

**DIRECTORATE GENERAL  
CENTRAL INDUSTRIAL SECURITY FORCE  
(MINISTRY OF HOME AFFAIRS)  
13 CGO Complex, Lodhi Road, New Delhi-03.**

Welfare Directorate

No.E-41022/PMSBY-PMJJBY/Wel/2015 - 443

Dated 21 May'2015

To,

The ADG/Airport Sector,  
All Sector IsG, CISF (including TS)  
All Zonal/Plant DIsG, DIsG (DOS), DIG (DAE),  
All Res. Bn./RTCs/FSTI/ZOWs,  
All Gp. Comdts./Comdts./Dy. Comdts.  
All Asstt.Comdts, OICs CISF Units.

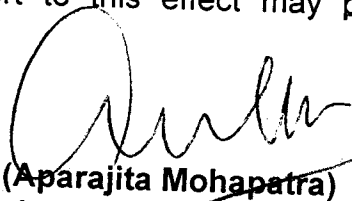
**Subject:- WELFARE OF CISF PERSONNEL UNDER "PRADHAN MANTRI SURAKSHA BIMA YOJANA" & "PRADHAN MANTRI JEEVEN JYOTI BIMA YOJANA" : REG.**

Two Insurance schemes for the citizens of India i.e "PRADHAN MANTRI SURAKSHA BIMA YOJANA" & "PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA" have been announced by the Government. The salient features of the above schemes are enclosed herewith for information.

2. In this connection, all Unit Commanders may contact respective SBI executives and arrange a camp, for interaction and information about the schemes to willing Members of the Force for availing the facility well in time (i.e. before start of the scheme from 1<sup>st</sup> June'2015).

3. It is requested that a compliance report to this effect may please be forwarded to this Directorate.

Encls:- As above



(Aparajita Mohapatra)  
Asstt. Inspector General (Welfare)

Copy to:-

1. AIG/Adm : For kind information and similar action please.

Internal:-

- |                       |  |
|-----------------------|--|
| 1. PS to DG/CISF      | : For favour of kind information of DG/CISF, please.     |
| 2. PS to ADG/HQ       | : For favour of kind information of ADG, please.         |
| 3. PS to IG/HQ & Adm  | : For favour of kind information of IsG, please.         |
| 4. All DIsG, FHQrs.   | : For favour of kind information, please.                |
| 5. All AIsG, FHQrs.   | : For favour of kind information, please.                |
| 6. AIG/Tech           | : For kind info & uploading on the CISF Website, please. |
| 7. DC/PRO             | : For favour of kind information, please.                |
| 8. AD/Accts & OL      | : For favour of kind information, please.                |
| 9. All Section, FHQrs | : For information please.                                |

# RULES FOR THE PRADHAN MANTRI SURAKSHA BIMA YOJANA

## DETAILS OF THE SCHEME:

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 Banks for this purpose. Participating banks will be free to engage any such insurance company for implementing the scheme for their subscribers.

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

**Enrollment Modality / Period:** The cover shall be for the one year period stretching from 1<sup>st</sup> June to 31<sup>st</sup> May for which option to join / pay by auto-debit from the designated savings bank account on the prescribed forms will be required to be given by 31<sup>st</sup> May of every year, extendable up to 31<sup>st</sup> 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 30<sup>th</sup> 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:

Table of Benefits		Sum Insured
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 savings bank account through 'auto debit' facility in one installment on or before 1<sup>st</sup> June of each annual coverage period under the scheme. However, in cases where auto debit takes place after 1<sup>st</sup> 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 savings bank account holders of the participating banks 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 Bank 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 Banks.

**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 Bank 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 banks 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 bank 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 bank. 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.

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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.

**Appropriation of Premium:**

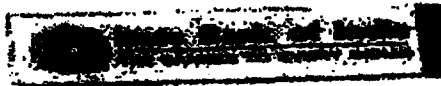
- 1) Insurance Premium to Insurance Company: Rs.10/- per annum per member
- 2) Reimbursement of Expenses to BC/Micro/Corporate/Agent : Rs.1/- per annum per member
- 3) Reimbursement of Administrative expenses to participating Bank: Rs.1/- per annum per member

The proposed date of commencement of the scheme will be 1<sup>st</sup> June 2015. The next Annual renewal date shall be each successive 1<sup>st</sup> 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.

