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

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

| 01 | Nome of the Assessment Helder (Incurred member) | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 01 | Name of the Account Holder (Insured member) | |
| 02 | Bank / post office account number | |
| 03 | To check and confirm that the date of death / accident 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: | |
| | Any of the following KYC document of the insured member with the bank / post office: AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport | |
| | Age of insured as per eligibility of scheme | |
| 06 | To check that the duly completed claim form is submitted along with the following documents: a) Proof of permanent disability due to accident⁵ or death due to accident⁶ of the insured member, as the case may be b) Aadhaar and PAN number of the insured member and claimant⁷ c) KYC document⁸ in respect of the applicant d) First two pages of passbook, or bank / post office account statement showing account details, or cancelled cheque of the applicant's account e) Proof of death⁶ of nominee, in case the nominee has predeceased the insured member f) Proof of being legal heir, in case the applicant is a claimant other than insured member/nominee/appointee g) Advance receipt for discharge of claim, duly filled in and signed | |
| 07 | Verification of details of nominee/claimant Check details of nominee from enrolment data / form 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 If there is no nomination or the nominee has predeceased the | |

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| | insured member, claimant should be one of the legal heirs of the member 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 | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | 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. | |
| 08 | Bank / post office to confirm that the said claim has not been paid or 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 [https://www.jansuraksha.gov.in/MIS]. | |

(Signature)

Name and designation of authorized officer of bank / post office

Date:

Office seal

Notes:

- 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 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.
- ³ Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.
- ⁴Permanent Disability means any of the following:

| Total and irrecoverable loss of both eyes or loss of use of | Total disability- |
|-------------------------------------------------------------|-------------------------|
| both hands or feet or loss of sight of one eye and loss of | claim amount payable is |
| use of one hand or foot | Rs two lakhs |
| Total and irrecoverable loss of sight of one eye or loss of | Partial disability- |

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| use of one hand or foot | Claim amount payable is |
|-------------------------|-------------------------|
| | Rs one lakh |

⁵Documents 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:
 - (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 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.

⁷This 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.
