

MINISTRY OF FINANCE
(Department of Financial Services)
NOTIFICATION

New Delhi, the 16th October, 2015

F. No. 16/1/2015-PR – Atal Pension Yojana.—

1. **Background :** The Government of India has introduced a pension scheme called the Atal Pension Yojana (APY), with effect from 1st June, 2015, pursuant to the announcement in the budget for 2015-16 on creating a universal social security system for all Indians, especially the poor, the under-privileged and the workers in the unorganised sector. APY is being administered by the Pension Fund Regulatory and Development Authority (PFRDA) under the overall administrative and institutional architecture of the National Pension System (NPS).
2. **Eligibility for joining APY :** APY is open to all citizens of India who have a savings bank account. The minimum age of joining APY is 18 years and maximum age is 40 years.
3. **Features of APY :** APY is a voluntary, periodic contribution based pension system, under which the subscriber would receive the following benefits:
 - (i) **Central Government guaranteed minimum pension amount :** Each subscriber under APY shall receive a Central Government guaranteed minimum pension of Rs. 1000 per month or Rs. 2000 per month or Rs. 3000 per month or Rs. 4000 per month or Rs. 5000 per month, after the age of 60 years until death.
 - (ii) **Central Government guaranteed minimum pension amount to the spouse :** After the subscriber's demise, the spouse of the subscriber shall be entitled to receive the same pension amount as that of the subscriber until the death of the spouse.
 - (iii) **Return of the pension wealth to the nominee of the subscriber :** After the demise of both the subscriber and the spouse, the nominee of the subscriber shall be entitled to receive the pension wealth, as accumulated till age 60 of the subscriber.

4. **Contribution payment by subscribers :** The subscriber's contributions to APY shall be made through the facility of 'auto-debit' of the prescribed contribution amount from the savings bank account of the subscriber in monthly, quarterly or half-yearly frequency. The subscribers are required to contribute the prescribed contribution amount from the age of joining APY till age 60. The details of age-wise, pension-wise and contribution-frequency-wise prescribed contribution amount and the indicative pension wealth available for the nominee is given in the table at Annex – 1.
5. **Eligibility for co-contribution by Central Government :** The subscribers in the eligible age, who are not income-tax payers and who are not covered under any statutory social security scheme, are entitled to receive:
- The co-contribution by Central Government of 50% of the total prescribed contribution, upto Rs. 1000 per annum, will be available for those eligible subscribers who join APY before 31st December, 2015.
 - The Central Government co-contribution shall be available for a period of 5 years, i.e., from Financial Year 2015-16 to 2019-20.
6. **Additional voluntary co-contribution by State Governments :** State Governments are enabled to provide additional voluntary co-contribution to APY subscribers of their State. The procedure would be prescribed by PFRDA, in consultation with the Central Government.
7. **Process for enrolment under APY :** All citizens of India in the age group of 18-40 years can enroll themselves under APY by submitting the duly completed application form to any enrolment agency.
8. **Enrolment agencies under APY :** APY applications may be submitted to any of the following enrolment agencies:
- All banks, including all nationalised banks, private banks, banking companies, regional rural banks, cooperative banks etc. either directly or through the following enablers:
 - All Points of Presence (Service Providers) and Aggregators, which are governed under the institutional architecture of NPS and are appointed as such by PFRDA could work as facilitators with banks.
 - Those Business Correspondents (BCs) / existing non-banking aggregators, Micro Finance Institutions (MFIs) etc. who are appointed as enablers by banks.
 - Other enrolment agencies that may be specified as such by PFRDA or the Central Government, such as, Department of Posts under CBS Platform.
9. **Charges and fees and overdue interest under APY :** The charges and fees and the overdue interest for non-payment or delayed payment of prescribed contribution amount shall be levied on the subscribers of APY. These charges and their method of application shall be prescribed by PFRDA from time to time, in consultation with the Central Government.
10. **Reimbursement of promotional expenditure and Incentive for enrolment of subscribers and sharing of incentives :** The Central Government shall reimburse the expenditure done on promotional and development activities by the contribution collection agencies to encourage people to join APY in a manner as prescribed by the Central Government. Banks and other enrolment agencies shall also be paid incentives for enrolments under APY, which may be shared by them with the BCs/MFIs/Non-Bank Aggregators in a ratio. The incentives payable to the banks and other enrolment agencies and the ratio of sharing of these incentives shall be prescribed by PFRDA from time to time in consultation with the Central Government.
11. **Existing subscribers of Swavalamban Scheme :** The existing subscribers of Swavalamban in the age group of 18-40 years shall be migrated to APY unless they exercise an option to opt-out. The remaining subscribers outside this age group would be governed by the Pension Fund Regulatory and Development Authority (Exits and Withdrawals under the National Pension System) Regulations, 2015.
12. **Investment of the contributions under APY :** The amount collected under APY shall be invested as per the investment pattern specified by the Central Government from time to time.
13. **Exit, withdrawal and pension payment :** On completion of 60 years, the subscriber will get the guaranteed minimum monthly pension, or higher monthly pension, depending on the investment returns. In exceptional circumstances, i.e., in the event of the death of beneficiary or specified illnesses, as mentioned in the Pension Fund Regulatory and Development Authority (Exits and Withdrawals under the National Pension System) Regulations, 2015, before the age of 60 years, the accumulated pension wealth till date would be given to the nominee or the subscriber, as the case may be. In case a subscriber, who has availed Government co-contribution under APY, chooses to voluntarily exit APY before the age 60, he shall only be refunded the contributions made by him to APY, along with the net actual interest earned on his contributions (after deducting the account maintenance charges), whereas, the Government co-contribution, and the interest earned on the Government co-contribution, shall not be returned to such subscribers.

