आवश्यक/महत्वपूर्ण

उत्तर प्रदेश पुलिस मुख्यालय, इलाहाबाद-1 संख्या:23/प्रधानमंत्रीबीमायोजना-16-2016 दिनॉक नवम्बर्द्ध 0,2016

सेवा में

समस्त विभागाध्यक्ष/कार्यालयाध्यक्ष, पुलिस विभाग, उत्तर प्रदेश।

विषय:

पुलिस विभाग के अधिकारियों/कर्मचारियों के कल्याणार्थ प्रधानमंत्री सुरक्षा योजना एवं प्रधानमंत्री जीवन ज्योति योजना के संबंध में जागरूक किये जाने के संबंध में।

महोदय;

कृपया उपर्युक्त विषयक उल्लेखनीय है कि भारत सरकार द्वारा जिनका बैंक में बचत खाता है, उनके लिये प्रधानमंत्री सुरक्षा योजना एवं प्रधानमंत्री जीवन ज्योति योजना की व्यवस्था लागू की गयी है, जिसकी निम्न विशेषता है:-

(1) प्रधानमंत्री सुरक्षा योजना

- च्या १२.०० प्रतिवर्ष प्रति सदस्य पर साधारण/ दुर्घटना में मृत्यु पर ६० २.०० लाख एवं आंशिक विकलांगता पर ६० 1.०० लाख का रिस्क कवर है तथा प्रीमियम की धनराशि बीमा कम्पनी को हस्तमत कराने के ,45 दिन उपरान्त रिस्क कवर प्रारम्भ होगा, जिसकी सदस्यता ग्रहण करने हेतु निर्धारित प्रारूप का फार्म संलग्न है।
- > 18 से 70 वर्ष की आयु वाले शामिल होगें। यह केवल खाता धारकों के लिये ही मान्य है, जिसका मास्टर पालिसी धारक बैंक ही होगा।
- उक्त योजना की बीमित अविध 01 जून से 31 मई मान्य है तथा किसी भी माह में सदस्यता ले सकते है, जिसके उपरान्त कर्मी के खाते से निर्धारित अंशदान की कटौती बैंक द्वारा करके बीमित अविध की निरन्तरता बनाये रखना बैंक की जिम्मेदारी होगी।
- मृत कर्मी के लाभार्थी द्वारा बैंक में आवेदन (प्रारूप संलग्न है) करने पर बीमा कम्पनी से बैंक द्वारा भुगतान किया जायेगा।

(2) प्रधानमंत्री जीवन ज्योति बीमा योजना

- रू० 330.00 प्रति प्रतिवर्ष प्रति सदस्य पर मात्र दुर्घटना में मृत्यु पर रू० 2.00 लाख का रिस्क कवर है तथा प्रीमियम की धनराशि बीमा कम्पनी को हस्तगत कराने के 45 दिन उपरान्त रिस्क कवर प्रारम्भ होगा, जिसकी सदस्यता ग्रहण करने हेतु निर्धारित प्रारूप का फार्म संलग्न है।
- 18 से 50 वर्ष की आयु वाले शामिल होगें। यह केवल खाता धारकों के लिये ही मान्य है, जिसका मास्टर पालिसी धारक बैंक ही होगा।
- उक्त योजना की बीमित अवधि 01 जून से 31 मई मान्य है तथा किसी भी माह में सदस्यता ले सकते है, जिसके उपरान्त कर्मी के खाते से निर्धारित अंशदान की कटौती बैंक द्वारा करके बीमित अवधि की निरन्तरता बनाये रखना बैंक की जिम्मेदारी होगी।

मृत कमी के लाभार्थी द्वारा बैंक में आवेदन (प्रारूप संलग्न है) करने पर बीमा कम्पनी से बैंक द्वारा भुगतान किया जायेगा।

