

CERTIFICATE

This certificate is issued for the purposes of Pradhan Mantri Jeevan Jyoti Bima Yojana / Pradhan Mantri Suraksha Bima Yojana, to certify that Mr/Ms _____, son/daughter/spouse of Mr/Ms _____ died on _____ and that relevant details in respect of his/her death are as under:

1. Aadhaar number of the deceased:	
2. Age of the deceased (in completed years):	
3. Address of the deceased:	
4. Permanent address of the deceased:	
5. Place of death:	
6. Cause of death: (a) Accident ¹ (b) Any other (please specify)	
7. Whether death is by suicide?	

I confirm that I have satisfied myself with regard to the correctness of details as above and that copies of relevant documents in this regard are available with this office.

Signature of District Magistrate
or authorised Executive Magistrate*

Name:

Date:

Seal:

* Any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar etc.) authorised by the District Magistrate

¹ Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.

REVISED RULES FOR PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (w.e.f. POLICY YEAR 2021-22)

1. Details of the scheme: PMJJBY is an insurance scheme offering life insurance cover for death due to any reason. It is a one year cover, renewable from year to year. The scheme is offered / administered through LIC and other Life Insurance companies willing to offer the product on similar terms with necessary approvals and tie ups with Banks / Post office for this purpose. Participating banks/ Post office are free to engage any such life insurance company for implementing the scheme for their subscribers.

2. Scope of coverage: All individual account holders of participating banks/ Post office in the age group of 18 to 50 years are entitled to join. In case of multiple bank / Post office accounts held by an individual in one or different banks/ Post office, the person is eligible to join the scheme through one bank/ Post office account only. Aadhaar is the primary KYC for the bank / Post office account.

3. Enrolment period: The cover shall be for one year period stretching from 1st June to 31st May for which option to join / pay by auto-debit from the designated individual bank / Post office account on the prescribed forms will be required to be given by 31st May of every year. Delayed enrolment for prospective cover is possible with payment of pro-rata premium as described below;

- a) For enrolment in June, July and August – Full Annual Premium of Rs.330/- is payable.
- b) For enrolment in September, October, and November – pro rata premium of Rs. 258/- is payable
- c) For enrolment in December, January and February – pro rata premium of Rs. 172/- is payable.
- d) For enrolment in March, April and May – pro rata premium of Rs. 86/- is payable.

Lien period of 30 days shall be applicable from the date of enrolment.

4. Enrolment Modality: The cover shall be for one year period stretching from 1st June to 31st May for which option to join / pay by auto-debit from the designated individual bank / Post office account on the prescribed forms will be required to be given by 31st May of every year. Delayed enrolment for prospective cover is possible with payment of pro-rata premium as laid down in above para.

For subscribers enrolling for the first time on or after 1st June 2021, insurance cover shall not be available for death (other than due to accident) occurring during the first 30 days from the date of enrolment into the scheme (lien period) and in case of death (other than due to accident) during lien period, no claim would be admissible.

Individuals who exit the scheme at any point may re-join the scheme in future years. The exclusion of insurance benefits during the lien period shall also apply to

subscribers who exit the scheme during or after the first year, and rejoin on any date on or after 01st June 2021.

In future years, new entrants into the eligible category or currently eligible individuals who did not join earlier or discontinued their subscription shall be able to join while the scheme is continuing subject to the 30 days lien period described above.

5. Benefits: Rs.2 lakh is payable on member's death due to any cause.

6. Premium: Rs.330/- per annum per member. The premium will be deducted from the account holder's bank / Post office account through 'auto debit' facility in one instalment, as per the option given, at the time of enrolment under the scheme. Delayed enrolment for prospective cover after 31st May will be possible with payment of pro-rata premium as laid down in para 3 above. The premium would be reviewed based on annual claims experience.

7. Eligibility Conditions:

Individual bank/ Post office account holders of the participating banks/ Post office aged between 18 years (completed) and 50 years (age nearer birthday) who give their consent to join / enable auto-debit, as per the above modality, will be enrolled into the scheme.

8. Master Policy Holder: Participating Banks/ Post office are the Master policy holders. A simple and subscriber friendly administration & claim settlement process has been finalized by LIC / other insurance companies in consultation with the participating banks / Post office.

9. Termination of assurance: The assurance on the life of the member shall terminate on any of the following events and no benefit will become payable there under:

- 1) On attaining age 55 years (age near birth day) subject to annual renewal up to that date (entry, however, will not be possible beyond the age of 50 years).
- 2) Closure of account with the Bank/ Post office or insufficiency of balance to keep the insurance in force.
- 3) In case a member is covered under PMJJBY with LIC of India / other company through more than one account and premium is received by LIC / other company inadvertently, insurance cover will be restricted to Rs. 2 lakh and the premium paid for duplicate insurance(s) shall be liable to be forfeited.
- 4) If the insurance cover is ceased due to insufficient balance on due date or due to exit from the scheme, the same can be reinstated on receipt of appropriate premium as mentioned in Para 3 above, subject however to the cover being treated as fresh and the 30 days lien clause being applicable.

5) Participating Banks shall remit the premium to insurance companies in case of regular enrolment on or before 30th of June every year and in other cases in the same month when received.

10. Administration: The scheme, subject to the above, is administered by the LIC P&GS Units / other insurance company setups. The data flow process and data proforma has been informed separately.

