

Annexure - 9.40

SUB: Pradhan Mantri Jan Dhan Yojana – Life Insurance Cover & Claim Settlement Procedure.

Attention of the branches is invited to Head Office Circular 652/2014 dated 19.11.2014, covering Life Insurance of Rs. 30,000 under Pradhan Mantri Jan Dhan Yojana, wherein detailed guidelines issued by the Department of Financial Services, Ministry of Finance are furnished.

We have now received the detailed procedure for claim settlement and claim forms under Life Insurance Cover of Rs 30000/- for PMJDY account holders.

PMJDY claim procedure

A. BENEFITS UNDER THE SCHEME

The Life Insurance under PMJDY scheme provides for life cover of Rs. 30,000/- payable on death of the beneficiary due to any cause, subject to fulfillment of the eligibility conditions:

B. BASIC ELIGIBILITY CONDITIONS

- i. Person opening Bank account for the first time, with RuPay Card in addition, during the period from 15-08-14 to 26-01-15, or any additional period as may be extended further by Government of India.
- ii. The person should normally be head of the family or an earning member of the family and should be in the age group of 18 to 59 (i.e. person should be at least 18 years old, and should not have completed 60 years of age). In case the head of family is 60 years or more of age, the second earning person of the family in the above mentioned age group will be covered, subject to eligibility.

- iii. Person must have a RuPay Card and Bio – Metric Card linked to bank account or in process of being linked to bank account if not already there.
- iv. The account can be any bank account including a small account.
- v. For the coverage to be effective the above RuPay Card should be valid and in force at the time of the death of the member
- vi. Only one person in the family will be covered in the Bima Scheme and in case of the person having multiple cards / accounts the benefit will be allowed only under one card i.e. one person per family will get a single cover of Rs.30,000/-, subject to the eligibility conditions.
- vii. The life cover of Rs 30,000/- under the scheme will be initially for a period of 5 years, i.e. till the close of financial year 2019-20. Thereafter, the scheme will be reviewed and terms and condition of its continuation, including the issue of future payment of premium by the insured thereafter, would be suitably determined.
- viii. In case the PMJDY Account is held jointly, then the first account holder i.e. primary Account holder will be eligible for cover subject to the eligibility conditions.

C. INELIGIBLE CATEGORIES

- i. Central Government and State Government employees (in service or retired) and their families.
- ii. Employees (in service or retired) of Public Sector Undertakings, Public Sector Banks, any entity owned by Central Government, any entity owned by a State Government or any entity jointly owned by the Central Government and any State Government, and their families.

- iii. Persons whose income is taxable under I.T. Act 1961 or are filing the yearly Income Tax return or in whose case TDS is being deducted from the income, and their families.
- iv. Persons who are included in the AamAadmiBimaYojana covering 48 occupations defined under the Scheme, and their families.
- v. Otherwise eligible account holders, who have life cover on account of any other scheme of the Bank against the account, shall have to choose between the two schemes and derive benefit from only one.
- vi. All persons who do not fulfill the basic eligibility conditions of the scheme.

D. EXIT FROM SCHEME

The person will exit the scheme on completing of age 60, i.e. on the day the person completes age 60 or closure of the Scheme, whichever is earlier.

