

**LIFE INSURANCE CORPORATION OF INDIA
CENTRAL OFFICE, MUMBAI**

PART A**LIC/PMJDY/CLM/CS****LIFE COVER OF RS 30,000/- UNDER PRADHAN MANTRI JAN DHAN YOJANA****CLAIM FORM****PART A (To be completed by the Nominee /Legal Heirs in case of Nomination not done)****Particulars of Deceased Member:**

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	<table border="1" style="width: 100%; height: 40px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
4.	Name of Father/ Husband of the deceased				
5.	a) Date of death b) Age at death: c) Place of death	<table border="1" style="width: 100%; height: 60px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
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)	

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)

- 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

LIC/PMJDY/CLM/CS**To be completed by the Bank**

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

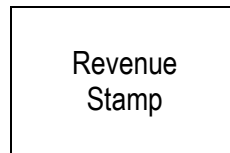
PART C

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 .



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