

ये है आपके भविष्य की सुरक्षा के लिए जरूरी



Pradhan Mantri  
Suraksha Bima Yojana



To be filled in by members joining the scheme during the permitted "Enrolment Period"

*Savings Account No.-	*SOL ID (Post Office)-
*CIF ID (in case of Joint Account)-	
*Name in Full-	Mobile /Contact Number-
*Address - Locality/Village/City/ Tehsil/Dist./State	*Whether suffering from any disability(Y or N) - If "Y", details thereof-
*Date of Birth ( As per KYC document)-	Aadhar No, if available-
*Name of Nominee-	*Relationship of Nominee with Depositor-
*Name of Guardian if nominee is minor-	E Mail ID-
*Address of Nominee/Guardian - Loaclity/Village/City/Tehsil/Dist./State	

\*Mandatory Fields.

I hereby give my consent to become a member of ' Pradhan Mantri Suraksha Bima Yojana' which will be administered by the above Post office as Master Policyholder.

I hereby authorize you to debit today my Post office Savings Account with your Post office with Rs.12/- (Rupees Twelve only) plus Service Tax,if applicable,and on or before 31<sup>st</sup> May every subsequent year until further instructions to the contrary (strike out whichever is not applicable) a sum of Rupees Twelve or a revised amount that may be decided with immediate intimation to me.

I hereby nominate my nominee as indicated above for the benefits under the scheme, in the event of my death. In the event of my death before the nominee reaching the age of 18 years, I hereby appoint the legal guardian of the nominee as indicated above for the purpose of receiving the benefits under the scheme.

I declare that I am not insured under Pradhan Mantri Suraksha Bima Yojana under any other Post office Savings Account or any Bank Account. In case the same is found to exist, premium shall stand forfeited and no claims would be paid.

I agree that the cover shall commence from the 1<sup>st</sup> of the month subsequent to the date of enrolment in the scheme.

I agree to pay full annual premium even if I join the Scheme after the commencement of the Master Policy.

I agree that my membership in the Scheme will remain in force as long as all premiums due are paid and until I have attained age 70 years as on Annual Renewal Date.

I agree to abide by the terms and conditions of the above Scheme. I agree to your conveying my personal details, as required, regarding my admission into the Pradhan Mantri Suraksha BimaYojana to **NATIONAL INSURANCE COMPANY LIMITED**.

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/Thumb Impression\* of Subscriber  
(\* LTI in case of male and RTI in case of female)

Signature and Address of Witness  
(in case of illiterate depositor)

(FOR OFFICE USE)

Form is checked, Signatures verified with Office Record/Witness Accepted.
Signature of Postmaster with Seal

(To Be Filled by the Official who collected Form)		
Name _____	Designation _____	Office of Posting _____
Mobile No. _____	Name of HPO from which Pay is Drawn _____	
Signature of Official with Date _____		

**ACKNOWLEDGEMENT CUM CERTIFICATE OF INSURANCE**

We hereby acknowledge receipt of "Consent-cum-DeclarationForm" from Shri / Smt. \_\_\_\_\_ holding Post office Savings Account No. \_\_\_\_\_, Aadhar No. (if available) \_\_\_\_\_, consenting and authorizing auto-debit from the specified Post office Savings Account to join the Pradhan Mantri Suraksha BimaYojana with National Insurance Company Ltd.(NIC) under **Master Policy No 36090042158200000519** certifying coverage as per the Scheme, subject to correctness of information provided regarding eligibility and receipt of consideration amount. Insurance cover will start from the first of the month subsequent to the date of enrollment.

Signature of Postmaster with Seal

## Broad Terms & Conditions of Pradhan Mantri Suraksha Bima Yojana

The scheme will be a one year cover, renewable from year to year, Accident Insurance Scheme offering accidental death and disability cover for death or disability on account of an accident. The scheme would be offered / administered through Public Sector General Insurance Companies (PSGICs) and other General Insurance companies willing to offer the product on similar terms with necessary approvals and tie up with Post offices for this purpose. Participating Post offices will be free to engage any such insurance company for implementing the scheme for their subscribers.