E. CLAIM SETTLEMENT PROCEDURE

- a) The Claim amount of Rs.30,000/- is payable to the nominee(s) / Legal Heirs of the accountholder. The Risk cover will be provided to the person from his/her age of 18 (Completed) till the completion of his / her age 60 years i.e. eligibility will cease on completing 60 years and he/she will exit the scheme on the day the he / she completes 60 years of age..
 - b) The Death claim benefit of Rs. 30000/- will be settled by the designated Pension & Group Scheme (P&GS) Office of LIC. The process followed will be as under:
 - i. Claim papers as per Annexure B will be submitted by the Branch of the Bank to the nearest Pension & Group Scheme Unit (P&GS unit) of LIC designated for this purpose for processing of Claims. A list of the P&GS Units is enclosed as Annexure D.
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- ii. The Claim will be paid to the nominee who is the nominee in the Bank Account. In the absence of nomination or if the nominee pre-deceases the insured member or if the nominee is not spouse, child or parent then the Legal Heirs of the Accountholder should submit Indemnity Bond to dispense with Legal Evidence of Title in the prescribed Format of LIC (Given in AnnexuresC1 and C2).
- iii. The Claim amount will be credited to Bank account of the nominee(s) / Legal Heirs through APBS i.e. the amount will be credited to Account linked to Aadhar Card Number, by the insurance company.
- iv. In case where the claim form is directly submitted to any LIC office by the claimant, then LIC office would forward the same to the concerned bank of the deceased Account holder immediately to get necessary verification etc. done from the bank concerned. The concerned Bank Branch will forward the Claim Form to nearest P&GS unit of the LIC for processing the claim.

F. PROCEDURE TO BE FOLLOWED BY BRANCHES ON RECEIPT OF DEATH CLAIM INTIMATION

The concerned Branch where the PMJDY saving account was initially opened has to lodge the claim with LIC. Whilst lodging the claim, the forwarding Branch shall prima facie examine whether the claim is payable or not based on the eligibility conditions. For this purpose, the following documents will need to be called for:-

1. Attested copy of the Death Certificate of the deceased member.
 2. Photocopy of Aadhar card of the deceased to determine the age of the Accountholder as on the date of death. If Aadhar card is not issued then attested photocopy of any one of the following age proof can be called for :-
 - a) Extract from Birth Register
 - b) Extract from School Certificate
 - c) Ration Card
 - d) Voter's Identity Card
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If the deceased completes 60 year of age before the date of death, then the Life Insurance Benefit will not be available to the person. Hence, the age on date of death assumes importance.

3. Verification of the validity and in force status of the RuPay Card (It is to be checked whether the RuPay Card is Blocked or Not).
 4. Verification of 'Head of Family' status with help of BPL card or Ration Card of the deceased and also whether the person is the Earning Member of the family.
 5. To verify if the deceased is not ineligible as per the Ineligibility Conditions given in para C.
 6. To verify if the deceased is covered under any other Life Insurance Cover of the Bank against the Account as the benefit will be provided under any one Scheme only.
 7. In case of joint Accountholders under PMJDY, the first account holder (primary account holder) will be provided Life Insurance cover subject to the eligibility conditions.
 8. Claim form-cum-discharge receipt duly filled in (as given in Annexure B) :-
Part A of Claim Form has to be completed by the Nominee / Legal Heir / Claimant. Authorized official of the Bank has to fill Part B. The Officer has to witness the signature of Claimant at Part C. Seal of the Bank should be affixed on the Claim form at appropriate places. In the absence of nomination or if the nominee pre-deceases the insured member or if the nominee is not spouse, child or parent then the Legal Heirs of the Accountholder should submit Indemnity Bond to dispense with Legal Evidence of Title in the prescribed Format of LIC (Given in Annexures C1 and C2).
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9. The completed claim form (Part A, B & C) has to be forwarded to the nearest LIC's P&GS Unit along with the following documents.

- a) Attested copy of Death Certificate of the deceased member.
- b) Attested Photocopy of Aadhar Card of the deceased.
- c) Attested Photocopy of Aadhar Card of the claimant.

On receipt of Claim form with all the above mentioned documents by P&GS Unit, the P&GS Unit will settle the claim in favour of Nominee / Legal heirs, subject to eligibility, by crediting the death claim proceeds to Aadhar linked Bank Account.