Annex – 1**Monthly, Quarterly and Half-yearly prescribed contributions under APY for different minimum guaranteed amount of pension at different entry age and the return of corpus amount to the nominee**

		Minimum Guaranteed Pension of Rs. 1000/month			Minimum Guaranteed Pension of Rs. 2000/month			Minimum Guaranteed Pension of Rs.3000/month			Minimum Guaranteed Pension of Rs.4000/month			Minimum Guaranteed Pension of Rs.5000/month		
Return of Corpus Amount to the Nominee		Rs. 1.7 Lakh			Rs. 3.4 Lakh			Rs. 5.1 Lakh			Rs. 6.8 Lakh			Rs. 8.5 Lakh		
Age at entry	Vesting period	Monthly contribution	Quarterly contribution	Half yearly contribution	Monthly contribution	Quarterly contribution	Half yearly contribution	Monthly contribution	Quarterly contribution	Half yearly contribution	Monthly contribution	Quarterly contribution	Half yearly contribution	Monthly contribution	Quarterly contribution	Half yearly contribution
18	42	42	125	248	84	250	496	126	376	744	168	501	991	210	626	1239
19	41	46	137	271	92	274	543	138	411	814	183	545	1080	228	679	1346
20	40	50	149	295	100	298	590	150	447	885	198	590	1169	248	739	1464
21	39	54	161	319	108	322	637	162	483	956	215	641	1269	269	802	1588
22	38	59	176	348	117	349	690	177	527	1045	234	697	1381	292	870	1723
23	37	64	191	378	127	378	749	192	572	1133	254	757	1499	318	948	1877
24	36	70	209	413	139	414	820	208	620	1228	277	826	1635	346	1031	2042
25	35	76	226	449	151	450	891	226	674	1334	301	897	1776	376	1121	2219
26	34	82	244	484	164	489	968	246	733	1452	327	975	1930	409	1219	2414
27	33	90	268	531	178	530	1050	268	799	1582	356	1061	2101	446	1329	2632
28	32	97	289	572	194	578	1145	292	870	1723	388	1156	2290	485	1445	2862
29	31	106	316	626	212	632	1251	318	948	1877	423	1261	2496	529	1577	3122
30	30	116	346	685	231	688	1363	347	1034	2048	462	1377	2727	577	1720	3405
31	29	126	376	744	252	751	1487	379	1129	2237	504	1502	2974	630	1878	3718
32	28	138	411	814	276	823	1629	414	1234	2443	551	1642	3252	689	2053	4066
33	27	151	450	891	302	900	1782	453	1350	2673	602	1794	3553	752	2241	4438
34	26	165	492	974	330	983	1948	495	1475	2921	659	1964	3889	824	2456	4863
35	25	181	539	1068	362	1079	2136	543	1618	3205	722	2152	4261	902	2688	5323
36	24	198	590	1169	396	1180	2337	594	1770	3506	792	2360	4674	990	2950	5843
37	23	218	650	1287	436	1299	2573	654	1949	3860	870	2593	5134	1087	3239	6415
38	22	240	715	1416	480	1430	2833	720	2146	4249	957	2852	5648	1196	3564	7058
39	21	264	787	1558	528	1574	3116	792	2360	4674	1054	3141	6220	1318	3928	7778
40	20	291	867	1717	582	1734	3435	873	2602	5152	1164	3469	6869	1454	4333	8581

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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 / Post office 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 or post office.

