ________________
**Witness 1**

I, ________________ R/o of ________________________ (Mob. ________________). I certify that I have signed this document in presence of ____________________ who has made this Will.

Signature:............. Date: _______________ Place: ___________

**Witness 2**

I, ________________________ (Mob. No. ________________) I certify that I have signed this document in presence of ____________________ who has made this Will.

Signature:............. Date: _______________ Place: ___________

**Doctor's Certificate**

I, Dr ________________, R/o _______________ have examined ____________________ today.

I certify that he has signed this Will in my presence, when he was in full control of his mental faculties and in full control of his senses.

Signature:............. Date: _______________ Place: ___________