ANNEXURE A			
OCCUPATIONS/VOCATIONS COVERED UNDER AAM AADMI BIMA YOJANA			
			
Sr.No.	Occupation	Sr.No.	Occupation
1	Beedi Workers	25	Food Stuffs like Khandsari / Sugar
2	Brick Kiln Workers	26	Textile
3	Carpenters	27	Manufacture of Wood Products
4	Cobblers	28	Manufacture of Paper Products
5	Fishermen	29	Manufacture of Leather Products
6	Hamals	30	Printing
7	Handicraft Artisans	31	Rubber & Coal Products
8	Handloom Weavers	32	Chemical Products like candle manufacture
9	Handloom & Khadi Weavers	33	Mineral products like earthen toys manufacture
10	Lady Tailors	34	Agriculturists
11	Leather & Tannery Workers	35	Transport Drivers Association
12	Papad Workers attached to 'SEWA'	36	Transport Karmacharis
13	Physically Handicapped Self Employed Persons	37	Rural Poor
14	Primary Milk Producers	38	Construction Workers
15	Rickshaw Pullers / Auto Drivers	39	Fire Crackers' Workers
16	Safai Karamacharis	40	Coconut Processors
17	Salt Growers	41	Aanganwadi Teachers
18	Tendu Leaf Collectors	42	Kotwal
19	Scheme for the Urban Poor	43	Plantation Workers
20	Forest Workers	44	Women Associated with Self-Help Groups
21	Sericulture	45	Sheep Breeders
22	Toddy Tappers	46	Overseas Indian Workers
23	Powerloom Workers	47*	Rural Landless Households
24	Hilly Area Women	48	Unorganised workers covered under RSBY
*50% of the premium to be met by the State Govt			

LIFE INSURANCE CORPORATION OF INDIA
CENTRAL OFFICE, MUMBAI

PART ALIC/PMJDY/CLM/CSLIFE COVER OF RS 30,000/- UNDER PRADHAN MANTRI JAN DHAN YOJANACLAIM FORM

<u>PART A (To be completed by the Nominee /Legal Heirs in case of Nomination not done)</u>	
<u>Particulars of Deceased Member:</u>	
1.	Name and Address of the deceased Member
2	Name and Address of Bank where PMJDY account was opened
3.	a) PMJDY Account No. (b) RuPay Card No (c) Biometric card or Aadhar Card Number
4.	Name of Father/ Husband of the deceased
5.	a) Date of death b) Age at death: c) Place of death
6	Occupation of deceased at the time of death
7.	Whether deceased or any family member of deceased member was/ is employee of Central/State Government/Public Sector Undertakings/Public Sector Bank or any entity owned by Central Government or State Government or any entity jointly owned by Central Government and any State Government

Yes / No

8.	Whether the deceased or any family member of the deceased was/is Income-tax payee or whether TDS was deducted from his/her income	Yes / No
9	Whether the deceased member or any member of his family was covered under Aam Admi Bima Yojana or any other Social Security Insurance Scheme by Government of India. If Yes, give details Name of the scheme Life cover amount (sum assured)	Yes / No
10	Whether the deceased member was the Head of the Family If Yes, provide proof like attested copy of BPL Card/Ration Card etc.	Yes / No
11	Whether the deceased member was the earning member of the family?	Yes / No
12	Whether the deceased had any other Bank A/c under Pradhan Mantri Jan Dhan Yojana If yes, Bank Account Number/s of all other Accounts under PMJDY	Yes / No If yes, Bank A/c No. 1. _____ Bank A/C No 2. _____

Particulars of the Nominee / Legal Heirs in absence of Nominee

13	Name of Nominee / Legal heir in absence of Nomination :	
14	Full address of nominee / Legal heir in absence of Nomination	
15	Telephone number / Mobile number of the nominee/Legal Heirs	
16	Relationship with the member	
17	Aadhar Card No. of the Nominee / Legal heir	

18	Nominee's / Legal heir's Aadhar linked account number and bank details. If account is not connected to Aadhar, details of other Bank account where proceeds of the claim are to be credited. a) Name and address of the Bank b) Account number of the nominee / Legal heir: c) IFSC code : (Enclosed photo copy of first page of Bank Passbook / cancelled cheque for verification)	<table border="1" style="width: 100%; height: 100px;"> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> </table>			
I hereby declare that the answers to all the above questions are true in every respect					
Signature/Thumb Impression of Nominee / Legal Heir / Claimant)					
Witness by Bank Official Signature _____ Name; _____ Address _____ _____ _____		Place: Date:			

