

F. No. H-12011/2/2015-Ins.II/1  
**Government of India**  
**Ministry of Finance**  
**Department of Financial Services**

Jeevan Deep Building, 2<sup>nd</sup> floor  
Sansad Marg, New Delhi – 110 001  
Dated 11<sup>th</sup> June 2021

To:

1. Secretary, Department of Posts
2. Chairman, Life Insurance Corporation of India
3. Chairman and Managing Director, New India Assurance / Oriental Insurance / National Insurance / United India Insurance
4. Chief executives of all scheme implementing insurance companies  
[through the Life and General Insurance Councils]
5. Chief executives of all implementing commercial banks  
[through the Indian Banks' Association]
6. Chief executives of all implementing urban co-operative banks  
[through the Reserve Bank of India (RBI)]
7. Chief executives of all implementing State Co-operative Banks and District Central Co-operative Banks  
[through NABARD]

Subject: Implementation of Pradhan Mantri Jeevan Jyoti Bima Yojana and Pradhan Mantri Suraksha Bima Yojana — Revised enrolment forms and revised procedure related to and forms for claims

Reference is invited to the following forms and procedure pertaining to implementation of Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY), hosted on [www.jansuraksha.gov.in/Forms.aspx](http://www.jansuraksha.gov.in/Forms.aspx) and communicated *vide* the following emails of this Department:

- (a) the enrolment forms, communicated *vide* email dated 25.4.2015 of Director (Insurance), on the subject “Final approved forms of Pradhan Mantri Suraksha Bima Yojana (PMSBY) and Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)”, to RBI, LIC, General Insurance Public Sector Association (GIPSA), Indian Banks' Association (IBA) and NABARD;
- (b) the claims procedure and forms, communicated *vide* emails of the Insurance-II Section, (i) dated 25.5.2015, on the subject “Implementation of PMJJBY and PMSBY — Procedure and forms related to claims”, to GIPSA and IBA, and (ii) dated 28.5.2015, on the subject “Procedure for submission, processing and settlement of claims under PMSBY and PMJJBY”, to NABARD and all insurers and banks in the public sector.

2. A meeting was chaired by Secretary, Department of Financial Services with chief executives / representatives of all public sector banks and insurers, select private insurers and the Life and General Insurance Councils (LI and GI Councils) and IBA on 25.5.2021, and attended by the Whole-time Members in charge of Life and Non-Life of the Insurance Regulatory and Development Authority of India, in the context of the need felt for expeditious claims settlement, with a view to minimise pendency and ensure benefits to rightful claimants at the earliest, particularly in the present context of the pandemic, which has put in sharp focus the significant numbers of long-pending claims under the schemes.

2.1 At the meeting, the minutes of which were circulated among the addressees *vide* this Department's letter of even number, dated 1.6.2021, it was agreed, *inter alia*, as follows:

- (1) Revised forms and claim procedure would be finalised for issuance to all implementing partners by a group comprising LIC's Chairman, National Insurance's CMD, State Bank of India's MD (Retail), Union Bank of India's MD & CEO and Shri Saurabh Mishra, Joint Secretary, Department of Financial Services;
- (2) As a proactive measure, system would be instituted by the master policy holder [bank / post office] to inform nominees of insured deceased accountholders by detecting the same from its Core Banking Solution (CBS) and auto-generating communication addressed to the nominee in English and the regional language.

3. The group referred to in paragraph 2(1) above has since recommended the revised enrolment and claim forms and claim procedure for both the schemes, on 4.6.2021. The key changes under the revised forms and procedure are as under:

- (a) In view of the ongoing pandemic, in relaxation of existing procedure, the following documents would be valid up to 30.11.2021 or till further revision, whichever is earlier:

PMJJBY:

- (i) Death certificate, or hospital discharge summary/certificate, certificate of last attending Registered Medical Practitioner, countersigned with seal by Gazetted Government officer or the deceased accountholder's bank officer or an officer of any public sector bank/insurer
- (ii) Certificate by District Magistrate or ADM/SDM/Tehsildar or other magistrate authorised by him/her

PMSBY:

- (i) The documents referred to at serial (i) above in respect of PMJJBY, along with FIR/*panchnama* and *post mortem* report
- (ii) Certificate by District Magistrate or ADM/SDM/Tehsildar or other magistrate authorised by him/her
- (iii) In case of death due to accidents such as snake bite, fall from tree, etc., hospital record in this regard

The forms in which the certificate by District Magistrate or other authorised magistrate may be issued would be communicated shortly.

