



# Life Insurance Corporation of India

## PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA - CLAIM FORM

(to be completed by the Claimant & Bank)

NAME OF THE SCHEME : Pradhan Mantri Jeevan Jyoti Bima Yojana

POLICY NO. :

FULL NAME AND ADDRESS OF THE BANK :

NAME OF THE DECEASED MEMBER :

SAVINGS BANK ACCOUNT NO. OF DECEASED MEMBER :

AADHAR NO. OF DECEASED (if available) :

DATE OF ENTRY INTO SCHEME BY MEMBER :

DATE OF DEATH OF MEMBER :

CAUSE OF DEATH :

NAME OF NOMINEE \* :

RELATIONSHIP OF NOMINEE :

ADDRESS OF THE NOMINEE :

MOBILE NO. OF THE NOMINEE :

AADHAR NO. IF AVAILABLE :

DETAILS OF SAVINGS BANK ACCOUNT OF NOMINEE :

FSC CODE : SAVINGS BANK ACCOUNT NO. :

I hereby declare that the answers to all the above questions are true in every respect and this is the only claim preferred under Pradhan Mantri Jeevan Jyoti Bima Yojana for the above deceased member. We enclose Death Certificate as the proof of death of the Member along with a duly executed discharge form.

In case the Nominee is a minor, the Guardian/Appointee may fill in the claim form.

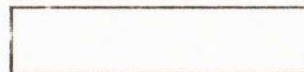
(Signature of the Nominee\* /Claimant)

I hereby certify that the above member was covered under the PMJBY Scheme and premium was debited from his bank account on the renewal date prior to his death and remitted to .....(Name of Insurance Company).

I also certify that as per our records, Shri/Smt..... is the nominee of the above insured member for the said scheme.

PLACE :  
DATE :

(Signature of authorized official of the Bank) Seal



Encl.: Death Certificate & Discharge Form.

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA - CLAIM FORM

(to be completed by the Claimant & Bank)

Pradhan Mantri Jeevan Jyoti Bima Yojana

NAME OF THE SCHEME

POLICY NO.

FULL NAME AND ADDRESS OF THE BANK

NAME OF THE DECEASED MEMBER

**Steps to be taken by the Nominee :**

1. Nominee to approach the Bank wherein the Member was having the 'Savings Bank Account' through which he / she was covered under PMJJBY; along with the death certificate of the member.
2. Nominee to collect Claim Form, and Discharge receipt, from the Bank or any other designated source like insurance company branches, hospitals, PHCs, BCs, insurance agents etc., including from designated websites. The insurance companies concerned shall ensure wide availability of forms at all such locations. Supply of the form shall not be denied to any person requesting the same.
3. Nominee to submit duly completed Claim Form, Discharge Receipt, death certificate along with photocopy of the cancelled cheque of the nominee's bank account(if available) or the bank account details to the Bank wherein the Member was having the 'Savings Bank Account' through which he / she was covered under PMJJBY.

DATE OF ENTRY INTO SCHEME BY MEMBER

RELATIONSHIP OF NOMINEE

ADDRESS OF THE NOMINEE

SAVINGS BANK ACCOUNT NO.

FSC CODE

We hereby certify that the answers to all the above questions are true in every respect and this is the only claim entered under the Pradhan Mantri Jeevan Jyoti Bima Yojana for the above deceased member. We enclose Death Certificate as the proof of death of the member along with a duly executed discharge form.

In case the Nominee is a minor, the Guardian/Approver may fill in the claim form.

(Signature of the Nominee/Claimant)

We hereby certify that the above member was covered under the PMJJBY Scheme and premium was debited from his bank account on the renewal date prior to his death and remitted to ..... (Name of Insurance Company). We also certify that as per our records, this member is the nominee of the above insured member for the said scheme.

(Signature of authorized official of the Bank) Seal

PLACE

DATE



Enc: Death Certificate & Discharge Form