List of documents to be submitted to the Branch of the Bank:

1. Attested Death Certificate of the deceased member.
 2. Attested Photocopy of Aadhar Card of the deceased
 3. Attested Photocopy of BPL card, Ration card of deceased (to check the head of family status)
 4. Attested photocopy of any one of the following age proof of deceased
 (a) Unique Identification Card (Aadhar Card) (b) Extract from Birth Register
 (c) Extract from School Certificate (d) Ration Card (e) Voter's list
 5. Duly certified photocopy of Bank Passbook of the deceased member.
 6. Certified photocopy of Aadhar / biometric card of nominee / claimant.
 7. Attested Photocopy of AABY membership certificate (if available)
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1. Declaration by the person filling in the form (in case form filled up is signed in a language different from that of the Claim form)
I hereby declare that I have fully explained the above questions to the nominee / Claimant and I have truthfully recorded the answers given by the nominee / claimant.

Declarant's Name and Address

Signature of the Declarant

I certify that the contents of the form and documents have been fully explained to me by (name, designation, occupation) Mr. / Mrs. _____ and I have understood the significance of the contents of the claim form.

Signature of the Nominee / Claimant

2. In case the nominee / Claimant is illiterate his /her thumb impression should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him.

I hereby declare that I have fully explained the above questions and contents of this claim form to the nominee / Claimant in _____ language and that the nominee / claimant has affixed the thumb impression above after fully understanding the contents thereof.

Name and Address of the declarant:

Signature of the Declarant

PART B

LIC/PMJDY/CLM/CS

<u>To be completed by the Bank</u>		
1	Whether Member has opened the bank Account under Pradhan Mantri Jan Dhan Yojana (PMJDY) for the first time	Yes / No
2	PMJDY Bank Account Number	
3	Date of opening of the Bank Account:	
4	Date of issue of RuPay Card:	
5	Whether the RuPay Card is valid and "In Force" on the date of death	
6	Date of birth of the Deceased member	
7	Name of the Nominee / Legal heir in absence of nominee as per Bank Branch Records	
8	Serial no of nomination in the Register of nomination as per bank records	Yes / No
9	Whether Account holder is the Head of the Family	Yes / No
10	Which document has been verified to check the status 'Head of the Family'	

11	Whether this is a single claim on the life of the Account holder from the Bank Branch?	Yes / No
12	Whether deceased member has availed any life cover on account of any other Insurance scheme of the Bank against the account. If yes, give details	Yes / No
In the absence of nomination or if the nominee pre-deceases the insured member or nominee is not spouse, child or parent then the Legal Heirs of the accountholder should submit Indemnity Bond to dispense with Legal Evidence of Title in the prescribed Format of LIC		
Seal Signature of Authorized Signatory of the Bank* Name of the Officer _____ Designation of the Officer _____ Telephone Number of the Bank Branch _____ Date: Place: *where Pradhan Mantri Jan Dhan Account was opened.		

LIC/PMJDY/CLM/CS

PART C

Without Prejudice

DISCHARGE RECEIPT FROM NOMINEE / LEGAL HEIRS CLAIMANT

I/We _____ hereby
acknowledge receipt from Life Insurance Corporation of India a sum of Rs. 30,000/- (Rupees Thirty Thousand Only)
in full and final satisfaction and discharge of all our claims under the above PMJDY Scheme on the life of member
_____, resident _____ of

Dated at _____ this _____ day of _____ 20 .