It is the responsibility of the participating bank/ Post office to recover the appropriate premium in one instalment, as per the option, from the account holders on or before the due date **through 'auto-debit' process.**

Enrolment form / Auto-debit authorization / Consent cum Declaration form in the prescribed proforma shall be obtained and retained by the participating bank/ Post office. In case of claim, LIC / insurance company may seek submission of the same. LIC / Insurance Company reserve the right to call for these documents at any point of time.

The acknowledgement slip may be made into an acknowledgement slip-cum-certificate of insurance.

The experience of the scheme will be monitored on yearly basis for re-calibration etc., as may be necessary.

11. Appropriation of Premium:

	Appropriation of Premium Where:	Full Annual Premium of Rs.330/- collected	Rs.258/- collected in the 2nd quarter of risk Period	Rs.172/- collected in the 3rd quarter of risk period	Rs.86/- is collected in the 4th quarter of risk period
01	Insurance Premium to LIC/ Insurance Company	Rs.289/-	Rs.225/-	Rs.150/-	Rs.75/-
02	Reimbursement of Expenses to BC/Micro/Corporate/ Agent	Rs.30/-	Rs.22.50	Rs.15/-	Rs.7.50
03	Reimbursement of Administrative Expenses to participating Banks	Rs.11/-	Rs.10.50	Rs.7/-	Rs.3.50

The date of commencement of the scheme is 1st June 2015. The annual renewal date shall be each successive 1st of June in subsequent years.

The scheme is liable to be discontinued prior to commencement of a new future renewal date if circumstances so require.

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY)

CLAIMS PROCEDURE

1. Immediately after the occurrence of death of the insured member, claim-cum-discharge form shall be submitted by the nominee (*or in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured*) to the concerned bank / post office branch, preferably within 30 days from the date of the death.
2. In case of death during within the 30 days from the date of commencement/ rejoining into the policy (in case of fresh enrolment after exiting the policy once or in case of late renewal of the policy), claim shall not be payable, except in case of death due to accident³.
3. Bank / post office to check and confirm that the claim form has been submitted with supporting documents as under:
 - a) Proof of death⁴ of the insured member (or, in case of death due to an accident within 30 days of joining/ re-joining the scheme, proof of accidental death⁵):
 - b) Aadhaar number and PAN number⁶ of deceased member and nominee / appointee / claimant
 - c) KYC document⁷ in respect of the nominee / appointee / claimant, as the case may be
 - d) First two pages of passbook, or bank / post office account statement showing account details, or cancelled cheque of the account of the nominee / appointee / claimant, as the case may be
 - e) Proof of death of nominee⁴, in case the nominee has predeceased the insured
 - f) Proof of being legal heir, in case the claimant is other than nominee/appointee
 - g) Advance receipt for discharge of claim, duly filled in and signed
4. The authorized official of the bank / post office shall check the account of the insured member and confirm auto-debit particulars and the account details, nomination, debiting of premium / remittance to insurer and fill up the details of the insured member in the claim form from the enrolment data and records of bank / post office. He will certify the correctness of the information given in the claim form and the duly completed check list for the said claim.
5. Bank / post office to check KYC documents of nominee / appointee / claimant to establish his identity and confirm that claim in respect of the said insured member has not been forwarded to partner insurer by the bank / post office.
6. Bank / post office will forward the claim documents electronically to the designated email id / app of the partner insurer within seven days of the submission of the claim.
7. Insurer will verify and confirm that premium has been remitted for the insured and the insured is included in the list of insured persons in the master policy.
8. Insurer will also confirm whether the said claim under PMJJBY has also been paid by any other insurer or not, by way of a suitable deduplication mechanism. In case the same has been paid, the Insurer may reject the claim.
9. Claim shall be processed by the insurance Company which has issued the master policy for the bank / post office within seven days of its receipt from the bank / post office.
10. The admissible claim amount will be remitted to the bank / post office account of the nominee or appointee or the claimant, as the case may be.

11. In case there is no nomination or the nominee has predeceased the insured member, the admissible claim amount shall be paid to the legal heirs of the insured on production of Succession Certificate/ Legal Heir certificate from the Competent Court/authority.
12. Regardless of the claim being paid/ rejected, the insurer shall send an email/ app-based intimation to the bank / post office and a text message alert to the mobile of the nominee / appointee / claimant, in addition to uploading the same on the Jan Suraksha portal.
13. **Maximum time limit** for bank / post office to forward duly completed claim form to the insurer is seven days and maximum time limit for the insurer to approve claim and disburse money thereafter is seven days.
14. **In case the bank / post office has not remitted the premium amount debited from the account of the insured member within the timeframe referred to in the rules issued by DFS letter F. no. H-12011/2/2015-Ins.II, dated 20.4.2015, the liability of the claim shall be passed on to the bank / post office, and the claim form shall be transmitted to the bank / Department of Posts. In case such a claim reaches the insurer from the bank / post office, the insurer shall transmit it back for settlement of the same, under intimation to the claimant.**
15. **The relaxations for accepting proof of death listed in Notes no. 4 and 5 below, in view of ongoing pandemic, would be valid up to 30.11.2021 or till further revision, whichever is earlier. Further, claims pending as on date may also be settled on the basis of these relaxations.**

Notes:

¹ The appointee is the person named by the deceased member in his PMJBY enrolment form where the nominee is a minor.

