

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA



ARUNACHAL PRADESH RURAL BANK

CONSENT-CUM-DECLARATION FORM

I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of SBI Life Insurance (Name of Insurer) which will be administered by your Bank under Master Policy No. 76001001347.

I hereby authorize you to debit my account with your Branch with. (Applicablepremium) towards premium of life insurance cover of Rs. Two lakhs 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.436/- (Rupees Four hundred thirty-six only), 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 in case of multiple enrolments for the scheme by me, my insurance cover will be restricted to Rs. Two lakhs only and the premium paid by me for multiple enrolments shall be liable to be forfeited.

I have read and understood the Scheme rules and I hereby give my consent to become a member of the Scheme. I am aware that the risk will not be covered during the first 30 days from the date of enrollment re-joining into the scheme (lien period) and in case of death (other than due to accident) during lien period, no claim would be admissible.

I authorize the Bank to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to SBI Life Insurance.

If the enrolment takes place on any day during the months of—

1. June, July & August—Annual premium of Rs. 436/- is payable
2. September, October & November—3 quarters of premium @ Rs. 114.00 i.e. Rs. 342 is payable
3. December, January & February—2 quarters of premium @ Rs. 114.00 i.e. Rs. 228/- is payable
4. March, April & May—1 quarterly premium @ Rs. 114.00 is payable.

Risk cover will start from the date of auto-debit of premium from the account of the subscriber.

Name of the account holder* *		Father's / husband's name* *	
Address of the account holder		Name of City / town / villa e	
Name of District		Name of State	
Pin Code		Mobile number of account holder	
Bank Account No. **		IFSC Code of Bank Branch* *	
Name of the KYC *document submitted		KYC* Id number	
PAN Number, if available* *		AADHAAR Number, if available* *	
Date of birth **		E-mail Id**	
Name and address of nominee		Date of Birth of nominee	
		Relationship of nominee with the account holder	
Name and address of nominee Guardian / appointee if nominee is minor		Relationship of the guardian appointee with the nominee	
Mobile number of nominee		Mobile number of uardian / a ointee	
Email id of nominee		Email id of guardian / a ointee	

I hereby enclose a copy of myas proof of my identity (KYC*) and nominate my nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as above.

* Either of AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport

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

** Confirmed that the applicant's details and signature have been verified from the records available with this Bank (or KYC document submitted* by the applicant, in case it is not available with the bank).

Date:

Signature of the Bank Official
(Rubber Stamp with bank branch name and code)

For Office Use

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

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Ms.holding Bank Account No. Consenting and authorizing auto-debit from the specified Bank account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with SBI Life Insurance for cover under Master Policy No subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Date:**Signature of authorised official of Bank
Office Seal**

PRADHAN MANTRI SURAKSHA BIMA YOJANA



CONSENT-CUM-DECLARATION FORM

I hereby give my consent to become a member of 'Pradhan Mantri Suraksha Bima Yojana' of National Insurance Co. Ltd which will be administered by your Bank under Master Policy No.

I hereby authorize you to debit my Account with your Branch with Rs. 20/- (Rupees twenty only), towards premium of accidental insurance cover@ of Rs two lakhs under PMSBY (claim payable in case of death or permanent disability* due to accidents). 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.20/- (Rupees twenty only), 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 in case of multiple enrolments for the scheme by me, my insurance cover will be restricted to Rs. two lakhs only and the premium paid by me for multiple enrolments shall be liable to be forfeited.

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 National Insurance Co. Ltd

Notes: @ Insurance cover:

Claim of Rs two lakhs payable in case of total disability or death due to accident

Claim of Rs one lakh payable in case of permanent partial disability

\$ Permanent Disability means any of the following:

Permanent total disability-Total and irrecoverable loss of both eyes and loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or foot

Permanent partial disability-Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot

Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.

Risk cover will start from the date of auto-debit of premium from the account of the subscriber.

Name of the account holder* *		Father's / husband 's name* *	
Address of the account holder		Name of City / town / villa e	
Name of District		Name of State	
Pin Code			
Bank		Mobile number of account holder	
Account No.* *		IFSC Code of Bank Branch* *	
Name of the KYC		KYC* Id number	
*Document submitted			
PAN Number, if available* *		AADHAAR Number, if available* *	
Date of birth **		E-mail	
Whether suffering from andisabilit		If yes, details thereof	
Name and address of nominee		Date of Birth of nominee	
		Relationship of nominee with the account holder	
Name and address of		Relationship of the guardian / appointee with the nominee	
Guardian appointee if nominee is minor			
Mobile number of nominee		Mobile number of uardian / a ointee	
Email id of nominee		Email id of guardian aointee	

I hereby enclose a copy of my as proof of my identity (KYC*) and nominate my nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as above.

* Either of AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving, License or PAN card or Passport

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

** Confirmed that the applicant's details and signature have been verified from the records available with this Bank (or KYC document submitted* by the applicant, in case it is not available with the bank).