Revenue
Stamp

Signature/Thumb Impression of Nominee/Legal Heirs/Claimant

Witness by

Signature of Authorized Official of the Bank*

Name of the Officer _____:

Designation: _____

SEAL of the Bank*

*where Pradhan Mantri Jan Dhan Account was opened

(To be notarized and stamped as per revenue act of the state)
LIFE INSURANCE CORPORATION OF INDIA

P&GS unit :

INDEMNITY BOND

In consideration of the Life Insurance Corporation of India having agreed to pay _____ (name of the Payees) _____ (relationship with deceased) of _____ (name of the deceased) the sum of Rupees _____ due under the Pradhan Mantri Jan Dhan Yojana (PMJDY) in full and final settlement of death claim of _____ (Name of the deceased) under PMJDY, without requiring production of Probate or Letters of Administration or Succession Certificate granted to the estate of _____ (name of the deceased), I/ We _____ my/our Heirs, Executors and Administrators do hereby agree to keep the said Corporation harmless and indemnified from and against all claims against it on the part of any person or persons whomsoever and all damages, costs and expenses which the said Corporation may sustain or incur in consequence of any such claim or claims.

Dated at _____ this _____ day of _____ 20

Yours faithfully

1
2
3
4

(Signature or thumb impression of Legal heirs)

WITNESS by Official of Bank

Signature
Full name and Designation
Seal

1. Declaration by the person submitting the indemnity (in case it is signed in a language different from that of the form)

I hereby declare that I have fully explained the above contents to the person signing indemnity and I have truthfully recorded the answers given by him

Declarant's Name and Address

Signature of the Declarant

I certify that the contents of the indemnity bond have been fully explained to me by (name, designation, occupation) Mr. / Mrs. _____ and I have understood the significance of the contents of the form.

Signature of claimant

2. In case the Claimant is illiterate his /her thumb impression should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him.

I hereby declare that I have fully explained the above contents of this indemnity bond to the Claimant in _____ language and that the claimant has affixed the thumb impression above after fully understanding the contents thereof.

Name and Address of the declarant:

Signature of the Declarant

Annexure C1

LIFE INSURANCE CORPORATION OF INDIA

_____ OFFICE

FORM OF APPLICATION TO DISPENSE WITH LEGAL EVIDENCE OF TITLE

Pradhan Mantri Jan Dhan Yojana (PMJDY) life cover on the life of _____ (name of the deceased) for Rs. 30000/-

I _____ (name of the Claimant) relation _____ (relation with deceased) of the above named _____ (name of deceased) do hereby solemnly declare that the above insured member of PMJDY died intestate and I request that legal evidence of title required in terms of the above policy be dispensed with and I hereby solemnly declare that the following statements are true to the best of my knowledge and belief:

Full name, address and occupation of the deceased at the time of his death	
Religion of the deceased	
When and where did he die	

Has the deceased left any of the following relations, and if so, give their full names and ages

Details	Full name	Age
Son	1	
	2	
	3	
	4	
Daughter	1	
	2	
	3	
	4	
Widow or widows / widower		
Father		
Mother		

If any of the aforesaid relations are minor, state with whom the minors are living and by whom they are being maintained:

Whether there is any dispute between any of the relatives mentioned	YES / NO
whether the deceased has left any will	YES / NO

Dated at _____ this _____ day of _____ 20 _____

Signature of the Claimant*

Witness by Bank Official

Name _____

Designation _____

Address _____

Seal of the Bank

*(This form should be submitted by one of the legal heir who claims the money)

3. Declaration by the person submitting the form of application (in case form filled up is signed in a language different from that of the form)

I hereby declare that I have fully explained the above questions to the nominee / Claimant and I have truthfully recorded the answers given by the nominee / claimant.

Declarant's Name and Address

Signature of the Declarant

I certify that the contents of the form have been fully explained to me by (name, designation, occupation) Mr. / Mrs. _____ and I have understood the significance of the contents of the form.

Signature of the Claimant

4. In case the Claimant is illiterate his /her thumb impression should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him.

I hereby declare that I have fully explained the above questions and contents of this form to the Claimant in _____ language and that the claimant has affixed the thumb impression above after fully understanding the contents thereof.

Name and Address of the declarant:

Signature of the Declarant
