

**PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA – CLAIM FORM**

(to be completed by the Claimant & Bank)

1. NAME OF THE SCHEME : Pradhan Mantri Jeevan Jyoti Bima Yojana

2. POLICY NO. :

3. FULL NAME AND ADDRESS  
OF THE BANK :

4. NAME OF THE DECEASED MEMBER :

5. SAVINGS BANK ACCOUNT NO. OF DECEASED MEMBER:

6. AADHAR NO. OF DECEASED (if available):

7. DATE OF ENTRY INTO  
SCHEME BY MEMBER :

8. DATE OF DEATH OF MEMBER :

9. CAUSE OF DEATH :

10. NAME OF NOMINEE \* :

11. RELATIONSHIP OF NOMINEE:

12. ADDRESS OF THE NOMINEE :

13. MOBILE NO. OF THE NOMINEE:

14. AADHAR NO. IF AVAILABLE:

15. DETAILS OF SAVINGS BANK ACCOUNT OF NOMINEE:

BANK NAME:

BRANCH NAME:

IFSC CODE:

SAVINGS BANK ACCOUNT NO. :

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We hereby declare that the answers to all the above questions are true in every respect and this is the only claim preferred 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/Appointee may fill in the claim form.

\_\_\_\_\_  
(Signature of the Nominee\* /Claimant)

We 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). We 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.

**DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY  
SCHEME**

Policy No:

Name of the Bank:

I/We, \_\_\_\_\_

do hereby acknowledge receipt from the -----(Name of Insurance Company), a sum of Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under the above policy on the life of Mr./Ms. \_\_\_\_\_, covered under this scheme under Savings Bank Account No.,-----  
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Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Witness: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Revenue Stamp
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\_\_\_\_\_  
(Signature of the Nominee\* /Claimant)

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**Details of nominee / appointee (in case nominee is minor):**

Name : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

E-mail Id:

Aadhar Number (if available): \_\_\_\_\_

Bank Account No. : \_\_\_\_\_

Name of the Bank : \_\_\_\_\_

Branch:

Address: \_\_\_\_\_  
\_\_\_\_\_

IFSC Code : \_\_\_\_\_

**{Copy of cancelled cheque to be attached( if available)}**

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

\_\_\_\_\_  
(Signature of the Nominee\* /Claimant)