Date:

Signature of the Bank Official
(Rubber Stamp with bank branch name and code)

For Office Use

Name of Agent/ BC		BC Code No.	
Bank A/c details of Agent/BC		Signature of Aent/BC	

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri/ Ms. holding Bank Account No. Consenting and authorizing auto-debit from the specified Bank account to join the Pradhan Mantri Suraksha Bima Yojana with National Insurance Co. Ltd for cover under Master Policy No subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Date:

Signature of authorised official of Bank
Office Seal

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY)

CLAIM -CUM-DISCHARGE FORM

(To be submitted preferably within 30 days of death of insured member)

To be filled by the nominee

(or in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured)

Part 1: Details of the deceased member enrolled under PMJJBY

- (1) Name: _____
- (2) Address: _____
- (3) Name of Village /Town / City _____ Name of District _____
- (4) Name of State _____ PIN Code _____
- (5) Bank Account Number: _____
- (6) Date of death: _____
- (7) Cause of death (accident³, or any other: please specify): _____

- (8) Document(s) attached as proof of death⁴ (or, in case of death due to an accident within 30 days of joining the scheme, proof of accidental death⁵): _____
- (9) Aadhaar number⁶(Optional): _____
- (10) Income-tax Permanent Account Number (PAN)⁶ (Optional): _____

Part 2. Details of the nominee:

(or, in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured)

1. Name of the nominee: _____
2. Age of nominee: _____
3. In case the nominee is a minor, name of the appointee¹: _____
4. In case of no nomination or nominee pre-deceasing the insured member, name of the claimant²: _____

5. Proof of death⁴ of nominee in case of nominee predeceasing the insured member: _____

6. Relationship of the nominee/claimant with the deceased: _____
7. Contact mobile number: _____
8. Contact email address: _____
9. Contact address: _____
10. Details of the nominee/appointee/claimant (as the case may be):
 - (1) Particulars of bank account into which the claim amount is to be remitted: _____

 - (a) Account number: _____
 - (b) Name of bank: _____
 - (c) Branch IFS Code: _____
 - (2) Aadhaar number⁶(Optional): _____
 - (3) Income-tax PAN⁶(Optional): _____
 - (4) KYC document⁷ attached as proof of identity: _____

I hereby declare that details submitted above are true to the best of my knowledge, the documents attached in support of this claim are genuine, and I have not claimed the amount payable under PMJJBY in respect of the deceased member named above earlier or in respect of any other account of the deceased with any bank.

Date:

(Signature of nominee/appointee¹/claimant²)

Attached documents:

- (1) Proof of death⁴ of the insured member (Proof of death due to accident if death is within 30 days of joining / rejoining the policy)
- (2) Aadhaar number and PAN number⁶ of deceased member and nominee / appointee / claimant (Optional)
- (3) KYC document⁷ in respect of the nominee / appointee / claimant
- (4) First two pages of passbook, or bank account statement showing account details, or cancelled cheque of the account of nominee / appointee / claimant.
- (5) Proof of death⁴ of nominee, in case the nominee has predeceased the insured member
- (6) Proof of claimant being the legal heir, in case claimant is other than nominee/appointee
- (7) Advance receipt for discharge of claim, duly filled in and signed

To be filled by the bank from enrolment data or data of bank**Part 3: Details in respect of the deceased insured member**

1. Bank account number (as per bank's CBS records): _____
2. Bank name: _____
3. Branch name: _____
4. Branch IFS Code: _____
5. Name of father/husband of the deceased member: _____
6. Date of birth (as per KYC document): _____
7. Name of the insurer: _____
8. Name of the nominee: _____
9. Date of debit of premium from the bank account: _____
10. Date of remitting the premium into insurer's account: _____

It is certified that the above information is true as per PMJJBY enrolment data and bank records.

Place:

Date:

(Signature and seal of the authorised official of the bank)

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA

Advance receipt for discharge of claim

In consideration of approval of my claim referred above, I hereby accept from _____
_____ (name of the insurer) the sum of Rupees two lakh only, in full
and final settlement and discharge of my claim under the said policy covering insurance in respect of member
Shri/Ms _____.

Signature of the witness

Name of witness:

Address:

Date:

**Signature of nominee/
appointee/claimant**

Countersignature of authorised official of the bank

Date:

Name:

Name of bank Branch:

Office stamp:

PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY)

CLAIM -CUM-DISCHARGE FORM

(To be submitted preferably within 30 days of the occurrence of the accident of the insured member giving rise to the claim)

To be filled by the insured member in case of his accidental disability claim or by his nominee in case of death of insured member

(Or in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured)

Part 1. Details of the member enrolled under PMSBY

- (1) Name: _____
- (2) Address: _____
- (3) Bank Account number: _____
- (4) Name of Village /Town / City _____ Name of District _____
- (5) Name of State _____ PIN Code _____
- (6) Day, date, and time of accident: _____
- (7) Place of occurrence: _____
- (8) Nature of accident³: _____
- (9) Date of death: _____
- (10) Cause of death / disability⁴(please specify): _____
- (11) Type of Disability (Total permanent or partial permanent): _____
- (12) Document attached as proof of permanent disability⁵ / death⁶: _____
- (13) Aadhaar number⁷(Optional): _____
- (14) Income-tax Permanent Account Number (PAN)⁷(Optional): _____

