

**PRADHAN MANTRI JEEVAN SURAKSHA BIMA YOJANA (PMSBY)**



**CONSENT-CUM-DECLARATION FORM**

I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Suraksha Bima Yojana' of **United India Insurance Company Ltd.** which will be administered by your Bank under Master Policy No 1630004215P999990004.

I hereby authorize you to debit my account with your branch with ₹. 12/- (Rupees Twelve Only) towards premium of accidental insurance cover of Rupees 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 25<sup>th</sup> May and not later on 01<sup>st</sup> June every year until further instructions, an amount of ₹.12/- ( Rupees Twelve 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 **United India Insurance Company Ltd.**

Name of the account holder**		Father's/husband's name**	
Bank Account no**		IFSC Code of Bank Branch **	
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 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 record available with this Bank / Post Office. (or KYC documents submitted\* by the applicant, in case it is not available with the bank /post office).

Signature of the Bank Official  
Date:  
(Rubber stamp with Bank Branch name and code)

For office use

Agent's /BC's Name		Agency/ BC Code No	
Bank Details of Agent/BC		Signature of Agent/Banking Correspondent	

**ACKNOWLEDGEMENT SLIP CERTIFICATE OF INSURANCE**

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri. / Ms. ....  
..... holding Bank Account No. ....Aadhaar  
No.....consenting and authorizing auto-debit from the specified Bank  
account to join the **Pradhan Mantri Jeevan Suraksha Bima Yojna** with **United India Insurance  
Company Ltd** for cover under Master Policy No.1630004215P999990004 subject to correctness of  
information provided regarding eligibility and receipt of consideration amount.

**Signature of authorized official of the bank**

Date:

Official Seal

Notes:-

@ Insurance Cover

Claim of Rs. Two lakh 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 and feet or loss of one eye and loss of one hand or foot.

Permanent Partial disability: - Total & 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.