PRADHAN MANTRI SURAKSHA BIMA YOJANA

NAME OF INSURER **NAME OF BANK / POST OFFICE**

CONSENT-CUM-DECLARATION FORM

I hereby give my consent to become a member of 'Pradhan Mantri Suraksha Bima Yojana' of …… (Name of Insurer) which will be administered by your Bank / Post Office under Master Policy No. …… (To be pre-printed)

I hereby authorize you to debit my Account with your Branch with Rs. 20/- (Rupees twenty only), towards premium of accidental insurance cover[@] of Rs two lakhs under PMSBY (claim payable in case of death or permanent disability[#] due to accident[$]). I further authorize you to deduct in future after 25th May and not later than on 1st of June every year until further instructions, an amount of Rs.20/- (Rupees twenty only), or any amount as decided from time to time, which may be intimated immediately if and when revised, towards renewal of coverage under the scheme.

I have not authorized any other Bank / Post Office to debit premium in respect of this scheme. I am aware that in case of multiple enrolments for the scheme by me, my insurance cover will be restricted to Rs. two lakhs only and the premium paid by me for multiple enrolments shall be liable to be forfeited.

I have read and understood the Scheme rules and I hereby give my consent to become a member of the Scheme.

I authorize the Bank /Post Office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to …….. (Name of Insurer)

Notes:

@ Insurance cover:

Claim of Rs two lakhs payable in case of total disability or death due to accident

Claim of Rs one lakh payable in case of permanent partial disability

$ **Permanent Disability** means any of the following:

- Permanent total disability-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 one hand or foot
- Permanent partial disability-Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot

Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.

Risk cover will start from the date of auto-debit of premium from the account of the subscriber.

Name of the account holder**		Father's / husband's name**	
Address of the account holder		Name of City / town / village	
Name of District		Name of State	
Pin Code		Mobile number of account holder	
Bank / Post Office Account No.**		IFSC Code of Bank Branch**	
Name of the KYC *document submitted		KYC* Id number	
PAN Number, if available**		AADHAAR Number, if available**	
Date of birth **		E-mail Id**	
Whether suffering from any disability		If yes, details thereof	
Name and address of nominee		Date of Birth of nominee	
		Relationship of nominee with the account holder	
Name and address of Guardian / appointee (if nominee is minor)		Relationship of the guardian / appointee with the nominee	
Mobile number of nominee		Mobile number of guardian / appointee	
Email id of nominee		Email id of guardian / appointee	

I hereby enclose a copy of my ----------as proof of my identity (KYC*) and nominate my nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as above.

* Either of AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport

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**

** Confirmed that the applicant's details and signature have been verified from the records available with this Bank / Post Office (or KYC document submitted* by the applicant, in case it is not available with the bank / Post Office).

Signature of the Bank / Post Office Official

Date:

(Rubber Stamp with bank /Post office branch name and code)

For Office Use

Name of Agent/ Banking Correspondent's (BC)		Agency/BC Code No.	
Bank A/c details of Agent/BC		Signature of Agent/BC	

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Ms. …… holding Bank /Post Office Account No……. consenting and authorizing auto-debit from the specified Bank /Post Office account to join the Pradhan Mantri Suraksha Bima Yojana with ---------- (Name of the Insurer) for cover under Master Policy No……., subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Signature of authorised official of Bank / Post Office

Date:

Office Seal