

**Check List for banks / post offices for settlement of PMJJBY claims by partner insurer**

**(All appropriate documents to be verified and checked by the bank / post office and blanks to be filled up)**

01	Name of the Account Holder (Insured member)	
02	Bank / post office account number	
03	To check and confirm that the date of death falls within the policy period	
04	Date of debit of premium to the bank / post office account on: (Copy of Passbook to be attached and certified)  Date of remittance to the insurer on:	...../...../.....  ...../...../.....
05	To check eligibility of the benefit transfer from the following:  <b>Any of the following KYC document of the insured member with the bank / post office:</b> AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport  <b>Age of insured</b> as per eligibility of scheme	
06	To check that the duly completed claim form is submitted along with the following documents: a) Proof of death <sup>4</sup> of the insured member (Proof of death due to accident if death is within 30 days of joining / rejoining the policy) b) Aadhaar number and PAN number <sup>6</sup> of deceased member and nominee / appointee / claimant c) KYC document <sup>7</sup> in respect of the nominee / appointee / claimant d) First two pages of passbook, or bank / post office account statement showing account details, or cancelled cheque of the account of nominee / appointee / claimant. e) Proof of death <sup>4</sup> of nominee, in case the nominee has predeceased the insured member f) Proof of claimant being the legal heir, in case claimant is other than nominee/appointee g) Advance receipt for discharge of claim, duly filled in and signed	
07	<b>Verification of details of nominee/claimant</b>  1. Check details of nominee from enrolment data / form 2. Confirm that nominee is not minor. In case of minor nominee, appointee named by the insured member in the enrolment form would be the claimant	

**Check List for banks / post offices for settlement of PMJJBY claims by partner insurer**

**(All appropriate documents to be verified and checked by the bank / post office and blanks to be filled up)**

	<p>3. If there is no nomination or the nominee has predeceased the insured member, claimant should be one of the legal heirs of the member</p> <p>4. Check KYC proof submitted by the nominee/claimant. Acceptable KYC document may be any of the following: AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport</p> <p>5. Bank / post office account details of nominee/ appointee/ claimant to be checked and confirmed from the first two pages of his passbook, or bank / post office account statement showing account details, or cancelled cheque of the applicant's account.</p>	
08	Bank / post office to confirm that the said claim has not been forwarded to Insurer earlier by the bank / post office	
09	Bank / post office to forward the claim documents and the signed checklist electronically to the designated email id / app of the partner insurer within seven days of receipt of the claim.	
10	Bank / post office to upload claims data on Jansuraksha portal [ <a href="https://www.jansuraksha.gov.in/MIS">https://www.jansuraksha.gov.in/MIS</a> ].	

(Signature)

Name and designation of authorized officer of bank / post office

Date:

Office seal

**Notes:**

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

<sup>2</sup> 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.

<sup>3</sup> 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

## **Check List for banks / post offices for settlement of PMJJBY claims by partner insurer**

**(All appropriate documents to be verified and checked by the bank / post office and blanks to be filled up)**

date of joining/rejoining the policy, except in case of death due to accident.

### **<sup>4</sup> 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

### **<sup>5</sup> Document in support of death due to accident may be any of the following:**

- (1) Any of the documents listed above for proof of death<sup>4</sup>, 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.

<sup>6</sup>This information is desirable but not mandatory.

<sup>7</sup> 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

\*\*\*\*\*