

**LIFE INSURANCE CORPORATION OF INDIA
CENTRAL OFFICE, MUMBAI**

PART A

**LIC/PMJDY/CLM/CS
LIFE COVER OF RS 30,000/- UNDER PRADHAN MANTRI JAN DHAN YOJANA
CLAIM FORM**

PART A (To be completed by the Nominee /Legal Heirs in case of Nomination not done)		
Particulars of Deceased Member:		
Name and Address of the deceased Member PMJDY Account No.		
1	Name and Address of Bank where PMJDY account was opened	
2.	Aadhar Card Number / Biometric Card Number	
3	Name of Father/ Husband of the deceased	
6.	a) Date of death b) Age at death: c) Place of death	
4	Occupation of deceased at the time of death	
5	Whether deceased or any family member of deceased member was/ is a. Employee of Central/State Government/Public Sector undertakings/Public Sector Bank or any entity owned by Central Government or State Government or any entity jointly owned by Central Government and any State Government	Yes / No
	b. Whether the deceased or any family member of the deceased was/is Income-tax payee or whether TDS was deducted from his/her income	Yes / No
6	Whether the deceased member or any member of his family was covered under Aam Admi Bima Yojana or any other Social Security Insurance Scheme by Government of India. If Yes, give details Name of the scheme Life cover amount (sum assured)	Yes / No
7	Whether the deceased member was the Head of the Family? If Yes, provide proof like attested copy of BPL Card/Ration Card etc.	Yes / No
8	Whether the deceased member was the earning member of the family?	Yes / No
9	Whether the deceased had any other Bank A/c under Pradhan Mantri Jan Dhan Yojana. If yes, Bank Account Number/s of all other Accounts under PMJDY	Yes / No If yes, Bank A/c No. 1. _____ Bank A/C No 2. _____
	Whether the deceased had any other Bank A/c other than Pradhan Mantri Jan Dhan Yojana. If yes, Bank Account Number/s of all other Bank Accounts	Yes / No If yes, Bank A/c No. 1. _____ Bank A/C No 2. _____
Particulars of the Nominee / Legal Heirs in absence of Nominee		
10	Name & Full address of Nominee / Legal heir in absence of Nomination : Telephone or Mobile Number	
11	Relationship with the member	
12	Aadhar Card / Biometric Card Number of the Nominee / Legal heir	
I hereby declare that the answers to all the above questions are true in every respect		Witness by Bank Official: Signature _____ Name _____ Address: _____ _____
Signature/Thumb Impression of Nominee / Legal Heir / Claimant)		Place: _____ Date: _____

List of documents to be submitted to the Branch of the Bank:

1. Attested* Death Certificate of the deceased member
2. Attested* Photocopy of Aadhar Card / Biometric Card of the deceased.
3. Attested* photocopy of Aadhar Card / Biometric Card of nominee / claimant.
4. Attested* Photocopy of BPL card, Ration card of deceased (to check the head of family status)
5. Attested* photocopy of any one of the following age proof of deceased
(a) Unique Identification Card (Aadhar Card) (b) Extract from Birth Register (c) Extract from School Certificate
(d) Ration Card (e) Voter's list
6. Duly attested* photocopy of Bank Passbook of the deceased member
7. Attested* Photocopy of AABY membership certificate (if available)

**It may be noted that all these documents can be accepted with Self Attestation
However , Death Certificate has to be duly verified /attested by the Bank**

Declaration by the person filling in the form (in case form filled up is signed in a language different from that of the Claim form)
I hereby declare that I have fully explained the above questions to the nominee / Claimant and I have truthfully recorded the answers given by the nominee / claimant.

Declarant's Name and Address

Signature of the Declarant

I certify that the contents of the form and documents have been fully explained to me by (name, designation, occupation) Mr. / Mrs. _____ and I have understood the significance of the contents of the claim form.

Signature of the Nominee / Claimant

In case the nominee / Claimant is illiterate his /her thumb impression should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him.

I hereby declare that I have fully explained the above questions and contents of this claim form to the nominee / Claimant in _____ language and that the nominee / claimant has affixed the thumb impression above after fully understanding the contents thereof.

Name and Address of the declarant:

Signature of the Declarant

PART C

Without Prejudice

DISCHARGE RECEIPT FROM NOMINEE / LEGAL HEIRS CLAIMANT

I/We _____ hereby acknowledge receipt from Life Insurance Corporation of India a sum of Rs. 30,000/- (Rupees Thirty Thousand Only) in full and final satisfaction and discharge of all our claims under the above PMJDBY Scheme on the life of member _____ resident of _____

Revenue
Stamp

Dated at _____ this _____ day of _____ 20 .

Nominee's / Legal heir's Aadhar linked account number and bank details.

If account is not connected to Aadhar, details of other Bank account where proceeds of the claim are to be credited.

a) Name and address of the Bank

b) Account number of the nominee / Legal heir:

c) IFSC code :

(Enclosed photo copy of first page of Bank Passbook / cancelled cheque for verification)

Signature/Thumb Impression of Nominee/Legal Heirs/Claimant

Witnessed by

SEAL of the Bank*

Signature of Authorized Official of the Bank*

*where Pradhan Mantri Jan Dhan
Account was opened

Name of the Officer _____:

Designation: _____

PART B

LIC/PMJDY/CLM/CS

To be completed by the Bank

1	Whether Member has opened the bank Account under Pradhan Mantri Jan Dhan Yojana (PMJDY) for the first time in the Bank Branch.	Yes / No
2	PMJDY Bank Account Number:	
3	Date of opening of the Bank Account:	
4	Member's RuPay Card Number: Date of issue of RuPay Card:	
5	Whether the RuPay Card is valid and "In Force" on the date of death of the Member	
6	Date of birth of the Deceased member	
7	Name of the Nominee as per Bank Branch Records	
8	Serial no of nomination in the Register of nomination as per bank records	
9	In the absence of nomination, name of the Claimant / Legal Heir - who will fill up Form no C1 & C2	
10	Whether deceased Account holder is the Head of the Family as per submitted documents viz. Ration Card, BPL Card, Biometric Card viz Bhamasha, Samagra etc	Yes / No
11	Whether this is a single claim on the life of the Account holder from the Bank Branch?	Yes / No
12	Whether deceased member has availed any life cover on account of any other Insurance scheme of the Bank against the account. If yes, give details	Yes / No

In the absence of nomination or if the nominee pre-deceases the insured member or nominee is not spouse, child or parent then the Legal Heirs of the accountholder should submit Indemnity Bond to dispense with Legal Evidence of Title in the prescribed Format of LIC

Seal Signature of Authorized Signatory of the Bank*

Name of the Officer _____

Designation of the Officer _____

Telephone Number of the Bank Branch _____

Date:

Place:

*where Pradhan Mantri Jan Dhan Account was opened.