**Scope of coverage:** All Post office savings account holders in the age 18 to 70 years in participating Post offices will be entitled to join. In case of multiple saving Post office accounts held by an individual in one or different Post offices, the person would be eligible to join the scheme through one Post office Savings Account only. Aadhar would be the primary KYC for the Post office Savings account.

**Enrollment Modality / Period:** The cover shall be for the one year period stretching from 1st June to 31st May for which option to join / pay by auto-debit from the designated Post office Savings Account on the prescribed forms will be required to be given by 31st May of every year, extendable up to 31st August 2015 in the initial year. Initially on launch, the period for joining may be extended by Govt. of India for another three months, i.e. up to 30th of November, 2015. Joining subsequently on payment of full annual premium may be possible on specified terms. However, applicants may give an indefinite / longer option for enrolment / auto-debit, subject to continuation of the scheme with terms as may be revised on the basis of past experience. Individuals who exit the scheme at any point may re-join the scheme in future years through the above modality. New entrants into the eligible category from year to year or currently eligible individuals who did not join earlier shall be able to join in future years while the scheme is continuing.

**Benefits:** As per the following table:

<b>Table of Benefits</b>		<b>Sum Insured</b>
a.	Death	Rs. 2 Lakh
b.	Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot	Rs. 2 Lakh
c.	Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	Rs. 1 Lakh

**Premium:** Rs.12/- per annum per member. The premium will be deducted from the account holder's Post office Savings Account through 'auto debit' facility in one installment on or before 1st June of each annual coverage period under the scheme. However, in cases where auto debit takes place after 1st June, the cover shall commence from the first day of the month following the auto debit.

The premium would be reviewed based on annual claims experience. However, barring unforeseen adverse outcomes of extreme nature, efforts would be made to ensure that there is no upward revision of premium in the first three years.

### **Eligibility Conditions:**

The Post office savings account holders of the participating Post offices aged between 18 years (completed) and 70 years (age nearer birthday) who give their consent to join / enable auto-debit, as per the above modality, will be enrolled into the scheme.

**Master Policy Holder:** Participating Post office will be the Master policy holder on behalf of the participating subscribers. A simple and subscriber friendly administration & claim settlement process shall be finalized by the respective general insurance company in consultation with the participating Post offices.

**Termination of Cover:** The accident cover for the member shall terminate on any of the following events and no benefit will be payable there under:

- 1) On attaining age 70 years (age nearest birth day).
- 2) Closure of account with the Post office or insufficiency of balance to keep the insurance in force.
- 3) In case a member is covered through more than one account and premium is received by the Insurance Company inadvertently, insurance cover will be restricted to one only and the premium shall be liable to be forfeited.
- 4) If the insurance cover is ceased due to any technical reasons such as insufficient balance on due date or due to any administrative issues, the same can be reinstated on receipt of full annual premium, subject to conditions that may be laid down. During this period, the risk cover will be suspended and reinstatement of risk cover will be at the sole discretion of Insurance Company.
- 5) Participating Post offices will deduct the premium amount in the same month when the auto debit option is given, preferably in May of every year, and remit the amount due to the Insurance Company in that month itself.

### **Administration:**

The scheme, subject to the above, will be administered as per the standard procedure stipulated by the Insurance Company. The data flow process and data proforma will be provided separately.

It will be the responsibility of the participating Post office to recover the appropriate annual premium from the account holders within the prescribed period through 'auto-debit' process.

Enrollment form / Auto-debit authorization in the prescribed proforma shall be obtained and retained by the participating Post office. In case of claim, the Insurance Company may seek submission of the same. Insurance Company reserves the right to call for these documents at any point of time.

The acknowledgement slip may be made into an acknowledgement slip-cum-certificate of insurance.

The experience of the scheme will be monitored on yearly basis for re-calibration etc., as may be necessary.

The proposed date of commencement of the scheme will be 1st June 2015. The next Annual renewal date shall be each successive 1st of June in subsequent years.

The scheme is liable to be discontinued prior to commencement of a new future renewal date if circumstances so require.

\*\*\*\*\*