**[Follow-up: Implementing insurers, banks and post offices]**

- (b) Instead of seeking details from the nominee, the bank branch or post office concerned will furnish the details figuring in Part 3 of the revised claim form from the enrolment data and the bank / post office records.

**[Follow-up: Implementing banks and post offices]**

- (c) (i) Implementing insurers will put in place designated app / email id to which claim documents may be transmitted electronically by their partner master policy holders' bank branches and post offices and shall process them (without requiring the same in physical form) within seven days of receipt.

**[Follow-up: Implementing insurers]**

- (ii) The branches and post offices of the master policy holders will forward the claim documents electronically to their partner insurer's designated app / email id within seven days of submission of the claim.

**[Follow-up: Implementing banks and post offices]**

- (d) The implementing insurer shall send an email or app-based intimation of the decision taken on the claim to the bank or post office concerned and an alert to the mobile of the claimant, while also uploading the status on the Jan Suraksha portal [<https://www.jansuraksha.gov.in/MIS>].

**[Follow-up: Implementing insurers and Mission Office, DFS]**

- (e) (i) 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.

**[Follow-up: Implementing banks and Department of Posts]**

- (ii) 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.

**[Follow-up: Implementing insurers]**

- (f) The mobile number, email id and age of the nominee (or the appointee of a minor nominee) are now captured in the enrolment form in addition to his/her address already captured in the existing form, so that in addition to proactively communicating with him/her by letter, the bank / post office concerned may—

- (i) contact immediately on death of insured account holder being reported;  
(ii) electronically apprise in case further details are required; and  
(iii) send other alerts, including in respect of payment.

**[Follow-up: Implementing banks and post offices]**

4. In addition, to facilitate families of insured accountholders, the lead banks concerned for various States and Union territories (UTs) are advised to consider the State/UT Level Bankers' Committee (SLBC/UTLBC) and the District Level Review Committee (DLRC) suitable arrangements, including with the assistance of the State/UT departments concerned and district administrations, for proactively informing a deceased accountholder's branch whenever deaths are reported and to facilitate issuance of document to prove death.

[Follow-up: SLBC/UTLBC convening banks and the  
Financial Inclusion side and Mission Office in DFS]

4.1 State level officers of the Public sector insurers and the Department of Posts may also be associated in the meetings of SLBC/UTLBC/DLRC held in this regard.

[Follow-up: Public Sector Insurers and the Department of Posts]

5. Against this background, the undersigned is directed to enclose herewith the revised enrolment and claim forms and claim procedure for PMJJBY and PMSBY, for necessary action by implementing insurers and banks and the Department of Posts as per the same, placing these on their respective websites, and taking necessary steps to ensure that the benefits of the revised forms and procedures reach the insured accountholders and claimants.

Yours faithfully,

Encl: as above



(Surjith Karthikeyan)

Deputy Secretary to Government of India

Tel. 011-23748641

Email: surjith.k@nic.in

Copy, with enclosure, to:

1. Chairperson, Insurance Regulatory and Development Authority of India
2. Chief General Manager, Department of Regulation (Statutory Operations Group), Reserve Bank of India — with a request to transmit this letter to all urban co-operative banks
3. Chief General Manager, Department of Refinance, NABARD — with a request to transmit this letter to all State Co-operative Banks and District Central Co-operative Banks
4. Secretaries General of Life Insurance Council and General Insurance Council — with a request to circulate this letter among their respective members and to advise them to take necessary steps in this regard on priority
5. Chief Executive, Indian Banks' Association — with a request to circulate this letter among their respective members and to advise them to take necessary steps in this regard on priority
6. Chief Executive, General Insurance Public Sector Association, for information

7. Additional Secretary and Joint Secretary in charge of Financial Inclusion side, Department of Financial Services – with reference to the action points in paragraphs 4 of the letter, with a request to bring the revised arrangements to the notice of all States/UT Governments/Administrations and SLBCs for necessary action, under intimation to the public sector insurers and the Department of Posts
8. Lead Coordinator, Mission Office, Department of Financial Service, for making necessary provision in the Jan Suraksha portal in respect of the action point in paragraph 3(d) of the letter, and for follow-up in respect of paragraph 4
9. Joint Secretary in charge of Insurance-II side, Department of Financial Services, for information and necessary action

**PRADHAN MANTRI SURAKSHA BIMA YOJANA**

**NAME OF INSURER**

**NAME OF BANK / POST OFFICE**

**LOGO**

**LOGO OF  
SCHEME**

**LOGO**

**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<sup>@</sup> of Rs two lakhs under PMSBY (claim payable in case of death or permanent disability<sup>#</sup> due to accident<sup>S</sup>). I further authorize you to deduct in future after 25<sup>th</sup> May and not later than on 1<sup>st</sup> 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)

