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आवश्यक/महत्वपूर्ण

उत्तर प्रदेश पुलिस मुख्यालय, इलाहाबाद-1  
संख्या:23/प्रधानमंत्रीबीमायोजना-16-2016 दिनांक:नवम्बर-30,2016

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

➤ ₹0 12.00 प्रतिवर्ष प्रति सदस्य पर साधारण/ दुर्घटना में मृत्यु पर ₹0 2.00 लाख एवं आंशिक विकलांगता पर ₹0 1.00 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 70 वर्ष की आयु वाले शामिल होंगे। 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 हैं, जिसके उपरान्त कर्मों के खाते से निर्धारित अंशदान की कटौती बैंक द्वारा करके बीमित अवधि की निरन्तरता बनाये रखना बैंक की जिम्मेदारी होगी।

➤ मृत कर्मों 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

➤ ₹0 330.00 प्रति प्रतिवर्ष प्रति सदस्य पर मात्र दुर्घटना में मृत्यु पर ₹0 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 होंगे। 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 हैं, जिसके उपरान्त कर्मों के खाते से निर्धारित अंशदान की कटौती बैंक द्वारा करके बीमित अवधि की निरन्तरता बनाये रखना बैंक की जिम्मेदारी होगी।

➤ मृत कर्मियों 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 कर्मियों का सम्मेलन कर उपरोक्त योजनाओं के बारे में 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 कर्मियों की असामयिक मृत्यु/विगलांगता की स्थिति में कर्मियों अथवा उसके परिवार को आर्थिक कठिनाइयों का सामना न करना पड़े।

संलग्नक: यथोपरि।

भवदीय,

(डा० संजीव कुमार)  
पुलिस महानिरीक्षक, भवन/कल्याण,  
उत्तर प्रदेश।

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



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**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	Name of the Account holder (Insured person)	
2	Full address of the Insured:	
3	Name and address of the Bank Branch:	
4	Savings Bank Account Number:	
5	Contact details of insured (if available):	
	Mobile No:	
	Phone number:	
	email address:	
6	Aadhaar no. if available:	
	Details of Nominee (in case of death of Insured):	
	Name:	
	Mobile / Phone number:	
	Email address:	
7	Bank Account Particulars (for electronic transfer):	
	Aadhaar no. if available:	
	Details of Accident:	
	a) Day, Date, and Time of occurrence:	
	b) Where did it occur:	
8	c) Nature of Accident:	
	d) Cause of Death/Details of Injury:	
	Name address and contact details of Hospital/ attending Doctors:	
	State where and when a Medical or other Officer of the Company can visit the Insured.	
9	Documents to be Submitted in support of the Claim:	
	a) in case of Death: Original FIR/ Panchnama, Post Mortem Report and Death Certificate.	
	b) in case of Permanent Disablement: Original FIR/ Panchnama and Disability Certificate from Civil Surgeon.	
	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: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Claimant/Nominee

For Office Use:

Policy Number: _____	Claim Number: _____
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Certified that the information relating to the Bank Account and Nominee has been verified. Premium was debited to the Bank Account on \_\_\_\_\_ and remitted to the insurer on: \_\_\_\_\_

Bank Seal

\_\_\_\_\_  
Signature of Authorised Official of the Bank

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PRADHAN MANTRI SURAKSHA BIMA YOJANA  
DISCHARGE VOUCHER

Claim No.: (to be filled by Bank) \_\_\_\_\_

Policy No.: \_\_\_\_\_

Name of Bank / Branch: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Bank Account No. of insured: \_\_\_\_\_

Date: \_\_\_\_\_

In consideration of approval of my claim referred above, I/We hereby accept from United India Insurance Company Limited the sum of Rs. \_\_\_\_\_ (approved net Claim amount) in full and final settlement of my/our claim arising out of \_\_\_\_\_ which occurred on \_\_\_\_\_ (date of loss) covered under Policy No. \_\_\_\_\_ valid for the period from \_\_\_\_\_ to \_\_\_\_\_

I/We hereby voluntarily give discharge receipt to the Company in full and final settlement of all my/our claims present or future arising directly/indirectly in respect of the said loss/accident. I/We hereby also subrogate all my/our rights and remedies to the Company in respect of the above loss/damages.



\_\_\_\_\_  
Signature of the Nominee /Insured

Full Name:

Address:

Account No. of Nominee:

Witness:

Full Name:

Address:

\_\_\_\_\_  
Signature of Authorised Official of the Bank

Bank Name & Branch:

Address:

## PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA

LIC OF INDIA  
LIC LOGOLOGO OF  
SCHEMEBANK'S NAME  
BANK LOGO

## CONSENT-CUM-DECLARATION FORM

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

For Office Use

Agent/BC's Name*		Agency/BC Code No.*	
Bank A/c details of Agent/BC			
Signature of Agent/ Banking Correspondent*			

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 your Bank under Master Policy No. .... (to be pre-printed)

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 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) 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 the scheme.

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 :

Name of the Account holder (as per Bank records)	Aadhar Number, if available
Savings Bank Account No.	Mobile No.
E-mail Id	Name and address of Guardian (if nominee is minor)
Name, address and relationship (if any) of nominee	Address
Date of Birth	

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: \_\_\_\_\_

Signature  
Address:Signature verified  
(Branch Official) (Rubber Stamp with bank branch name and code)

**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 :

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- 4. NAME OF THE DECEASED MEMBER :
- 5. DETAILS OF SAVINGS BANK ACCOUNT OF DECEASED MEMBER :  
 IFSC CODE : SAVINGS BANK ACCOUNT NO. :
- 6. DATE OF ENTRY INTO SCHEME BY MEMBER :
- 7. DATE OF DEATH OF MEMBER : 8. CAUSE OF DEATH :
- 9. NAME OF NOMINEE \* :
- 10. ADDRESS OF THE NOMINEE :

We hereby declare that the answers to all the above questions are true in every respect. We enclose **Death Certificate** as the proof of death of the Member.

\*In case the Nominee is a minor, the guardian 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 account on the renewal date prior to his death and remitted to LIC. We also certify that as per our records, Shri/Smt. \_\_\_\_\_ is the nominee of the above insured Member.

PLACE \_\_\_\_\_

DATE : \_\_\_\_\_

\_\_\_\_\_  
(Signature of authorized official of the Bank)

Seal

Encl: Death Certificate, Discharge Form & Consent-cum-Declaration Form.

## DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY SCHEME

Policy No: \_\_\_\_\_

Name of the Bank : \_\_\_\_\_

I/We, \_\_\_\_\_

Do hereby acknowledge receipt from the LIFE INSURANCE CORPORATION OF INDIA, the sum of Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under the abo Policy on the life of member Shri/Smt. \_\_\_\_\_, under Savings Bank Account, deta which are provided hereunder :

IFSC Code : \_\_\_\_\_ Savings Bank Account No. : \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Witness: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Revenue  
Stamp

(Signature of the Nominee)

Nominee Bank Account Details :

Nominee Name : \_\_\_\_\_ Branch : \_\_\_\_\_  
 Name of the Bank : \_\_\_\_\_  
 Address : \_\_\_\_\_

Aadhar No. of Nominee/Claimant (if available) : \_\_\_\_\_  
 Bank Account No. : \_\_\_\_\_  
 IFSC Code : \_\_\_\_\_

(Copy of cancelled cheque to be attached)

(Signature of the Nominee)

(Signature of the authorized Bank C

Seal