**Frequently Asked Questions (FAQs)**

Enclosed on next page



(Logo of PMSBY)

**PRADHAN MANTRI SURAKSHA BIMA YOJANA**

**Consent-cum-Declaration Form**

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

Agency/ BC Code \_\_\_\_\_

Savings Bank Account No. \_\_\_\_\_

\_\_\_\_\_

Date of Entry into the Scheme : 1<sup>st</sup> June / July / August / September, 2015

1. Name in Full	5. Mobile /Contact Number
2. Address	6. Aadhar No, if available
3. Date of Birth (As per KYC document) (dd/mm/yyyy)	7. Whether suffering from any disability if yes, details thereof
4. Email ID	8. Name & Address of the Nominee, if any, and Relationship with him / her
9. Name & Address of Guardian, if nominee is minor	

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

I hereby authorize you to debit today my Saving Bank Account with your Branch 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 Savings 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 Bima Yojana to: \_\_\_\_\_ (Name of the Insurance Company, to be pre-printed).

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 verified  
(Bank Branch Official)

Signature of the Account Holder

**ACKNOWLEDGEMENT CUM CERTIFICATE OF INSURANCE**

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Smt. \_\_\_\_\_ holding Saving Bank Account No. \_\_\_\_\_, Aadhar No. (if available) \_\_\_\_\_, consenting and authorizing auto-debit from the specified Savings Bank Account to join the Pradhan Mantri Suraksha Bima Yojana with National Insurance Company Ltd under Master Policy No 240600/42/15/8200000061 certifying coverage as per the Scheme, subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Customer CIF: \_\_\_\_\_

# PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA



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## CONSENT-CUM-DECLARATION FORM

(To be filled in by members joining the scheme during the permitted 'Enrollment Period')

### For Office Use

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

I, hereby give my consent to become a member of 'Pradhan MantriJeevanJyotiBimaYojana' of SBI Life Insurance Company Limited which will be administered by your Bank under **Master Policy No.76001000135**

I hereby authorize you to debit my Savings Bank Account-with your Branch with Rs.330/- (Rupees Three Hundred Thirty Only) plus Service Tax if applicable towards premium of life cover under PMJJBY. I further authorize you to deduct in future after 25<sup>th</sup> May and not later than on 1<sup>st</sup> of June every year until further instructions, an amount of Rs.330/- (Rupees three hundred thirty only) and Service Tax if applicable, 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 to debit premium in respect of this scheme. I am aware that my life cover shall be restricted to Rs.2,00,000/- only in the event of my death.

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 to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to SBI Life Insurance Company Limited.

### Applicant Details, as per Bank / KYC records :

Name of the Account holder (as per Bank records)			
Savings Bank Account No.		Aadhar Number, if available	
E-mail Id		Mobile No.	
Name, address and relationship (if any) of nominee		Name and address of Guardian (if nominee is minor)	
Date of Birth		Address	

I hereby nominate my nominee as above under this scheme.

Nominee being minor, his / her guardian is appointed as above.

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

Address:

Signature verified

(Branch Official) (Rubber Stamp with bank branch name and code)

### ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Smt. .... holding Saving Bank Account No..... Aadhar No..... consenting and authorizing auto-debit from the specified Savings Account to join the Pradhan MantriJeevanJyotiBimaYojana with **SBI Life Insurance Company Limited** for cover under Master Policy No**76001000135** subject to correctness of information provided regarding eligibility and receipt of consideration amount.

**Seal & Signature of Authorised Bank Official**

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**ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE**

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Smt. .... holding Saving Bank Account No.....Aadhar No..... consenting and authorizing auto-debit from the specified Savings Account to join the Pradhan MantriJeevanJyotiBimaYojana with **SBI Life Insurance Company Limited** for cover under Master Policy No**76001000135** subject to correctness of information provided regarding eligibility and receipt of consideration amount.