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)

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 Office account to join the Pradhan Mantri Suraksha 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**

**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 appointee<sup>1</sup>, and in case of no nomination or the nominee pre-deceasing insured member, the claimant<sup>2</sup> 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 accident<sup>3</sup>:
- (7) Date of death:
- (8) Cause of death / disability <sup>4</sup>(please specify):
- (9) Details of disability:
- (10) Document attached as proof of permanent disability<sup>5</sup> / death<sup>6</sup>:
- (11) Aadhaar number<sup>7</sup> (Optional):
- (12) Income-tax Permanent Account Number (PAN)<sup>7</sup> (Optional):

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

*(or, in case the nominee is a minor, his/her appointee<sup>1</sup>, and in case of no nomination or the nominee pre-deceasing insured member, the claimant<sup>2</sup> 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 appointee<sup>1</sup>:
4. In case of no nomination or nominee pre-deceasing the insured member, name of the claimant<sup>2</sup>:
5. Proof of death<sup>6</sup> 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 number<sup>7</sup>(Optional):
- (3) Income-tax PAN<sup>7</sup>(Optional):
- (4) KYC document<sup>8</sup> 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/appointee<sup>1</sup>/claimant<sup>2</sup>)

**Attached documents:**

- (1) Proof of permanent disability due to accident<sup>5</sup> or death due to accident<sup>6</sup> of the insured member, as the case may be
- (2) Aadhaar and PAN number of the insured member and claimant<sup>7</sup>(Optional)
- (3) KYC document<sup>8</sup> 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 death<sup>6</sup> 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

- <sup>1</sup> The appointee is the person named by the member in his PMSBY enrolment form where the nominee is a minor.
- <sup>2</sup> 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.
- <sup>3</sup> Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.
- <sup>4</sup> 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

- <sup>5</sup> 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.
- <sup>6</sup> 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 account holder'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.

<sup>7</sup> This information is desirable but not mandatory.

<sup>8</sup> 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 (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 appointee<sup>1</sup>, and in case of no nomination or the nominee pre-deceasing insured member, the claimant<sup>2</sup> 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 accident<sup>3</sup> giving rise to the claim (death /permanent disability<sup>4</sup>) 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 accident<sup>5</sup> or death due to accident<sup>6</sup> of the insured member, as the case may be
  - (b) Aadhaar and PAN number of the insured member and claimant<sup>7</sup>
  - (c) KYC document<sup>8</sup> 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<sup>6</sup> 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 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 [<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:**

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

<sup>2</sup> 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.

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

<sup>4</sup> 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

<sup>5</sup> 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.

<sup>6</sup>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.

<sup>7</sup>This information is desirable but not mandatory.

<sup>8</sup> 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.

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**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:  <b>Any of the following KYC document of the insured member with the bank / post office:</b> 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 <sup>5</sup> or death due to accident <sup>6</sup> of the insured member, as the case may be b) Aadhaar and PAN number of the insured member and claimant <sup>7</sup> c) KYC document <sup>8</sup> 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 <sup>6</sup> 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	<b>Verification of details of nominee/claimant</b>  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 3. If there is no nomination or the nominee has predeceased the	

**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>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 [ <a href="https://www.jansuraksha.gov.in/MIS">https://www.jansuraksha.gov.in/MIS</a> ].	

(Signature)

Name and designation of authorized officer of bank / post office

Date:

Office seal

**Notes:**

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

<sup>2</sup> 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.

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

<sup>4</sup> 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	Total disability-claim amount payable is
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**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)**

use of one hand or foot	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

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> This information is desirable but not mandatory.

<sup>8</sup> 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 JEEVAN JYOTI BIMA YOJANA**

**NAME OF INSURER  
OFFICE**

**NAME OF BANK / POST**

**LOGO**

**LOGO OF  
SCHEME**

**LOGO**

**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<sup>#</sup>) towards premium of life insurance cover of Rs two lakhs under PMJJBY. I further authorize you to deduct in future after 25<sup>th</sup> May and not later than on 1<sup>st</sup> 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 45 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)

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)

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 Office account 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 appointee<sup>1</sup>, and in case of no nomination or the nominee pre-deceasing insured member, the claimant<sup>2</sup> 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 (accident<sup>3</sup>, or any other: please specify):
- (6) Document(s) attached as proof of death<sup>4</sup> (or, in case of death due to an accident within 45 days of joining the scheme, proof of accidental death<sup>5</sup>):
- (7) Aadhaar number<sup>6</sup>(Optional):
- (8) Income-tax Permanent Account Number (PAN)<sup>6</sup> (Optional):

