

J&K BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE BOARD
NATURAL / ACCIDENTAL DEATH CLAIM FORM UNDER MUHAFIZ SCHEME (PMJJB/ PMSBY)
 (from 01.01.2018)

PART A:

FORM NO: _____	
Date of issue ___ / ___ / ___	Date of receipt ___ / ___ / ___
Signature of the Dealing hand/ Assistant Labour Commissioner	

PART B: Policy Particulars

1	POLICY No.	MUHAFIZ Scheme	
2	Name & Address of Nodal Agency, Telephone number of nodal agency	J&K Building and Other Construction Workers Welfare Board	
3	Contact number of nodal agency	0191-2539984 (Jmu) and 0194-2465010 (Sgr)	
4	e-mail address of Nodal Agency	jkbocwwb@gmail.com	

PART C: Particulars of Deceased Member to be filled by Claimant

1	Name of the District *	
2	Name of the deceased Registered worker *	
3	Address of the deceased worker *	
4	Registration Number *	
5	Date of Registration *	___ / ___ / ___
6	Monthly Contribution Fee paid upto *	___ / ___ / ___
7	Aadhar Card Number / Biometric Card Number of deceased member	
8	Name of Father/ Husband of the deceased *	
9	Date of birth of deceased / Age *	___ / ___ / ___ _____ years
10	Date of Death (as per death certificate) *	___ / ___ / ___
11	Place of Death *	
12	Cause of death (Natural / Accidental) *	

Particulars of the Nominee / Legal Heir/s in absence of Nominee

1	Name & Full address of Nominee / Legal heir/s in absence of Nomination (Claimant) *	
2	Telephone or Mobile Number of Nominee / Legal heir/s *	
3	Email address if available, of Nominee / Legal heir/s	
4	Relationship of claimant with the member *	
3	Aadhar Card / Biometric Card Number of the Nominee / Legal heir	
4	Bank Account number of nominee / legal heir for claim payment *	
5	Type of Account (Current / Saving) *	
6	IFSC code *	
7	Name of the Bank and Branch*	

I hereby declare that the information provided above is true in all respects, and nothing has been concealed. If anything found, false/incorrect afterwards I shall be held responsible for the same and the claim shall stand forfeited.

Signature/Thumb Impression of Nominee / Legal Heir / Claimant)

NOTE: (*) marked Fields are mandatory

PART D: RECOMMENDATION BY ALC OFFICE

1	Membership Number (Member ID)	
2	LIC ID of the Member	
3	Name and Registration Number * of the deceased registered worker*	
4	Date of Registration *	___ / ___ / ____
5	Monthly Contribution Fee paid upto *	___ / ___ / ____
6	Whether member is converged to PMJJBY / PMSBY or new entrant (To decided applicability of lien clause in case of CPMJJBY)	NEW ENTRANT
7	Whether deceased was earning member or head of the family	YES
8	Whether deceased was living below poverty line or marginally above poverty line	YES
9	Whether deceased was engaged in one of the approved forty-eight occupations (As per scheme rules)	YES

1. Certified that the replies to the above questions given by claimant / nominee /legal heir in part B and C are verified from our records and same are found correct as per our data base.
2. Replies given in Part A and D are correct and verified from our records.
3. Deceased was an active worker at the time of death and fulfilled eligibility criteria as per scheme rules. Claim is payable to the nominee / legal heir / claimant as per rules of the scheme.
4. Nominee named above is registered in the database of Members insured under the scheme / policy.

Recommendation by Labour Officer/Labour Inspector

After spot verification in the case it has been found that the deceased was a construction worker and the information and documents submitted in support of the death claim form have been verified and found correct. Hence I recommend the case for accidental death assistance under MUHAFIZ scheme.

Signature and Seal of the Labour Inspector/ Labour Officer

Name _____

Recommendation by Assistant Labour Commissioner

I, hereby, endorse the recommendation of the Labour Officer/Labour Inspector for natural/accidental death assistance under MUHAFIZ scheme for deceased worker namely _____ registration No. _____ dated _____, who expired on _____.

Signature and Seal of the Assistant Labour Commissioner

Name _____

PART E: RECOMMENDATION BY CEO/SECRETARY

I, hereby, endorse the recommendation of the Assistant Labour Commissioner for natural/accidental death assistance under MUHAFIZ scheme for deceased worker namely _____ registration No. _____ dated _____.

Seal and Signature authorized signatory of the nodal agency

Name _____

List of documents to be submitted to the P&GS unit office:

1. * Original Death Certificate of the deceased member for natural death
2. * Attested Age Proof of the deceased worker.
3. * Duly attested photocopy of Bank Passbook of the Nominee / Legal Heir or cancelled cheque bearing the name of nominee / legal heir and IFSC code of the branch of the bank.
4. Photocopy of Aadhar Card / Biometric Card of the deceased.
5. Photocopy of Aadhar Card / Biometric Card of nominee / claimant.
6. Additional requirements in case of Accidental Death / Disability claim under New AABY / PMSBY: Attested* copy of FIR, PMR, Police inquest Report, Police Final Report.

PART B**Without Prejudice****DISCHARGE RECEIPT FROM NOMINEE / LEGAL HEIRS CLAIMANT**

I/We _____ hereby acknowledge receipt from Life Insurance Corporation of India a sum of Rs. _____ (Rupees _____ Only) in full and final satisfaction and discharge of all our claims under the above Scheme on the life of member

resident of _____

Dated at _____ this _____ day of _____ 20_____.

Signature/Thumb Impression of Nominee/Legal Heirs/Claimant

Witnessed by

SEAL of the Nodal Agency

Signature of Authorized Official of nodal agency

Name of the Officer _____:

Designation: _____

Revenue
Stamp