2. निदेशानुसार अनुरोध है कि कृपया अपने अधीनस्थ जनपदों/इकाइयों में नियुक्त सभी किमीयों का सम्मेलन कर उपरोक्त योजनाओं के बारे जानकारी देते हुये जागरूक करें तथा इस संबंध में नोटिस बोर्ड पर चस्पा कर गणना आदि में व्यापक प्रचार-प्रसार करायें और उन्हें उक्त योजना की सदस्य बनवाना सभी। कार्यालयाध्यक्ष सुनिश्चित करें, जिससे किसी कमी की असामयिक मृत्यु/विगलागता की स्थिति में कमी अथवा उसके परिवार को आर्थिक किठनाइयों का सामना न करना पड़े।

संलग्नकः यथोपरि ।

(डा० संसी पूजा) पुलिस महानिरीक्षक,भवन केल्पाण, उत्तर प्रदेश।

प्रतिलिपि पुलिस महानिरीक्षक एवं पुलिस महानिदेशक के सहायक, उत्तर प्रदेश, लखनऊ को अवलोकनार्थ एवं सूचनार्थ प्रेषित।

(Logo of PMSBY)

PRADHAN MANTRI SURAKSHA BIMA YOJANA

Consent-cum-Declaration Form

To be filled in by members joining the s	scheme during the permitted "Enrolment Period")
Agency / BC Code	
Savings Bank Account No.	
20141193 Ellisti, ressylati 118:	
	5. Mobile (Contact Number
. Name in Full	5. Mobile (Coptact Name)
2. Address	
The second secon	6. Aadhar No, if available
3. Date of Birth (As per KYC document) (dd/mm/yyyy)	7. Whether suffering from any disability
s. Date of Billis (AS per 16 to document) durining systy	If yes, details thereof
4. Email ID	8. Name & Address of the Nomince, if any, and Relationship with him)
9. Name & Address of Guardian, if nominee is minor	<u>I har</u>
	(24) 1 2.020 April 10.000
	i Suraksha Bima Yojana' which will be administered by the above Bank as Maste
olicyholder.	
pereby authorize you to debit today my Saving Bank Account with yo efore 31% May every subsequent year until further instructions to the mount that may be decided with immediate intimation to me.	our Branch with Rs.12/- (Rupees Twelve only) plus Service Tax, if applicable, and on a contrary (strike out whichever is not applicable) a sum of Rupees Twelve or a revise
horeby nominate my nominee as indicated above for the benefits und eaching the age of 18 years, I hereby appoint the legal guardian of the n	ier the schame, in the event of my death. In the event of my death before the nomino nominee as indicated above for the purpose of receiving the benfits under the schame.
	ana under any other Savings Bank Account. In case the same is found to exist, premiu
deciare that I am not insured under Praduan manuf Stransia Dinia. 1996 half stand forefieted and no claims would be paid.	and under any outer comings seem to
	management of the Macter Policy
agree to pay full annual premium even if I join the Scheme after the cor	4
agree that my membership in the Schame will remain in force as lo enewal Date.	ng as all premiums due are paid and until I have attained age 70 years as on Annu
agree to abide by the terms and conditions of the above Scheme. Lagr radhan Mantri Suraksha Bima Yojana to	roe to your conveying my personal details, as required, regarding my admission into t (Name of the Insurance Company, to be preprinted).
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
hereby declare that the above statements are thos in an respects and he above Scheme and that if any information be found untrue, my mem	ibership to the Scheme shall be treated as cancelled.
Date:	
Marin S. S. Communication of the Communication of t	
	Signature of the Account Holder
Signature verified (Bank Branch Official)	
	T.
	OUR OFFICATE OF INCIDANCE
ACKNOWLEDGEMENT (CUM CERTIFICATE OF INSURANCE
We hereby acknowledge receipt of "Consent-cum-Declaration	Form" from Shri / Smt. Lolding Saving Bank
Account No, Aadhar No. (if a	available) consenting and administing dots duct
from the specified Savings Bank Account to	the Insurance Company) under Master Policy No.
certifying coverage as per the Scheme, subject to correctness of it	information provided regarding eligibility and receipt of consideration amount.
	•

Seal & Signature of Authorised Bank Official

PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY) CLAIM FORM

This form is issued without admission of liability. It must be completed and submitted to the branch where the insured holds the underlying Bank Account, preferably within 30 days of the accident resulting in claim.