Part 2. Details of the nominee in case of death of insured member:

(Or, in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured)

1. Name of the nominee:
2. Age of nominee:
3. In case the nominee is a minor, name of the appointee¹:
4. In case of no nomination or nominee pre-deceasing the insured member, name of the claimant²:
5. Proof of death⁶ of nominee in case of nominee pre-deceasing the insured member:
6. Relationship of the nominee/claimant with the deceased:
7. Contact mobile number:
8. Contact email address:
9. Contact address:
10. Details of the nominee/appointee/claimant (as the case may be):
 - (1) Particulars of bank account into which the claim amount is to be remitted:
 - (a) Account number:
 - (b) Name of bank:
 - (c) Branch IFS Code:
 - (2) Aadhaar number⁷(Optional):
 - (3) Income-tax PAN⁷(Optional):
 - (4) KYC document⁸ attached as proof of identity:

I hereby declare that details submitted above are true to the best of my knowledge, the documents attached in support of this claim are genuine, and I have not claimed the amount payable under PMSBY in respect of the member named above earlier or in respect of any other account of the member with any bank.

Date:

**(Signature of the insured member/ nominee
/appointee¹/claimant²)**

Attached documents:

- (1) Proof of permanent disability due to accident⁵ or death due to accident⁶ of the insured member, as the case may be
- (2) Aadhaar and PAN number of the insured member and claimant⁷ (Optional)
- (3) KYC document⁸ in respect of the nominee/appointee/claimant (as the case may be)
- (4) First two pages of passbook, or bank account statement showing account details, or cancelled cheque of the account of the nominee/appointee/claimant (as the case may be)
- (5) Proof of death⁶ of nominee in case of nominee pre-deceasing the insured member
- (6) Proof of being legal heir, in case the claimant is other than the insured member/nominee/appointee
- (7) Advance receipt for discharge of claim, duly filled in and signed

To be filled by the bank from enrolment data or data of bank

Part 3: Details in respect of the insured member

1. Bank account number (as per bank's CBS): _____
2. Bank name: _____
3. Branch name: _____
4. Branch IFS Code: _____
5. Name of father/husband of the member: _____
6. Date of birth (as per the KYC document): _____
7. Name of the insurer: _____
8. Name of the nominee: _____
9. Date of debit of premium from the bank account: _____
10. Date of remitting the premium into insurer's account: _____

It is certified that the above information is true as per PMSBY enrolment data and bank records.

Place:

Date:

(Signature and seal of the authorised official of the bank)

PRADHAN MANTRI SURAKSHA BIMA YOJANA

Advance receipt for discharge of claim

In consideration of approval of my claim referred above, I hereby accept from _____
_____ (name of the insurer) the sum of Rs. _____ (Rs. One lakh in
case of permanent partial disability and Rs. two lakhs in case of permanent total disability or death) only in full
and final settlement and discharge of my claim under the said policy covering insurance in respect of member
Shri / Ms _____.

Signature of the witness

Name of witness:

Address:

Date:

Signature of the insured member/

nominee/appointee/claimant

Countersignature of authorised official of the bank

Date:

Name:

Name of bank

Branch:

Office stamp

Useful information for claimants

¹The appointee is the person named by the member in his PMSBY enrolment form where the nominee is a minor.

²A claimant where there is no nomination or the nominee has pre-deceased the insured member shall be one who is a legal heir and submits a succession certificate or legal heir certificate issued by a competent court or authority.,

³Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.

⁴Permanent Disability means any of the following:

Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or foot.	Total disability-claim amount payable is Rs. Two lakhs
Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot.	Partial disability-Claim amount payable is Rs. One lakh

⁵Documents in support of proof of permanent disability:

FIR or Panchnama, along with (a) Disability certificate issued by the civil surgeon and (b) hospital record supporting the same.

⁶Documents in support of death due to accident may be any of the following:

(1) (a), (b) and (c) as under:

(a) Any of the documents listed below as proof of death:

- (i) Death certificate (issued by the registrar of births and deaths appointed by the state government for the local area)
- (ii) Hospital discharge summary/certificate in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death
- (iii) Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death, which should be countersigned with his/her seal by a Gazetted officer of the Central or the State Government or by an officer of the deceased account holder's bank or any public sector bank or any public sector insurer

- (b) FIR/ Panchnama
 - (c) Post Mortem report
- (2) Certificate issued in respect of the insured member by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar, etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme
- (3) In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father's/husband's name, address and the date, time and cause of death in lieu of (a), (b) and (c) above.

⁷ This information is desirable but not mandatory.

⁸ Document in support of applicant's identity may be Aadhaar card or electoral photo identity card [EPIC] or MGNREGA card