



Pradhan Mantri
Suraksha Bima Yojana

IndusInd Bank

PRADHAN MANTRI SURAKSHA BIMA YOJANA

Consent-cum-Declaration Form

Agency / BC Code> _____

Savings Bank Account No.*

CIF ID (customer Information File)*

1. Name in full	6. Aadhaar Number <input type="text"/>
2. Address _____ _____	7. Whether suffering from any disability _____ If yes, details thereof _____
3. Date of Birth (As per KYC document)* __/__/____ (DD/MM/YYYY)	8. Nominee Name* Nominee Date of Brith* (DD/MM/YYYY) __/__/____ Nominee Relationship* (with applicant) _____
4. Email ID _____	9. Address of the Nominee _____ _____
5. Mobile Number* 1 _____ Mobile Number 2 _____	
10. Name & Address of Guardian, if nominee is minor _____	

*Mandatory Fields

Aadhaar Consent

- I voluntarily give my consent to IndusInd Bank to use my Aadhaar details to authenticate me from UIDAI and link the Aadhaar to all my existing /new/future accounts and customer profile (CIF) with your Bank.
(is mandatory for Aadhaar consent if Aadhaar is provided in customer information)

Customer Signature

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 No. _____.

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 31st 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 date of Premium Debit from my Saving Account.

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 **Cholamandalam MS General Insurance Company Limited**.

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 of the Account Holder

Signature verified
(Bank Branch Official)

ACKNOWLEDGMENT CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "consent-cum-Declaration Form" from Shri/Smt. _____ holding Saving Bank Account No. _____ consenting and authorising auto-debit from the specified Savings bank account to join the **Pradhan Mantri Suraksha Bima Scheme with Cholamandalam MS General Insurance Company Limited under master policy No.:** _____ certifying the coverage as per the scheme, subject to correctness of information provided regarding eligibility and receipt of premium.

Seal & Signature of Authorised Bank Branch Official

PRADHAN MANTRI SURAKSHA BIMA YOJANA Rules of the scheme

1. **Scope of Scheme:** 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.
2. **Enrolment:** The cover shall be for the one year period from 1st June 20__ to 31st May 20__. Applicants may give an indefinite/longer option for enrolment/auto debit, subject to continuation of the scheme with terms as may be revised. 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 and enable auto-debit will be enrolled in the scheme.
3. **Benefits and sum insured:** The benefits payable, following an accident to the Insured member, under this scheme is as under:

	Table of Benefits	Sum Insured (₹)
a	Death	2,00,000
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	2,00,000
c	Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	1,00,000

4. **Premium:** Rs 12 /- per member per annum. The premium will be deducted from the account holder's savings bank account through auto-debit facility in one instalment on or before 1st June of each annual coverage period. If the auto-debit takes place after 1st June, the cover shall commence from the first day of the month following the auto debit. In such cases also, the cover shall continue till 31st May of next year.
5. **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:
 - i. On attaining age 70 years (age nearest birthday)
 - ii. Closure of account with the bank or insufficiency of balance to keep the insurance in force
 - iii. 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
 - iv. 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. During this period, the risk cover will be suspended and reinstatement of risk cover will be at the sole discretion of Insurance Company. Participating banks will deduct the premium amount in May every year and remit the amount due to the Insurance Company in that month itself.