² A claimant where there is no nomination or the nominee has predeceased the insured member shall be one who is a legal heir and submits a succession certificate or legal heir certificate issued by a competent court or authority.

³ Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means. No claim shall be payable in case of death occurring within 30 days from the date of joining/rejoining the policy, except in case of death due to accident.

⁴ **Document in support of proof of death may be any of the following:**

- (i) Death certificate (issued by the registrar of births and deaths appointed by the state government for the local area)
- (ii) Hospital discharge summary/certificate in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death
- (iii) Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death, which should be countersigned with his/her seal by a Gazetted officer of the Central or the State Government or by an officer of the deceased account holder's bank or any public sector bank or any public sector insurer
- (iv) Certificate issued in respect of the deceased person by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme

⁵ **Document in support of death due to accident may be any of the following:**

- (1) Any of the documents listed above for proof of death⁴, along with (a) FIR or *panchnama* and (b) the *post mortem report*
- (2) Certificate issued in respect of the insured member by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar, etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme
- (3) In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father's/husband's name, address and the date, time and cause of death in lieu of (a), (b) and (c) above.

⁶ This information is desirable but not mandatory.

⁷ Document in support of identity of nominee / appointee / claimant may be Aadhaar card or electoral photo identity card [EPIC] or MGNREGA card or driving license or PAN card or passport



 Pradhan Mantri
Jeevan Jyoti Bima Yojana



Pradhan Mantri Jivan Jyoti Bima Yojna
CONSENT-CUM-DECLARATION FORM

- ❖ I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of (Name of Insurer) which will be administered by your Bank / Post Office under Master Policy No. (To be pre-printed)
- ❖ I hereby authorize you to debit my Account with your Branch with Rs. _____ (applicable premium[#]) towards premium of life insurance cover of Rs two lakhs under PMJJBY. I further authorize you to deduct in future after 25th May and not later than on 1st of June every year until further instructions, an amount of Rs.330/- (Rupees three hundred thirty only), or any amount as decided from time to time, which may be intimated immediately if and when revised, towards renewal of coverage under the scheme.
- ❖ I have not authorized any other Bank / Post Office to debit premium in respect of this scheme. I am aware that in case of multiple enrolments for the scheme by me, my insurance cover will be restricted to Rs.two lakhs only and the premium paid by me for multiple enrolments shall be liable to be forfeited.
- ❖ I have read and understood the Scheme rules and I hereby give my consent to become a member of the Scheme. **I am aware that the risk will not be covered during the first 30 days from the date of enrollment / re-joining into the scheme (lien period) and in case of death (other than due to accident) during lien period, no claim would be admissible.**
- ❖ I authorize the Bank /Post Office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to (Name of Insurer)



**Pradhan Mantri
Jeevan Jyoti Bima Yojana**



Name of the account holder**		Father's / husband's name**	
Bank/Post office Account No.**		IFSC Code of Bank Branch**	
PAN Number, if available**		AADHAAR Number, if available**	
Date of birth **		E-mail Id**	
Name and address of nominee		Date of Birth of nominee	
		Relationship of nominee with the account holder	
Name and address of Guardian / appointee (if nominee is minor)		Relationship of the guardian / appointee with the nominee	
Mobile number of nominee		Mobile number of guardian / appointee	
Email id of nominee		Email id of guardian / appointee	

❖ I hereby enclose a copy of my -----as proof of my identity (KYC*) and nominate my nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as above.

* Either of AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport

❖ I hereby declare that the above statements are true in all respects and that I agree and declare that the above information shall form the basis of admission to the above scheme and that if any information be found untrue, my membership to the scheme shall be treated as cancelled.

Date: _____

Signature

Address:

Confirmed that the applicant's details** and signature have been verified from the records available with this Bank / Post Office (or KYC document submitted* by the applicant, in case it is not available with the bank / Post Office).

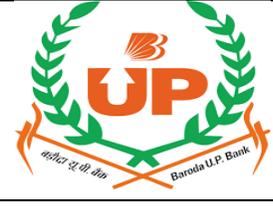
Signature of the Bank / Post Office Official

Date:-

(Rubber Stamp with bank/ Post office branch name and code)



**Pradhan Mantri
Jeevan Jyoti Bima Yojana**



For Office Use

Agent'/BC's Name		Agency/BC Code No.	
Bank A/c details of Agent/BC		Signature of Agent/Banking Correspondent	

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of “Consent-cum-Declaration Form” from Shri / Ms..
..... holding Bank /Post Office Account
No..... Aadhar No..... consenting and authorizing
auto-debit from the specified Bank /Post Officeaccount to join the Pradhan Mantri Jeevan Jyoti
Bima Yojana with ----- (Name of the Insurer) for cover under Master Policy
No....., subject to correctness of information provided regarding eligibility and
receipt of consideration amount.

Signature of authorised official of Bank / Post Office

Date:

Office Seal

If the enrolment takes place during the months of –

- June, July & August –Annual premium of Rs. 330/- is payable
- September, October & November –3 quarters of premium @ Rs. 86.00 i.e. Rs. 258/-
is payable
- December, January & February – 2 quarters of premium @ Rs. 86.00 i.e. Rs. 172/-is
payable
- March, April & May – 1 Quarterly premium @ Rs. 86.00 is payable.

**PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY)
CLAIM-CUM-DISCHARGE FORM**

(To be submitted preferably within 30 days of death of insured member)

To be filled by the nominee

(or in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured)

Part 1. Details of the deceased member enrolled under PMJJBY

- (1) Name:
- (2) Address:
- (3) Bank / Post office account number:
- (4) Date of death:
- (5) Cause of death (accident³, or any other: please specify):
- (6) Document(s) attached as proof of death⁴ (or, in case of death due to an accident within 30 days of joining the scheme, proof of accidental death⁵):
- (7) Aadhaar number⁶(Optional):
- (8) Income-tax Permanent Account Number (PAN)⁶ (Optional):

Part 2. Details of the nominee:

(or, in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured)

1. Name of the nominee:
2. Age of nominee:
3. In case the nominee is a minor, name of the appointee¹:
4. In case of no nomination or nominee pre-deceasing the insured member, name of the claimant²:
5. Proof of death⁴ of nominee in case of nominee predeceasing the insured member:
6. Relationship of the nominee/claimant with the deceased:
7. Contact mobile number:
8. Contact email address:
9. Contact address:
10. Details of the nominee/appointee/claimant (as the case may be):
 - (1) Particulars of bank account into which the claim amount is to be remitted:
 - (a) Account number:
 - (b) Name of bank:
 - (c) Branch IFS Code:
 - (2) Aadhaar number⁶(Optional):
 - (3) Income-tax PAN⁶(Optional):
 - (4) KYC document⁷ attached as proof of identity:

I hereby declare that details submitted above are true to the best of my knowledge, the documents attached in support of this claim are genuine, and I have not claimed the amount payable under PMJJBY in respect of the deceased member named above earlier or in respect of any other account of the deceased with any bank or post office.

Date:

(Signature of nominee/appointee¹/claimant²)

Attached documents:

- (1) Proof of death⁴ of the insured member (Proof of death due to accident if death is within 30 days of joining / rejoining the policy)
- (2) Aadhaar number and PAN number⁶ of deceased member and nominee / appointee / claimant (Optional)
- (3) KYC document⁷ in respect of the nominee / appointee / claimant
- (4) First two pages of passbook, or bank / post office account statement showing account details, or cancelled cheque of the account of nominee / appointee / claimant.
- (5) Proof of death⁴ of nominee, in case the nominee has predeceased the insured member
- (6) Proof of claimant being the legal heir, in case claimant is other than nominee/appointee
- (7) Advance receipt for discharge of claim, duly filled in and signed

To be filled by the bank / Post office from enrolment data or data of bank/ post office

Part 3: Details in respect of the deceased insured member

1. Bank / Post office account number (as per bank's CBS/ post office records):
2. Bank / Post office name:
3. Branch name:
4. Branch IFS Code:
5. Name of father/husband of the deceased member:
6. Date of birth (as per KYC document):
7. Name of the insurer:
8. Name of the nominee:
9. Date of debit of premium from the bank / post office account:
10. Date of remitting the premium into insurer's account:

It is certified that the above information is true as per PMJJBY enrolment data and bank /post office records.

Place:

Date:

(Signature and seal of the authorised official of the bank/ post office)

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA
Advance receipt for discharge of claim

In consideration of approval of my claim referred above, I hereby accept from _____
(*name of the insurer*) the sum of Rupees two lakh only, in full and final settlement and
discharge of my claim under the said policy covering insurance in respect of member Shri/Ms
_____.

Signature of the witness

Name of witness:

Address:

Signature of nominee/appointee/claimant

Date:

Countersignature of authorised official of the bank / post office

Date:

Name:

Name of bank / post office:

Branch:

Office stamp:

Useful information for claimants

- ¹ The appointee is the person named by the deceased member in his PMJJBY enrolment form where the nominee is a minor.
- ² A claimant where there is no nomination or the nominee has predeceased the insured member shall be one who is a legal heir and submits a succession certificate or legal heir certificate issued by a competent court or authority.
- ³ Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means. No claim shall be payable in case of death occurring within 30 days from the date of joining/rejoining the policy, except in case of death due to accident.
- ⁴ **Document in support of proof of death may be any of the following:**
- (i) Death certificate (issued by the registrar of births and deaths appointed by the state government for the local area)
 - (ii) Hospital discharge summary/certificate in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death
 - (iii) Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death, which should be countersigned with his/her seal by a Gazetted officer of the Central or the State Government or by an officer of the deceased account holder's bank or any public sector bank or any public sector insurer
 - (iv) Certificate issued in respect of the deceased person by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme
- ⁵ **Document in support of death due to accident may be any of the following:**
- (1) Any of the documents listed above for proof of death⁴, along with (a) FIR or *panchnama* and (b) the *post mortem report*
 - (2) Certificate issued in respect of the insured member by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar, etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme
 - (3) In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father's/husband's name, address and the date, time and cause of death in lieu of (a), (b) and (c) above.
- ⁶ This information is desirable but not mandatory.
- ⁷ Document in support of identity of nominee / appointee / claimant may be Aadhaar card or electoral photo identity card [EPIC] or MGNREGA card or driving license or PAN card or passport

Check List for banks / post offices for settlement of PMJJBY claims by partner insurer

(All appropriate documents to be verified and checked by the bank / post office and blanks to be filled up)

