

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 **Life Insurance Corporation of India**. (Name of Insurer) which will be administered by your Bank under Master Policy No 910900100075.

I hereby authorize you to debit my account with your branch with ₹_____ 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 on 01st June every year until further instructions, an amount of ₹330/- (Rupees Three hundred thirty 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 45 days from the date of the enrolments/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 **Life Insurance Corporation of India**.

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 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 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:

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 Jyoti Bima Yojna** with **Life Insurance Corporation of India** for cover under Master Policy No. 910900100075 subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Signature of authorized official of the bank

Date:

Official Seal

If the enrolment takes place during the months of –

- June, July and August- Annual premium of ₹.330/- is payable.
- September, October & November- 3 quarters of premium @ ₹86.00 i.e. ₹.258/- is payable.
- December, January & February - 2 quarters of premium @ ₹. 86.00 i.e. ₹172/- is payable.
- March, April & May-1 quarterly of premium @ ₹86.00 is payable.

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJNA (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 appointee and in case of no nomination or the nominee pre-deceasing insured member, the claimant legal heirs of the insured)

Part 1. Details of the deceased member enrolled under PMJJBY

- (1) Name :
- (2) Address:
- (3) Bank Account Number:
- (4) Date of death:
- (5) Cause of death (accident , or any other ; please specify)
- (6) Document(s) attached as proof of death (or, in case of death due to an accident within 45 days of joining the scheme , proof of accidental death)
- (7) Aadhaar Number (Optional)
- (8) Income-tax Permanent Account Number (PAN) (Optional):

Part 2. Details of the Nominee

(Or in case the nominee is a minor, his/her appointee and in case of no nomination or the nominee pre-deceasing insured member, the claimant 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 appointee;
- (4) In case of no nomination or nominee pre-deceasing the insured member, name of the claimant.
- (5) Proof of death 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):
 - (i) Particulars of bank account into which the claim amount is to be remitted:
 - (a) Account Number:
 - (b) Name of the Bank
 - (c) Branch IFS Code:
 - (d) Aadhaar Number (Optional)
 - (e) Income-tax (PAN) (Optional):
 - (f) KYC document 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 of post office.

Date:

(Signature of nominee/appointee/claimant)

Attached Documents:

1. Proof of death of the insured member (proof of death due to accident if death is within 45 days of joining / rejoining the policy)
2. Aadhar and PAN number of the insured member and claimant (Optional)
3. KYC document 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 death 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 a 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 the father/husband of the 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 office records.

Place:

Date:

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

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY)

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 ₹.2,00,000/- (Rupees Two lakhs 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 / nominee/ appointee/ claimant

Countersignature of authorized official of the bank/ post office

Date:

Name:

Name of bank/ post office:

Branch:

Office stamp