**Part 2. Details of the nominee:**

*(or, in case the nominee is a minor, his/her appointee<sup>1</sup>, and in case of no nomination or the nominee pre-deceasing insured member, the claimant<sup>2</sup> 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 appointee<sup>1</sup>:
4. In case of no nomination or nominee pre-deceasing the insured member, name of the claimant<sup>2</sup>:
5. Proof of death<sup>4</sup> 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 number<sup>6</sup>(Optional):
  - (3) Income-tax PAN<sup>6</sup>(Optional):
  - (4) KYC document<sup>7</sup> 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/appointee<sup>1</sup>/claimant<sup>2</sup>)

**Attached documents:**

- (1) Proof of death<sup>4</sup> of the insured member (Proof of death due to accident if death is within 45 days of joining / rejoining the policy)
- (2) Aadhaar number and PAN number<sup>6</sup> of deceased member and nominee / appointee / claimant (Optional)
- (3) KYC document<sup>7</sup> 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 death<sup>4</sup> 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

- <sup>1</sup> The appointee is the person named by the deceased member in his PMJJBY enrolment form where the nominee is a minor.
- <sup>2</sup> 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.
- <sup>3</sup> 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 45 days from the date of joining/rejoining the policy, except in case of death due to accident.
- <sup>4</sup> **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
- <sup>5</sup> **Document in support of death due to accident may be any of the following:**
- (1) Any of the documents listed above for proof of death<sup>4</sup>, 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.
- <sup>6</sup> This information is desirable but not mandatory.
- <sup>7</sup> 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 (PMJJBY)

## CLAIMS PROCEDURE

[Dated: 10.6.2021]

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 appointee<sup>1</sup>, and in case of no nomination or the nominee pre-deceasing insured member, the claimant<sup>2</sup> 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 45 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 accident<sup>3</sup>.
3. Bank / post office to check and confirm that the claim form has been submitted with supporting documents as under:
  - a) Proof of death<sup>4</sup> of the insured member (or, in case of death due to an accident within 45 days of joining/ re-joining the scheme, proof of accidental death<sup>5</sup>):
  - b) Aadhaar number and PAN number<sup>6</sup> of deceased member and nominee / appointee / claimant
  - c) KYC document<sup>7</sup> 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 nominee<sup>4</sup>, 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:**

- <sup>1</sup> The appointee is the person named by the deceased member in his PMJJBY enrolment form where the nominee is a minor.
- <sup>2</sup> 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.
- <sup>3</sup> 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 45 days from the date of joining/rejoining the policy, except in case of death due to accident.
- <sup>4</sup> **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

<sup>5</sup> Document in support of death due to accident may be any of the following:

- (1) Any of the documents listed above for proof of death<sup>4</sup>, 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.

<sup>6</sup> This information is desirable but not mandatory.

<sup>7</sup> 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:  <b>Any of the following KYC document of the insured member with the bank / post office:</b> AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport  <b>Age of insured</b> 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 <sup>4</sup> of the insured member (Proof of death due to accident if death is within 45 days of joining / rejoining the policy) b) Aadhaar number and PAN number <sup>6</sup> of deceased member and nominee / appointee / claimant c) KYC document <sup>7</sup> 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 <sup>4</sup> 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	<b>Verification of details of nominee/claimant</b>  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 [ <a href="https://www.jansuraksha.gov.in/MIS">https://www.jansuraksha.gov.in/MIS</a> ].	

(Signature)

Name and designation of authorized officer of bank / post office

Date:

Office seal

**Notes:**

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

<sup>2</sup> 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.

<sup>3</sup> 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 45 days from the date of joining/rejoining the policy, except in case of death due to accident.

**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)**

**<sup>4</sup> 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

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

- (1) Any of the documents listed above for proof of death<sup>4</sup>, 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.

<sup>6</sup>This information is desirable but not mandatory.

<sup>7</sup>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

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F. No. 14-1/2011-2/2015-Ins.1  
Government of India  
Ministry of Finance  
Department of Financial Services

Jeevan Deep Building, 2<sup>nd</sup> floor  
Sansad Marg, New Delhi - 110 001  
Dated 23<sup>rd</sup> June 2021

To:

1. Secretary, Department of Posts
2. Chairman, Life Insurance Corporation of India
3. Chairman and Managing Director, New India Assurance / Oriental Insurance / National Insurance / United India Insurance
4. Chief executives of all insurers implementing Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY) [through the Life and General Insurance Councils]
5. Chief executives of all commercial banks implementing PMJJBY and PMSBY [through the Indian Banks' Association]
6. Chief executives of all urban co-operative banks implementing PMJJBY and PMSBY [through the Reserve Bank of India (RBI)]
7. Chief executives of all State Co-operative Banks and District Central Co-operative Banks implementing PMJJBY and PMSBY [through NABARD]

Subject: Implementation of Pradhan Mantri Jeevan Jyoti Bima Yojana and Pradhan Mantri Suraksha Bima Yojana -- Revised enrolment forms and revised procedure related to and forms for claims

Madam/sir,

Please refer to this Department's letters of even number, dated 11.6.2021, on the above subject, and dated 25.5.2021 regarding amendment of rules of Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY).