01	Name of the Account Holder (Insured member)	
02	Bank / post office account number	
03	To check and confirm that the date of death falls within the policy period	
04	Date of debit of premium to the bank / post office account on: (Copy of Passbook to be attached and certified) Date of remittance to the insurer on:/...../..... /...../.....
05	To check eligibility of the benefit transfer from the following: Any of the following KYC document of the insured member with the bank / post office: AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport Age of insured as per eligibility of scheme	
06	To check that the duly completed claim form is submitted along with the following documents: a) Proof of death ⁴ of the insured member (Proof of death due to accident if death is within 30 days of joining / rejoining the policy) b) Aadhaar number and PAN number ⁶ of deceased member and nominee / appointee / claimant c) KYC document ⁷ in respect of the nominee / appointee / claimant d) First two pages of passbook, or bank / post office account statement showing account details, or cancelled cheque of the account of nominee / appointee / claimant. e) Proof of death ⁴ of nominee, in case the nominee has predeceased the insured member f) Proof of claimant being the legal heir, in case claimant is other than nominee/appointee g) Advance receipt for discharge of claim, duly filled in and signed	
07	Verification of details of nominee/claimant 1. Check details of nominee from enrolment data / form 2. Confirm that nominee is not minor. In case of minor nominee, appointee named by the insured member in the enrolment form would be the claimant	

Check List for banks / post offices for settlement of PMJJBY claims by partner insurer

(All appropriate documents to be verified and checked by the bank / post office and blanks to be filled up)

	<p>3. If there is no nomination or the nominee has predeceased the insured member, claimant should be one of the legal heirs of the member</p> <p>4. Check KYC proof submitted by the nominee/claimant. Acceptable KYC document may be any of the following: AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport</p> <p>5. Bank / post office account details of nominee/ appointee/ claimant to be checked and confirmed from the first two pages of his passbook, or bank / post office account statement showing account details, or cancelled cheque of the applicant's account.</p>	
08	Bank / post office to confirm that the said claim has not been forwarded to Insurer earlier by the bank / post office	
09	Bank / post office to forward the claim documents and the signed checklist electronically to the designated email id / app of the partner insurer within seven days of receipt of the claim.	
10	Bank / post office to upload claims data on Jansuraksha portal [https://www.jansuraksha.gov.in/MIS].	

(Signature)

Name and designation of authorized officer of bank / post office

Date:

Office seal

Notes:

¹ The appointee is the person named by the deceased member in his PMJJBY enrolment form where the nominee is a minor.

² A claimant where there is no nomination or the nominee has predeceased the insured member shall be one who is a legal heir and submits a succession certificate or legal heir certificate issued by a competent court or authority.

³ Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means. No claim shall be payable in case of death occurring within 30 days from the

Check List for banks / post offices for settlement of PMJJBY claims by partner insurer

(All appropriate documents to be verified and checked by the bank / post office and blanks to be filled up)

date of joining/rejoining the policy, except in case of death due to accident.

⁴ Document in support of proof of death may be any of the following:

- (i) Death certificate (issued by the registrar of births and deaths appointed by the state government for the local area)
- (ii) Hospital discharge summary/certificate in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death
- (iii) Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death, which should be countersigned with his/her seal by a Gazetted officer of the Central or the State Government or by an officer of the deceased account holder's bank or any public sector bank or any public sector insurer
- (iv) Certificate issued in respect of the deceased person by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme

⁵ Document in support of death due to accident may be any of the following:

- (1) Any of the documents listed above for proof of death⁴, along with (a) FIR or *panchnama* and (b) the *post mortem report*
- (2) Certificate issued in respect of the insured member by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar, etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme
- (3) In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father's/husband's name, address and the date, time and cause of death in lieu of (a), (b) and (c) above.

⁶This information is desirable but not mandatory.

⁷ Document in support of identity of nominee / appointee / claimant may be Aadhaar card or electoral photo identity card [EPIC] or MGNREGA card or driving license or PAN card or passport

PRADHAN MANTRI SURAKSHA BIMA YOJANA(PMSBY)
CLAIMS PROCEDURE

[Dated: 10.6.2021]

1. Immediately after the occurrence of an accident which may give rise to a claim under the policy, the ***insured member in case of his accidental disability claim or his nominee in case of death of insured member*** (or in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured) shall submit duly completed claim form to the concerned bank branch/ post office and preferably within 30 days of the occurrence of the accident³ giving rise to the claim (death /permanent disability⁴) under the policy.
2. Bank/ post office to check whether claim is for disability or death (due to accident) of the insured.
3. Bank/ post office to check and confirm that the claim form has been submitted with supporting documents as under:
 - (a) Proof of permanent disability due to accident⁵ or death due to accident⁶ of the insured member, as the case may be
 - (b) Aadhaar and PAN number of the insured member and claimant⁷
 - (c) KYC document⁸ in respect of the nominee/appointee/claimant (as the case may be)
 - (d) First two pages of passbook, or bank/ post office account statement showing account details, or cancelled cheque of the account of the nominee/appointee/claimant (as the case may be)
 - (e) Proof of death⁶ of nominee in case of nominee pre-deceasing the insured member
 - (f) Proof of being legal heir, in case the claimant is other than the insured member/nominee/appointee
 - (g) Advance receipt for discharge of claim, duly filled in and signed
4. The authorized official of the bank / post office shall check the account of the insured member and confirm auto-debit particulars and the account details, nomination, debiting of premium / remittance to insurer and fill up the details of the insured member in the claim form from the enrolment data and records of bank / post office. He will certify the correctness of the information given in the claim form and the duly completed check list for the said claim.
5. Bank / post office to check KYC documents of nominee / appointee / claimant to establish his identity and confirm that claim in respect of the said insured member has not been forwarded to partner insurer by the bank/ post office.
6. Bank / post office will forward the claim documents electronically to the designated email id / app of the partner insurer within seven days of the submission of the claim.
7. Insurer will verify and confirm that premium has been remitted for the insured and the insured is included in the list of insured persons in the master policy.
8. Insurer will also confirm whether the said claim under PMSBY has also been paid by any other insurer or not, by way of a suitable deduplication mechanism. In case the same has been paid, the Insurer may reject the claim.
9. Claim shall be processed by the insurance company which has issued the master policy for the bank / post office within seven days of its receipt from the bank / post office.