			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
i.	Name of the Account holder (Insuted person)							191	
2.	Fuil address of the Insured:			i i					
-3	Name and address of the Bank Branch:	5							
4	Savings Bank Account Number:						<u> </u>		
	Contact details of insured (if available):								
	Mobile No:								
5	Phone number:								
	email address:								
	Aadhaar no. if available:	- Neverne							
	Details of Nominee (in case of death of insured):	-							
	Name:	*	- 1			<u> </u>			-
	Mobile / Phone number:			S (4)					
. 6	Email address:					:			-
	Bank Account Particulars (for electronic transfer):	-						-	
	Aadhaar no, if available:			- 1					
×	Details of Accident.				-				
	a) Day, Date, and Time of occurrence:								_
7	b) Where did II occur:	100						منتبي	
	c) Nature of Accident:								
	d) Cause of Death/Details of Injury:			- 1	,				
8	Name address and contact details of Hospital/ attending Doctors:				34				
9 .	State where and when a Medical or other Officer of the Company can visit the Insured.					٠.			
	Documents to be Submitted in support of the Claim:	-		80 20		8			1000
	a) In case of Death: Original FIR/ Panchnama, Post Mortem Report and Unath Certificate.								-
10	b) in case of Permanent Disablement: Original FiR/ Panchnama and Disability Certificate from Civil Surgeon.						- 2		
	c) Discharge							,	

Declaration: I hereby declare and warrant that the foregoing particulars are true and complete in every respect and I agree that if any of the details given above are proved to be false or untrue, or there is any suppression or concealment, my right of compensation shall be forfeited. I also declare that I have not claimed the amount due under PMSBY cover on account of the above accident through any other cover under PMSBY.

Dated:		24	Sign	ature of the	Claimant	/Nominee
For Office Use:						
Policy Number:		Clain	Number:			
Certified that the infordebited to the Bank Acc		e Bank Account	t and Nominee diremitted to th	has been e insurer or	verified. P	remium was
-		20 5	19	889	4.	
			22	10	(4)	
	E.					
Bank Seaf			Signature	of Authoris	ed Official	of the Bank

PRADHAN MANTRI SURAKSHA BIMA YOJANA DISCHARGE VOUCHER

Claim No.: (to be filled by Bonk)		Policy No.:	
Name of Bank / Branch:	N:	ime of Insured:	A 400117 At 4
Bank Account No. of insured:	4	3.	
In consideration of approval of my claim rel	ferred above, I/We her	reby accept from United	d India Insurance
Company Limited the sum of Rs.		net claim amound i	it toll and the
settlement of my/our claim arising out of	to a firm of the same of	which accorded of	
(date of loss) covered under Policy No	valid for the perio	d from u	0
I/We hereby voluntarily give discharge rece claims present or future arising directly/inc suprogate all my/our rights and remedies to	directly in respect of t	the said loss/accident. I ct of the above loss/dan	/We hereby also nages:
		Re. i	St., 18
ř.		Reveni	
Full Name:		Signature of the N	ignifice / macriso
		Å.	
Address:			
Account No. of Nominee:			
Witness:			
Full Name:			
Address:			
Signature of Authorised Official of the Ban	lk		*
Bank Name & Branch;			
Address:			

LIC OF INDIA LIC LOGO

JYOTI BIMA YOJANA

BANK'S NAME BANKLOGO

LOGO OF SCHEME

CONSENT-CUM-DECLARATION FORM

(To be filled in by members joining the scheme after the permitted 'Enrollment Period')

For Office Use

- Wardin Marria		Agency/BC Code No.*	
Agent'/BC's Name*			
Bank A/c details of Agent/Bo	C		
petine a series	1 .		
Signature of Agent/Banking	- 1		

I, hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of LIC of India which will be administered by

I hereby authorize you to debit my Savings Bank Account with your Branch with Rs.330/- (Rupees Three Hundred Thirty Only) plus Service Tax if applicable towards premium of life cover under PMJJBY. I further authorize you to deduct in future after 25th May and not later than on 1st of June every year until further instructions, an amount of Rs.330/- (Rupees three hundred thirty only) and Service Tax if applicable, or any amount as decided from time to time, which may be intimated immediately if and when revised, towards renewal of coverage under

I have not authorized any other bank to debit premium in respect of this scheme. I am aware that my life cover shall be restricted to Rs.2,00,000/- only in the event of my death.