**Seal & Signature of Authorised Bank Official**

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**'PRADHAN MANTRI JEEVANJYOTI BIMA YOJANA'**  
**RULES OF THE SCHEME**  
**SECTION - I**

**1. DEFINITIONS :**

In these Rules, the following words and expressions shall unless repugnant to the context, have the following meanings:-

- i) The Master Policyholder shall be STATE BANK OF INDIA, a Body Corporate constituted under the SBI Act, 1955 .
- ii) "THE Company shall mean the SBI Life Insurance Company Limited, hereinafter referred to as SBI Life.
- iii) "THE SCHEME" shall mean '**PRADHAN MANTRI JEEVANJYOTI BIMA YOJANA**' for the Savings Bank Account Holders of 'BANK'.
- iv) "THE RULES" shall mean the Rules of the Scheme as set out below and as amended from time to time.
- v) "THE MEMBER" shall mean a Savings Bank Account Holder who has been admitted to benefits of the Scheme and on whose life an assurance has been or is to be effected in accordance with these Rules.
- vi) "EFFECTIVE DATE" shall mean 1<sup>st</sup> of June, 2015, the date from which the Scheme commences.
- vii) "ANNUAL RENEWAL DATE" shall mean, in relation to the Scheme 1<sup>st</sup> of June 2016 and 1<sup>st</sup> of June in each subsequent year.
- viii) "ENTRY DATE" shall mean 01/06/2015 in respect of members enrolled upto 31/05/2015 and the date of remittance of premium in respect of other members.
- ix) "TERMINAL DATE" shall mean in respect of each Member the Annual Renewal Date following the date on which completes the age of 55 or the member closes his account with the Bank or discontinuance of premium payment whichever is earlier.
- x) "THE ASSURANCE" shall mean the particular Assurance to be effected on the life of the Member.
- xi) "THE BENEFICIARY" shall mean the person or persons who has/have been appointed by the Member as Nominee and whose name or names have been entered in the Bank Records.

2. The "Bank" will act for and on behalf of the Members in all matters relating to the Scheme and every act done by agreement made with and notice given to SBI Life by the Bank shall be binding on the Members.

**3. ELIGIBILITY:-**

The savings bank account holder of the participating banksaged **between 18 years (completed) and 50 years (age nearer birthday)** and who have given the consent to join the scheme during the 'enrollment period' are eligible to join the scheme.

**4. ADMISSION OF AGE:**

Age as recorded by the Bank as per the Age Proof submitted by the Savings Bank Account holder.

**5. EVIDENCE OF HEALTH :**

Satisfactory evidence of health as required by SBI Life shall be furnished by every eligible member, at the time of his entry into the Scheme, after the 'Enrollment Period', as incorporated in the "Consent-cum-Declaration Form" for joining the scheme.

**6. PREMIUM :**

Premium to be deducted from member's SB Account. The premium is Rs.330/- plus Service Tax (if payable) irrespective of date of entry i.e. during enrollment period or after that date during the first year. Renewal premium is chargeable as per the rate decided from time to time on Annual Renewal dates.

**7. ASSURANCE:**

An assurance of Rs.2,00,000/- on death of the insured member is payable to the Nominee

**8. BENEFITS ON DEATH PRIOR TO TERMINAL DATE :**

Upon the death of the Member prior to Terminal Date, the sum assured under the Assurance shall be payable to the nominated Beneficiary, provided the assurance is kept in force by payment of premium for that member

9. TERMINATION OF ASSURANCE:

The Assurance on the life of a Member shall terminate on an Annual Renewal Date upon happening of any of the following events and no benefit will become payable thereunder:-

- a. On attaining age 55 years (age neared birthday) on annual renewal date
- b. Closure of account with the Bank or insufficiency of balance to keep the insurance in force

10. SUSPENSION OF RISK : If the insurance cover is ceased due to any technical reasons such as insufficient balance for payment of premium on due date, the same can be reinstated after the grace period on receipt of premium and a satisfactory statement of good health,

11. RESTRAINT ON ANTICIPATION OR ENCUMBRANCE :

The benefits assured under the Scheme are strictly personal and cannot be assigned, charged or alienated in any way.

12. DISCONTINUANCE OR AMENDMENT OF THE SCHEME:

The "Bank" or "Company" reserves the right to discontinue the Scheme at any time or to amend the Rules thereof on any Annual Renewal Date subject to giving one month's notice. Any amendment to the Rules of the Scheme will be done based on mutual agreement between "SBI Life" and "Bank".