10. The admissible claim amount will be remitted to the bank / post office account of the insured or the claimant, as the case maybe.
11. In case there is no nomination or the nominee has predeceased the insured member the admissible claim amount shall be paid to the legal heirs of the insured on production of Succession Certificate/ Legal Heir certificate from the competent court/authority.
12. Regardless of the claim being paid/ rejected, the insurer shall send an email/ app-based intimation to the bank/ post office and a text message alert to the mobile of the nominee / appointee / claimant, in addition to uploading the same on the Jan Suraksha portal [<https://www.jansuraksha.gov.in/MIS>].
13. **Maximum time limit** for the bank / post office to forward duly completed claim form to the insurer is seven days and maximum time limit for the insurer to approve claim and disburse money thereafter is seven days.
14. **In case the bank / post office has not remitted the premium amount debited from the account of the insured member within the timeframe referred to in the rules issued by DFS letter F. no. H-12011/2/2015-Ins.II, dated 20.4.2015, the liability of the claim shall be passed on to the bank / post office, and the claim form shall be transmitted to the bank / Department of Posts. In case such a claim reaches the insurer from the bank / post office, the insurer shall transmit it back for settlement of the same, under intimation to the claimant.**
15. **The relaxations for accepting proof of death listed in Note no. 6 below, in view of ongoing pandemic, would be valid up to 30.11.2021 or till further revision, whichever is earlier. Further, claims pending as on date may also be settled on the basis of these relaxations.**

Notes:

¹The appointee is the person named by the member in his PMSBY enrolment form where the nominee is a minor.

²A claimant where there is no nomination or the nominee has predeceased the insured member shall be one who is a legal heir and submits a succession certificate or legal heir certificate issued by a competent court or authority.

³Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.

⁴Permanent Disability means any of the following:

Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or foot	Total disability-claim amount payable is Rs two lakhs
Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	Partial disability-Claim amount payable is Rs one lakh

⁵Documents in support of proof of permanent disability:

FIR or Panchnama, along with (a) Disability certificate issued by the Civil surgeon and (b) hospital record supporting the same.

⁶ Documents in support of death due to accident may be any of the following:

(1) (a), (b) and (c) as under:

(a) Any of the documents listed below as proof of death:

- (i) Death certificate (issued by the registrar of births and deaths appointed by the state government for the local area)
- (ii) Hospital discharge summary/certificate in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death
- (iii) Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death, which should be countersigned with his/her seal by a Gazetted officer of the Central or the State Government or by an officer of the deceased accountholder's bank or any public sector bank or any public sector insurer

(b) FIR/ Panchnama

(c) Post Mortem report

(2) Certificate issued in respect of the insured member by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar, etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme

(3) In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father's/husband's name, address and the date, time and cause of death in lieu of (a), (b) and (c) above.

⁷ This information is desirable but not mandatory.

⁸ Document in support of applicant's identity may be Aadhaar card or electoral photo identity card [EPIC] or MGNREGA card or driving license or PAN card or passport.



Pradhan Mantri
Suraksha Bima Yojana



PRADHAN MANTRI SURAKSHA BIMA YOJANA

CONSENT-CUM-DECLARATION FORM

- ❖ I hereby give my consent to become a member of 'Pradhan Mantri Suraksha Bima Yojana' of (Name of Insurer) which will be administered by your Bank / Post Office under Master Policy No. (To be pre-printed)
- ❖ I hereby authorize you to debit my Account with your Branch with Rs.12/- (Rupees twelve only), towards premium of accidental insurance cover of Rs two lakhs under PMSBY (claim payable in case of death or permanent disability[#] due to accident^S). I further authorize you to deduct in future after 25th May and not later than on 1st of June every year until further instructions, an amount of Rs.12/- (Rupees twelve only), or any amount as decided from time to time, which may be intimated immediately if and when revised, towards renewal of coverage under the scheme.
- ❖ I have not authorized any other Bank / Post Office to debit premium in respect of this scheme. I am aware that in case of multiple enrolments for the scheme by me, my insurance cover will be restricted to Rs. two lakhs only and the premium paid by me for multiple enrolments shall be liable to be forfeited.
- ❖ I have read and understood the Scheme rules and I hereby give my consent to become a member of the Scheme.
- ❖ I authorize the Bank / Post Office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to (Name of Insurer)



Pradhan Mantri
Suraksha Bima Yojana



Name of the account holder**		Father's / husband's name**	
Bank / Post Office Account No.**		IFSC Code of Bank Branch**	
PAN Number, if available**		AADHAAR Number, if available**	
Date of birth **		E-mail Id**	
Whether suffering from any disability		If yes, details thereof	
Name and address of nominee		Date of Birth of nominee	
		Relationship of nominee with the account holder	
Name and address of Guardian / appointee (if nominee is minor)		Relationship of the guardian / appointee with the nominee	
Mobile number of nominee		Mobile number of guardian / appointee	
Email id of nominee		Email id of guardian / appointee	

❖ I hereby enclose a copy of my -----as proof of my identity (KYC*) and nominate my nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as above.

