

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA – CLAIM FORM

(to be completed by the Claimant & Bank)

1. NAME OF THE SCHEME : Pradhan Mantri Jeevan Jyoti Bima Yojana

2. POLICY NO. :

3. FULL NAME AND ADDRESS
OF THE BANK :

4. NAME OF THE DECEASED MEMBER :

5. SAVINGS BANK ACCOUNT NO. OF DECEASED MEMBER:

6. AADHAR NO. OF DECEASED (if available):

7. DATE OF ENTRY INTO
SCHEME BY MEMBER :

8. DATE OF DEATH OF MEMBER :

9. CAUSE OF DEATH :

10. NAME OF NOMINEE * :

11. RELATIONSHIP OF NOMINEE:

12. ADDRESS OF THE NOMINEE :

13. MOBILE NO. OF THE NOMINEE:

14. AADHAR NO. IF AVAILABLE:

15. DETAILS OF SAVINGS BANK ACCOUNT OF NOMINEE:

IFSC CODE:

SAVINGS BANK ACCOUNT NO. :

We hereby declare that the answers to all the above questions are true in every respect and this is the only claim preferred under the Pradhan Mantri Jeevan Jyoti Bima Yojana for the above deceased member. We enclose **Death Certificate** as the proof of death of the Member along with a duly executed discharge form.

*In case the Nominee is a minor, the Guardian/Appointee may fill in the claim form.

(Signature of the Nominee* /Claimant)

We hereby certify that the above member was covered under the PMJBY Scheme and premium was debited from his bank account on the renewal date prior to his death and remitted to _____ (Name of Insurance Company). We also certify that as per our records, Shri/Smt. _____ is the nominee of the above insured Member for the said scheme.

PLACE _____

DATE: _____

(Signature of authorized official of the Bank)

Seal

Encl.: Death Certificate & Discharge Form.

DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY SCHEME

Policy No:

Name of the Bank:

I/We, _____

do hereby acknowledge receipt from the -----(Name of Insurance Company), a sum of Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under the above policy on the life of Mr./Ms. _____, covered under this scheme under Savings Bank Account No.,-----

Dated at _____ this _____ day of _____ 20

Witness: _____

Revenue Stamp

(Signature of the Nominee* /Claimant)

Details of nominee / appointee (in case nominee is minor):

Name : _____

Mobile No. : _____

E-mail Id: _____

Aadhar Number (if available): _____

Bank Account No. : _____

Name of the Bank : _____

Branch: _____

Address: _____

IFSC Code : _____

{Copy of cancelled cheque to be attached(if available)}

*In case the Nominee is a minor, the Guardian/Appointee may fill in this form.

(Signature of the Nominee* /Claimant)

CLAIM SETTLEMENT PROCEDURE UNDER PMJJBY

Claim amount of Rs.2,00,000/- is payable on death of a member to his / her nominee(s). The Risk cover will be provided to the person from his/her age of 18 years (Completed) till attaining age 55 years (nearer birthday) as on the annual renewal date. i.e. eligibility will cease on attaining age 55 years (nearer birthday) or on closure of account with the Bank or insufficiency of balance to keep the insurance in force.

Death claim benefit of Rs. 2,00,000/- will be settled by the designated Office of Insurance Company concerned. The process followed will be as under:

Steps to be taken by the Nominee:

1. Nominee to approach the Bank wherein the Member was having the 'Savings Bank Account' through which he / she was covered under PMJJBY; along with the death certificate of the member.
2. Nominee to collect Claim Form, and Discharge receipt, from the Bank or any other designated source like insurance company branches, hospitals, PHCs, BCs, insurance agents etc., including from designated websites. The insurance companies concerned shall ensure wide availability of forms at all such locations. Supply of the form shall not be denied to any person requesting the same.
3. Nominee to submit duly completed Claim Form, Discharge Receipt, death certificate along with photocopy of the cancelled cheque of the nominee's bank account(if available) or the bank account details to the Bank wherein the Member was having the 'Savings Bank Account' through which he / she was covered under PMJJBY.

Steps to be taken by the Bank

1. Upon receipt of death intimation the Bank should check whether the cover for the said member was in-force on the date of his death, i.e., whether the premium for the said cover on Annual Renewal Date, i.e. 1st of June, prior to the Member's death was deducted and remitted to the Insurance Company concerned.
2. Bank to verify the Claim Form & the nominee details from the records available with them and to fill in the relevant columns of the Claim form.
3. Bank to submit the following documents to the designated office of the Insurance Company concerned:
 - a. Claim Form duly completed

- b. Death certificate
 - c. Discharge Receipt
 - d. Photocopy of cancelled cheque of the Nominee (if available).
4. Maximum time limit for Bank to forward duly completed claim form to Insurance Company is thirty days from the submission of the claim to it.

Steps to be taken at designated office of Insurance Company:

1. Verify that the Claim form is complete in all respects and all the relevant documents have been attached. If not, take up with the Bank concerned.
2. If the claim is admissible, the designated office of the insurer shall check whether the member's coverage is in force and no death claim settlement has been effected for the Member through any other account. In case any claim has been settled, then the Nominee shall be intimated accordingly with a copy marked to the Bank.
3. In case the coverage was in force and no claim has been settled for the said member, payment shall be released to the Nominee's bank account and a communication shall be sent to the nominee with copy marked to the Bank.
4. Maximum time limit for Insurance Company to approve claim and disburse money is thirty days from the receipt of the claim from the Bank.

In case where the claim form is directly submitted to any office of the insurer by the claimant, then the insurer's 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 the designated office of the Insurance Company for processing the claim.

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