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 / post office 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 / Post office from enrolment data or data of bank/ post office

Part 3: Details in respect of the deceased insured member

1. Bank / Post office account number (as per bank's CBS/ post office records):
2. Bank / Post office 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 / post office 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 /post office records.

Place:

Date:

(Signature and seal of the authorised official of the bank/ post office)

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:

Signature of nominee/appointee/claimant

Date:

Countersignature of authorised official of the bank / post office

Date:

Name:

Name of bank / post office:

Branch:

Office stamp:

Useful information for claimants

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

² A claimant where there is no nomination or the nominee has predeceased 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.

³ Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means. No claim shall be payable in case of death occurring within 30 days from the date of joining/rejoining the policy, except in case of death due to accident.

⁴ Document in support of proof of death may be any of the following:

- (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
- (iv) Certificate issued in respect of the deceased person 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

⁵ Document in support of death due to accident may be any of the following:

- (1) Any of the documents listed above for proof of death⁴, along with (a) FIR or *panchnama* and (b) the *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.

⁶ This information is desirable but not mandatory.

⁷ Document in support of identity of nominee / appointee / claimant may be Aadhaar card or electoral photo identity card [EPIC] or MGNREGA card or driving license or PAN card or passport

**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 / post office 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 / disability ⁴(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 or post office.

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 / post office 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 / Post office from enrolment data or data of bank/ post office

Part 3: Details in respect of the insured member

1. Bank / post office account number (as per bank's CBS/ post office records):
2. Bank / post office 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/ post office 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 / post office records.

Place:

Date:

(Signature and seal of the authorised official of the bank/post office)

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:

Signature of the insured member/nominee/appointee/claimant

Date:

Countersignature of authorised official of the bank/ post office

Date:

Name:

Name of bank/ post office:

Branch:

Office stamp

Useful information for claimants

- ¹ The appointee is the person named by the member in his PMSBY enrolment form where the nominee is a minor.
- ² A 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.
- ³ Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.
- ⁴ Permanent 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

- ⁵ Documents 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.
- ⁶ Documents 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:
- Death certificate (issued by the registrar of births and deaths appointed by the state government for the local area)
 - 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
 - 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 or driving license or PAN card or passport.

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY)



CONSENT-CUM-DECLARATION FORM

I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of (Name of Insurer) which will be administered by your Bank / Post Office under Master Policy

I hereby authorize you to debit my Account with your Branch with Rs. ____ (applicable premium^f) 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 / Post Office 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 /Post Office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to (Name of Insurer)

Name of the account holder**		Father's / husband's name**	
Bank/Post office Account No.**		IFSC Code of Bank Branch**	
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 Guardian / appointee (if nominee is minor)		Relationship of the guardian / appointee with the nominee	
Mobile number of nominee		Mobile number of guardian / appointee	
Email id of nominee		Email id of guardian / appointee	

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

Address:

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

Signature of the Bank / Post Office Official Date:
(Rubber Stamp with bank/ Post office 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 Correspondent	

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Ms..... holding Bank/Post Office Account No..... Aadhaar No..... consenting and authorizing auto-debit from the specified Bank /Post Office account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with ----- (Name of the Insurer) for cover under Master Policy No....., subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Date:

Signature of authorized official of Bank / Post Office
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..... (Name of Insurer) which will be administered by your Bank / Post Office 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 accident[§]). 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 / Post Office 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 /Post Office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to(Name of Insurer)

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

Name of the account holder**		Father's / husband's name**	
Address of the account holder		Name of City / town / village	
Name of District		Name of State	
Pin Code		Mobile number of account holder	
Bank / Post Office 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**	
Whether suffering from any disability		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 Guardian / appointee (if nominee is minor)		Relationship of the guardian / appointee with the nominee	
Mobile number of nominee		Mobile number of guardian / appointee	
Email id of nominee		Email id of guardian /appointee	

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.

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 /Post Office (or KYC document submitted* by the applicant, in case it is not available with the bank / Post Office).

Signature of the Bank / Post Office Official Date:

(Rubber Stamp with bank /Post office branch name and code)

For Office Use

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

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri/Ms.....holding Bank/Post Office Account No..... consenting and authorizing auto-debit from the specified Bank /Post Office account to join the Pradhan Mantri Suraksha Bima Yojana with (Name of the Insurer) for cover under Master Policy No....., subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Signature of authorised official of Bank / Post Office Date:

Office Seal