* Either of AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport

❖ I hereby declare that the above statements are true in all respects and that I agree and declare that the above information shall form the basis of admission to the above scheme and that if any information be found untrue, my membership to the scheme shall be treated as cancelled.

Date: _____

Signature

Address:

Confirmed that the applicant's details** and signature have been verified from the records available with this Bank / Post Office (or KYC document submitted* by the applicant, in case it is not available with the bank / Post Office).

Signature of the Bank / Post Office Official

Date:-

(Rubber Stamp with bank /Post office branch name and code)



Pradhan Mantri
Suraksha Bima Yojana



For Office Use

Name of Agent/ Banking Correspondent's(BC)		Agency/BC Code No.	
Bank A/c details of Agent/BC		Signature of Agent/BC	

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Ms..
..... holding Bank /Post Office Account
No..... Aadhar No..... consenting and authorizing
auto-debit from the specified Bank /Post Officeaccount to join the Pradhan
MantriSurakshaBimaYojana with ----- (Name of the Insurer) for cover under Master
Policy No....., subject to correctness of information provided regarding
eligibility and receipt of consideration amount.

Signature of authorised official of Bank / Post Office

Date:-

Office Seal

Notes:

@ Insurance cover:

Claim of Rs two lakhs payable in case of total disability or death due to accident

Claim of Rs one lakh payable in case of permanent partial disability

\$ Permanent Disability means any of the following:

Permanent total disability-Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or foot

Permanent partial disability-Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot

Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.

**PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY)
CLAIM-CUM-DISCHARGE FORM**

(To be submitted preferably within 30 days of the occurrence of the accident of the insured member giving rise to the claim)

To be filled by the insured member in case of his accidental disability claim or by his nominee in case of death of insured member

(or in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured)

Part 1. Details of the member enrolled under PMSBY

- (1) Name:
- (2) Address:
- (3) Bank / post office account number:
- (4) Day, date, and time of accident:
- (5) Place of occurrence:
- (6) Nature of accident³:
- (7) Date of death:
- (8) Cause of death / disability⁴(please specify):
- (9) Details of disability:
- (10) Document attached as proof of permanent disability⁵ / death⁶:
- (11) Aadhaar number⁷ (Optional):
- (12) Income-tax Permanent Account Number (PAN)⁷ (Optional):

Part 2. Details of the nominee in case of death of insured member:

(or, in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured)

1. Name of the nominee:
2. Age of nominee:
3. In case the nominee is a minor, name of the appointee¹:
4. In case of no nomination or nominee pre-deceasing the insured member, name of the claimant²:
5. Proof of death⁶ of nominee in case of nominee pre-deceasing the insured member:
6. Relationship of the nominee/claimant with the deceased:
7. Contact mobile number:
8. Contact email address:
9. Contact address:
10. Details of the nominee/appointee/claimant (as the case may be):
 - (1) Particulars of bank account into which the claim amount is to be remitted:

- (a) Account number:
- (b) Name of bank:
- (c) Branch IFS Code:
- (2) Aadhaar number⁷(Optional):
- (3) Income-tax PAN⁷(Optional):
- (4) KYC document⁸ attached as proof of identity:

I hereby declare that details submitted above are true to the best of my knowledge, the documents attached in support of this claim are genuine, and I have not claimed the amount payable under PMSBY in respect of the member named above earlier or in respect of any other account of the member with any bank or post office.

Date:

(Signature of the insured member/
nominee/appointee¹/claimant²)

Attached documents:

- (1) Proof of permanent disability due to accident⁵ or death due to accident⁶ of the insured member, as the case may be
- (2) Aadhaar and PAN number of the insured member and claimant⁷(Optional)
- (3) KYC document⁸ in respect of the nominee/appointee/claimant (as the case may be)
- (4) First two pages of passbook, or bank / post office account statement showing account details, or cancelled cheque of the account of the nominee/appointee/claimant (as the case may be)
- (5) Proof of death⁶ of nominee in case of nominee pre-deceasing the insured member
- (6) Proof of being legal heir, in case the claimant is other than the insured member/nominee/appointee
- (7) Advance receipt for discharge of claim, duly filled in and signed

To be filled by the bank / Post office from enrolment data or data of bank/ post office

Part 3: Details in respect of the insured member

- 1. Bank / post office account number (as per bank's CBS/ post office records):
- 2. Bank / post office name:
- 3. Branch name:
- 4. Branch IFS Code:
- 5. Name of father/husband of the member:
- 6. Date of birth (as per the KYC document):
- 7. Name of the insurer:
- 8. Name of the nominee:

9. Date of debit of premium from the bank/ post office account:

10. Date of remitting the premium into insurer's account:

It is certified that the above information is true as per PMSBY enrolment data and bank / post office records.