I hereby declare that I am in sound health and am not suffering or have suffered from any critical illness or condition requiring medical treatment, as on date. (critical illness is defined as follows: The applicant should not have suffered / be suffering from AIDS, cancer, condition requiring open chest surgery, history of typical chest pain, kidney failure, brain stroke or paralysis or having undergone a major organ transplantation such as heart, lung, liver or kidney. If the applicant had suffered from any of the above critical illness, they are not eligible to join the scheme)

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 to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to LIC of India.

Applicant Details, as per Bank / KYC records :

ame of the Account holder (as per Bank records)	Aadhar Number, if available
ane of the Account to the	Aadnar Number, if available
avings Bank Account No.	Mobile No.
-mail Id	Name and address of Guardian
lame, address and	(if nominee is minor)
elationship (if any) of	W ISO
ominee	Address

I hereby nominate my nominee as above under this scheme

Nominee being minor, his / her guardian is appointed as above.

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:	350	70 gr		Signature Address:
				10
Signature verified (Branch Official)	(Rubber Stamp with bank branch nam	e and code)	E.	1
10,000				- 00- N-21-0 (N)

(to be completed by the Claimant & Bank)

NAME OF THE SCHEME	Pradhan M	antri Jeevan Jyoti	Bima Yojana
MAINE OF THE BOXAGE	m		
POLICY NO		e e bytes	
	· · · · · · · · · · · · · · · · · · ·		
TULL NAME AND ADDRESS		The state of	
OF THE BANK :			
NAME OF THE DECEASED MEMBER			the end of a
5. DETAILS OF SAVINGS BANK ACCOUNT	OF DECEASED ME	MBER:	
IFSC CODE: SAVIN	IGS BANK ACCOUN	NT NO. :	*
ITSC CODE.			
6. DATE OF ENTRY INTO			
SCHEME BY MEMBER			
DATE OF DEATH OF MEMBER	8. C	AUSE OF DEATH :	
7. DATE OF DEATH OF MEMBER :			
9. NAME OF NOMINEE *			
10. ADDRESS OF THE NOMINEE :			
	E 8 5 1		
	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	-	ALL THE STATE OF T
We hereby declare that the answers to all the	e above questions are	e true in every respect.	We enclose Death
Certificate as the proof of death of the Membe	r	# ¹⁰	
		38	
*In case the Nomince is a minor, the guardian i	nay fill m	22	*
the claim form.		70	
		(Signature of the Non	ince* /Claimant)
	0.	To 1000	
We hereby certify that the above member was	covered under the PM	IJBY Scheme and prei	nium was debited in
			per our records, sim
is the nominee of th	e above insured Mem	ber.	
PLACE			
	(S	ignature of authorized	official of the Bank)
DATE:	(U		
	* 1	Seal	. Fac. of f
			C. TOTAL CO.
	,		
Encl: Death Certificate, Discharge Form & Co			

DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY SCHEME

Policy No:		
Name of the Bank :		
I/We,		
Do hereby acknowledge receipt from the LIFE IN	SURANCE CORPORATION	OF INDIA, the sum of
Rs.2,00.000/- (Rupees Two lakhs only) in full sati	faction and discharge of all o	or claim/s under the abo
Policy on the life of member Shri/Smt.		
which are provided hereunder:	Y 2	
IFSC Code :	Savings Bank Account No.	:
1 6	30	
Dated at this day of _		
Witness:		Revenue Stamp
* ***	(Signature o	f the Nominee)
<u> </u>		200 200 200 200 200 200 200 200 200 200
Nominee Bank Account Details:	A 100 mm	
Nominee Name : Name of the Bank : Address :		
Aadhar No.of Nominee/Claimant (if available) Bank Account No. IPSC Code	:	
(Copy of cancelled cheque to be attached)	, (Sig	nature of the Nominee)
•	×	
Scal	(Signature	of the authorized Bank C