

**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
4	Date of Death:
5	a) Whether deceased member was or any of his family member is: 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
	If yes, give details:
b) Whether deceased member was or any of his family members is: Income-tax payee or whether TDS was deducted from his/her income?.	Yes / No
	If yes, give details:
c) Whether deceased member was or any of his family members were: covered under Aam Admi Bima Yojana?(AABY)	Yes / No
	If yes, give details:
6	a)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. _____
b)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 Heir/s in absence of Nominee	
7	Name & Full address of Nominee / Legal heir/s in absence of Nomination : Telephone or Mobile Number Email address if available:
8	Relationship with the member
9	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 Signature/Thumb Impression of Nominee / Legal Heir / Claimant)	Witness by Bank Official with seal: Signature _____ Name _____ Address: _____ _____ _____ Place: Date:

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 through NEFT.

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)

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 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
5. Duly attested* photocopy of Bank Passbook of the deceased member
6. Attested* Photocopy of AABY membership certificate (if available)

***Attestations by Nominee / Claimant is also acceptable.**

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 .

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: _____

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	Date of birth of the Deceased member	
6	Name of the Nominee as per Bank Branch Records	
7	Serial no of nomination in the Register of nomination as per bank records	
8	In the absence of nomination, name of the Claimant / Legal Heir - who will fill up Form no C1 & C2	
9	Whether this is a single claim on the life of the Account holder from the Bank Branch?	Yes / No
10	Whether deceased member has availed any life cover on account of any other Insurance scheme of the Bank against the account.	Yes / No
	If yes, give details such as whether the member himself has paid the Insurance Premium in full or partially for availing any other Insurance Benefit linked with the same bank account.	

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 _____

email address of Bank Branch-----

Date:

Place:

***where Pradhan Mantri Jan Dhan Account was opened.**