Place:

Date:

(Signature and seal of the authorised official of the bank/post office)

PRADHAN MANTRI SURAKSHA BIMA YOJANA
Advance receipt for discharge of claim

In consideration of approval of my claim referred above, I hereby accept from _____
(*name of the insurer*) the sum of Rs. _____ (Rs. One lakh in case of permanent
partial disability and Rs. two lakhs in case of permanent total disability or death) only in full
and final settlement and discharge of my claim under the said policy covering insurance in
respect of member Shri / Ms _____.

Signature of the witness

Name of witness:

Address:

Signature of the insured member/nominee/appointee/claimant

Date:

Countersignature of authorised official of the bank/ post office

Date:

Name:

Name of bank/ post office:

Branch:

Office stamp

Useful information for claimants

- ¹ The appointee is the person named by the member in his PMSBY enrolment form where the nominee is a minor.
- ² A claimant where there is no nomination or the nominee has pre-deceased the insured member shall be one who is a legal heir and submits a succession certificate or legal heir certificate issued by a competent court or authority.
- ³ Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.
- ⁴ Permanent Disability means any of the following:

Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or foot	Total disability-claim amount payable is Rs two lakhs
Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	Partial disability-Claim amount payable is Rs one lakh

- ⁵ Documents in support of proof of permanent disability:
FIR or Panchnama, along with (a) Disability certificate issued by the Civil surgeon and (b) hospital record supporting the same.
- ⁶ Documents in support of death due to accident may be any of the following:
- (1) (a), (b) and (c) as under:**
- (a) Any of the documents listed below as proof of death:
- (i) Death certificate (issued by the registrar of births and deaths appointed by the state government for the local area)
- (ii) Hospital discharge summary/certificate in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death
- (iii) Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death, which should be countersigned with his/her seal by a Gazetted officer of the Central or the State Government or by an officer of the deceased accountholder's bank or any public sector bank or any public sector insurer
- (b) FIR/ Panchnama
- (c) Post Mortem report
- (2)** Certificate issued in respect of the insured member by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate,

Tehsildar/Talukdar, etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme

- (3) In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father's/husband's name, address and the date, time and cause of death in lieu of (a), (b) and (c) above.

⁷ This information is desirable but not mandatory.

⁸ Document in support of applicant's identity may be Aadhaar card or electoral photo identity card [EPIC] or MGNREGA card or driving license or PAN card or passport.

Check List for banks / post offices for settlement of PMSBY claims by partner insurer

(All appropriate documents to be verified and checked by the bank / post office and blanks to be filled up)

01	Name of the Account Holder (Insured member)	
02	Bank / post office account number	
03	To check and confirm that the date of death / accident falls within the policy period	
04	Date of debit of premium to the bank / post office account on: (Copy of passbook to be attached and certified) Date of remittance to the insurer on:/...../..... /...../.....
05	To check eligibility of the benefit transfer from the following: Any of the following KYC document of the insured member with the bank/ post office: AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport Age of insured as per eligibility of scheme	
06	To check that the duly completed claim form is submitted along with the following documents: a) Proof of permanent disability due to accident ⁵ or death due to accident ⁶ of the insured member, as the case may be b) Aadhaar and PAN number of the insured member and claimant ⁷ c) KYC document ⁸ in respect of the applicant d) First two pages of passbook, or bank / post office account statement showing account details, or cancelled cheque of the applicant's account e) Proof of death ⁶ of nominee, in case the nominee has predeceased the insured member f) Proof of being legal heir, in case the applicant is a claimant other than insured member/nominee/appointee g) Advance receipt for discharge of claim, duly filled in and signed	
07	Verification of details of nominee/claimant 1. Check details of nominee from enrolment data / form 2. Confirm that nominee is not minor. In case of minor nominee, appointee named by the insured member in the enrolment form would be the claimant	

Check List for banks / post offices for settlement of PMSBY claims by partner insurer

(All appropriate documents to be verified and checked by the bank / post office and blanks to be filled up)

	<p>3. If there is no nomination or the nominee has predeceased the insured member, claimant should be one of the legal heirs of the member</p> <p>4. Check KYC proof submitted by the nominee/claimant. Acceptable KYC document may be any of the following: AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport</p> <p>5. Bank / post office account details of nominee/ appointee/ claimant to be checked and confirmed from the first two pages of his passbook, or bank / post office account statement showing account details, or cancelled cheque of the applicant's account.</p>	
08	Bank / post office to confirm that the said claim has not been paid or forwarded to insurer earlier by the bank / post office	
09	Bank / post office to forward the claim documents and the signed checklist electronically to the designated email id / app of the partner insurer within seven days of receipt of the claim.	
10	Bank / post office to upload claims data on Jansuraksha portal[https://www.jansuraksha.gov.in/MIS].	

(Signature)

Name and designation of authorized officer of bank / post office

Date:

Office seal

Notes:

¹The appointee is the person named by the member in his PMSBY enrolment form where the nominee is a minor.

²A claimant where there is no nomination or the nominee has predeceased the insured member shall be one who is a legal heir and submits a succession certificate or legal heir certificate issued by a competent court or authority.

³Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.

⁴Permanent Disability means any of the following:

Total and irrecoverable loss of both eyes or loss of use of	Total disability-
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