13. JURISDICTION:

All Assurances issued under the Scheme shall be Indian Contracts. They will be subject to Indian Laws including the Indian Insurance Act, 1938 as amended, the Income Tax Act, 1961 and to any legislation subsequently introduced. All benefits under the Scheme arising out of death of any Member shall be payable in Indian Rupees.

14. MEMORANDUM OF UNDERSTANDING :

SBI Life will enter into a Memorandum of Understanding with the Bank incorporating all the Assurances affected under the scheme.

15. GRACE PERIOD :

The Grace Period for payment of premium to SBI Life shall be 30 days from the due date. In case of death during Grace Period, assured benefit as defined in rule 7 shall be settled on receipt of premium.

16. APPOINTMENT OF BENEFICIARY:

Every Member shall nominate spouse, one or more of child/children, dependents to be the Beneficiary. Nomination shall be as per section 39 of Insurance Act, 1938 as amended from time to time. In case the Beneficiary is minor/s, appointee to receive the benefits is to be specified by the Member. The records relating to nomination will be maintained by the Bank in the Register of Members kept by them. In the event of death of the Member, the Benefits will be paid to the Beneficiary nominated by the Member.

17. SURRENDER VALUE/ MATURITY BENEFIT:

There will be no Surrender value or Maturity Value payable under the policy.

18. CLAIM SETTLEMENT:

On receipt of death intimation, the servicing bank branch shall send the Claim form (annexure 7) Death Certificate, Discharge form (Annexure 8) and Certificate of Insurance from the nominated beneficiary and shall send these to the nearest SBI Life Office or to: SBI Life Insurance Co. Ltd. – Claims Dept, KapasBhavan, Plot No. 3A, Sector 10, CBD Belapur, Navi Mumbai - 400 614.(Tel: +91 – 22 – 6645 6000; Fax: +91 – 22 – 6645 6654; E-mail:claims@sbilife.co.in). On admission of the claim, the claim amount will be paid to the bank account of the nominee with intimation to the designated branch of the Bank (Annexure 9). In case of requirements or claim is not accepted, the same will be intimated to designated branch of the Bank

19. RATES OF PREMIUM AND CONDITIONS OF ASSURANCE:

The rate of premium and conditions of Assurance under which SBI Life is prepared to arrange the Scheme shall be subject to an agreement between the Bank and SBI Life. The conditions of acceptance of risks and rates of premium may be amended by SBI Life from time to time on any Annual Renewal Date subject to 3 months' notice being given to the Bank.



# PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA



## CONSENT-CUM-DECLARATION FORM

(To be filled in by members joining the scheme during the permitted 'Enrollment Period')

For Office Use

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

I, hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of SBI Life Insurance Company Limited which will be administered by your Bank under **Master Policy No.76001000135**

I hereby authorize you to debit my Savings Bank Account with your Branch with Rs.330/- (Rupees Three Hundred Thirty Only) plus Service Tax if applicable towards premium of life cover under PMJJBY. I further authorize you to deduct in future after 25<sup>th</sup> May and not later than 1<sup>st</sup> of June every year until further instructions, an amount of Rs.330/- (Rupees three hundred thirty only) and Service Tax if applicable 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 to debit premium in respect of this scheme. I am aware that my life cover shall be restricted to Rs.2,00,000/- only in the event of my death.

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 to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to SBI Life Insurance Company Limited.

**Applicant Details, as per Bank / KYC records :**

Name of the Account holder (as per Bank records)		Aadhar Number, if available	
Savings Bank Account No.		Mobile No.	
E-mail Id		Name and address of Guardian (if nominee is minor)	
Name, address and relationship (if any) of nominee		Address	
Date of Birth			

I hereby nominate my nominee as above under this scheme.

Nominee being minor, his / her guardian is appointed as above.

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

Address:

Signature verified

(Branch Official) (Rubber Stamp with bank branch name and code)

### ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Smt. .... holding Saving Bank Account No. .... Aadhar No. .... consenting and authorizing auto-debit from the specific Savings Account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with SBI Life Insurance Company Limited for cover under Master Policy No.76001000135 subject to correctness of information provided regarding eligibility and receipt of consideration amount.