2. In the letter dated 11.6.2021, pursuant to the agreement at the meeting chaired on 25.5.2021 by Secretary, Financial Services with all scheme implementing partners that revised forms and claim procedure would be finalised for issuance to all implementing partners by the group constituted at the meeting, revised enrolment and claim forms and claim procedure for PMJJBY and Pradhan Mantri Suraksha Bima Yojana (PMSBY) were communicated.

3. The group has since finalised the format for certificate of death to be issued by the District Magistrate concerned or other Executive Magistrate authorised by him/her

under the revised claim procedures for the two schemes, and the same has been incorporated in the revised versions of the claim procedures enclosed herewith.

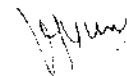
4. With regard to the letter dated 2.5.2016, by which a lien period of 45 days was provided for under PMJJBY, the undersigned is directed to convey that, keeping in scheme objective of offering social security and based on the experience of the scheme during the lien period, it has been decided to effect the following amendments relating to the lien period in the rules of PMJJBY, to reduce the lien period from 45 days to ~~40~~ 30 days with effect from 1<sup>st</sup> June 2021:

Rule	Existing rule	Amended rule
3	Lien period of 45 days shall be applicable from the date of enrolment.	Lien period of 30 days shall be applicable from the date of enrolment.
4	For subscribers enrolling for the first time on or after 1 <sup>st</sup> June 2016, insurance cover shall not be available for death (other than due to accident) occurring during the first 45 days from the date of enrolment into the scheme (lien period).	For the subscribers enrolling for the first time on or after 1 <sup>st</sup> 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 in to the scheme (lien period).

5. The revised rules of PMJJBY, and the revised claims procedure and enrolment and claim forms for PMJJBY and PMSBY, incorporating the above format and amendments, are enclosed herewith, for—

- (a) Implementing insurers and banks and the Department of Posts—
  - (i) placing the same immediately on their respective websites;
  - (ii) communicating the reduced lien period to insured accountholders and claimants under the scheme both directly and through publicity material, and taking necessary steps to ensure that its benefits are made available to claimants;
- (b) Public sector banks with lead bank responsibilities for bringing the reduced lien period under PMJJBY and the format for certificate of death to be issued by District Magistrate and other authorised Executive Magistrates to the notice of the relevant State and district authorities and implementing banks, through the State / Union Territory Level Bankers Committee (SLBC/UTLBC) and District Level Review Committee (DLRC) mechanisms.

Yours faithfully,



(Vinod Kumar)

Under Secretary

Tel: 011-23748788

Email: usmsl\_dfs@nic.in

Encl: as above

Copy, with enclosures, to:

1. Chairperson, Insurance Regulatory and Development Authority of India
2. Chief General Manager, Department of Regulation (Statutory Operations Group), Reserve Bank of India — with a request to transmit this letter to all urban co-operative banks
3. Chief General Manager, Department of Refinance, NABARD -- with a request to transmit this letter to all State Co-operative Banks and District Central Co-operative Banks
4. Secretaries General of Life Insurance Council and General Insurance Council — with a request to circulate this letter among their respective members and to advise them to take necessary steps in this regard on priority
5. Chief Executive, Indian Banks' Association — with a request to circulate this letter among their respective members and to advise them to take necessary steps in this regard on priority
6. Chief Executive, General Insurance Public Sector Association, for information
7. Additional Secretary / Joint Secretary in charge of Financial Inclusion side, Department of Financial Services — with a request to issue necessary instructions to the State Level Bankers' Committee (SLBC) / Union Territory Level Bankers' Committee (UTLBC) convening banks with regard to paragraph 2(b) above
8. Lead Coordinator, Mission Office, Department of Financial Service -- with a request to ensure that these instructions are communicated to all banks and insurers implementing Pradhan Mantri Jeevan Jyoti Bima Yojana, to review and facilitate the usage of the alternative proof of death, and to ensure compliance with the amended lien period in settlement of claims under PMJJBY
9. Joint Secretary in charge of Insurance-II side, Department of Financial Services