

# Pradhan Mantri Jeevan Jyoti Bima Yojana(PMJJB)



## CONSENT-CUM-DECLARATION FORM

I hereby give my consent to become a member of "Pradhan Mantri Jeevan Jyoti Bima Yojana" of LIC OF INDIA (Name of Insurer) which will be administered by your Bank under Master Policy No. **610900100324** (To be pre-printed)

I hereby authorize you to debit my Account with your Branch with Rs. \_\_\_\_\_ (applicable premium) towards premium of Life insurance cover of Rs two lakhs 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. 436/- (Rupees four hundred thirty six 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 am aware that the risk will not be covered during the first 30 days from the date of enrolment /re-joining into the scheme (lien period) and in case of death (other than due to accident) during lien period. no claim would be admissible.

I authorize the Bank to convey my personal details given below as required regarding my admission into the group insurance scheme to LIC OF INDIA (Name of Insurer)

# If the enrolment takes place on any day during the months of –

- June, July & August – Annual premium of Rs. 436/- is payable
- September, October & November – 3 quarters of premium @ Rs. 114.00 i.e. Rs. 342/- is payable
- December, January & February – 2 quarters of premium @ Rs. 114.00 i.e. Rs. 228/- is payable
- March, April & May – 1 Quarterly premium @ Rs. 114.00 is payable

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 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**	
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 statement 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 (for KYC document submitted\* by the applicant, in case it is not available with the Bank).

Signature of the Bank Official \_\_\_\_\_

Date:

(Rubber Stamp with Bank/Branch Name and Code)

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**For Office Use**

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

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**ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE**

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from shri / Ms. \_\_\_\_\_ holding Bank Account No. \_\_\_\_\_ consenting and authorizing auto-debit from the specified Bank Account to join the Pradhan Mantri Jeevan Jyoti 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 the Bank Official \_\_\_\_\_

Date:

Office Seal



ANNEXURE – 3A

Consent-cum-Declaration Form

(To be filled in by Members joining the Scheme after the permitted 'Enrollment Period')

The Branch Manager,
The Banaskantha Mercantile Co-Operative Bank
Branch.

Table A: Name of the Account holder, Savings Bank Account No., Aadhar Number, E-mail Id, Mobile No., Nominee Name

Dear Sir,

Table B: Agent /BC'S Name\*, Agency/BC Code No.\*, Bank A/c Details of Agent/BC \*, Signature of Agent/Banking Correspondent\*

Re: Consent-Cum-Declaration for 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of LIC of India

I, Shri/ Smt having a Savings Bank Account No. with Aadhar No. registered therein with your bank, hereby give my consent to become a member of "Pradhan Mantri Jeevan Jyoti Bima Yojana" of LIC of India which will be administered by the Banaskantha Mercantile Co-Operative Bank Ltd.as Master Policyholder

I hereby authorize you to debit my Savings Bank Account with your Branch with Rs.436/- (Rupees Four Hundred Thirty Six Only), exclusive of Service Tax, on and on 1st of June every subsequent years, towards premium of Rs.395/= to Life Insurance Corporation of India and Rs.41/= to the Bank.

I agree that I will be a member of the Scheme only in your Branch through this savings bank account even though I hold other accounts in other Banks and I am aware that my life cover shall be restricted to Rs.2,00,000/- only in the event of my death. I agree that the above savings bank account only would be "Aadhar Linked Account" and in case this account is de-linked to Aadhar, the insurance coverage through this policy shall cease and the premium paid shall be forfeited.

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 55 years nearer birthday as on Annual Renewal Date. You may continue to recover my premium as long as I am eligible to remain a member of the scheme. I agree that in case I close my account or fail to maintain balance sufficient to deduct the premium on the due date with your Branch Office, I will cease to be a member of this scheme from that date. Further, if the premium is not recovered by the bank for any reason whatsoever no liability will attach to LIC and no claim will be payable in such an instance.

I hereby declare that I am in sound health and am not suffering or have suffered from any critical illness or condition requiring medical treatment, as on date. (critical illness is defined as follows: The applicant should not have suffered / be suffering from AIDS, cancer, condition requiring open chest surgery, history of typical chest pain, kidney failure, brain stroke or paralysis or having undergone a major organ transplantation such as heart, lung, liver or kidney. If the applicant had suffered from any of the above critical illness, they are not eligible to join the scheme)

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 group insurance scheme to LIC of India.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 from my date of joining the scheme and all monies paid in respect thereof shall stand forfeited.

Dated at on the day of 20

Signature:
Address:

Signature verified
(Branch Official)

\*I certify that I have read and understood the contents of the above form. / I certify that the contents of this form have been fully explained to me and I have understood the significance of the contract. \*Strike out whichever is not applicable

Explained by:

Signature or thumb impression of the account holder:

Name:
Signature of Bank Branch Official.

Annexure 4

ACKNOWLEDGEMENT SLIP

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri/Smt, holding Savings Bank Account No. Aadhar No. consenting to join the Group Insurance Scheme with Life Insurance Corporation of India.

Seal & Signature of Bank Branch Official.