

RULES FOR THE PRADHAN MANTRI SURAKSHA BIMA YOJANA (With effect from 1.6.2022)

DETAILS OF THE SCHEME:

PMSBY is an Accident Insurance Scheme offering accidental death and disability cover for death or disability on account of an accident. It would be a one-year cover, renewable from year to year. The scheme would be offered / administered through Public Sector General Insurance Companies (PSGICs) and other General Insurance companies willing to offer the product on similar terms with necessary approvals and tie up with Banks / Post office for this purpose. Participating banks / Post office will be free to engage any such insurance company for implementing the scheme for their subscribers.

Scope of coverage: All individual bank/ Post office account holders in the age group of 18 to 70 years in participating banks/ Post office will be entitled to join. In case of multiple bank/ Post office accounts held by an individual in one or different banks/ Post office, the person would be eligible to join the scheme through one bank / Post office account only. Aadhar would be the primary KYC for the bank/ Post office account.

Enrolment Modality / Period: The cover shall be for the one-year period stretching from 1st June to 31st May for which option to join / pay by auto-debit from the designated bank/ Post office account on the prescribed forms will be required to be given by 31st May of every year. Joining subsequently on payment of full annual premium would be possible. However, applicants may give an indefinite / longer option for enrolment / auto-debit, subject to continuation of the scheme with terms as may be revised on the basis of past experience. Individuals who exit the scheme at any point may re-join the scheme in future years through the above modality. New entrants into the eligible category from year to year or currently eligible individuals who did not join earlier shall be able to join in future years while the scheme is continuing.

Benefits: As per the following table:

	Table of Benefits	Sum Insured
a	Death	Rs. 2 Lakh
b	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 hand or foot	Rs. 2 Lakh
c	Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	Rs. 1 Lakh

Premium: Rs. 20/- per annum per member. The premium will be deducted from the account holder's bank/ Post office account through 'auto debit' facility in one instalment on or before 1 st June of each annual coverage period under the scheme. However, in cases where auto debit takes place after 1st June, the cover shall commence from the date of auto debit of premium by Bank/ Post office. The premium would be reviewed based on annual claims experience.

Eligibility Conditions: Individual bank/ Post office account holders of participating banks/ Post office aged between 18 years (completed) and 70 years (age nearer birthday) who give their consent to join / enable auto-debit, as per the above modality, will be enrolled into the scheme.

Master Policy Holder: Participating Bank/ Post office will be the Master policy holder on behalf of the participating subscribers. A simple and subscriber friendly administration & claim settlement process has been finalized by the respective general insurance company in consultation with the participating Banks.

Termination of cover: The accident cover for the member shall terminate on any of the following events and no benefit will be payable there under:

- 1) On attaining age 70 years (age nearest birthday).
- 2) Closure of account with the Bank/ Post office or insufficiency of balance to keep the insurance in force.
- 3) In case a member is covered through more than one account and premium is received by the Insurance Company inadvertently, insurance cover will be restricted to one bank/ Post office account only and the premium paid for duplicate insurance(s) shall be liable to be forfeited.
- 4) If the insurance cover is ceased due to any technical reasons such as insufficient balance on due date or due to any administrative issues, the same can be reinstated on receipt of full annual premium, subject to conditions that may be laid down. During this period, the risk cover will be suspended and reinstatement of risk cover will be at the sole discretion of Insurance Company.
- 5) Participating banks will deduct the premium amount in the same month when the auto debit option is given, preferably in May of every year, and remit the amount due to the Insurance Company in that month itself.

Administration: The scheme, subject to the above, will be administered as per the standard procedure stipulated by the Insurance Company. The data flow process and data proforma will be provided separately.

It will be the responsibility of the participating bank/ Post office to recover the appropriate annual premium from the account holders within the prescribed period **through 'auto-debit' process.**

Enrolment form / Auto-debit authorization in the prescribed proforma shall be obtained and retained by the participating bank/ Post office. In case of claim, the Insurance Company may seek submission of the same. Insurance Company reserves the right to call for these documents at any point of time.

The acknowledgement slip may be made into an acknowledgement slip-cum-certificate of insurance.

The scheme is liable to be discontinued prior to commencement of a new future renewal date if circumstances so require.

Appropriation of Premium:

- 1) Insurance Premium payable to Insurance Company: Rs. 20/- per annum per member
- 2) Commission payable to Business Correspondents, agents, etc. by the insurer: Re.1/- per member **(for new enrolments only).**
- 3) Administrative expenses payable to participating Bank by insurer: Re.1/- per annum per member

Note: The amount of commission payable to Business Correspondents, agents, etc. as specified in item 2) saved in case of voluntary enrolment by an accountholder through electronic means shall be passed on as a benefit to the subscriber by correspondingly reducing the amount of the Insurance Premium payable specified in item 1).

**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 accountholder'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.