

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi-110029

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No.F.20-06(MISC)/2020-Estt.I

Dated: 30.04.2020

## OFFICE MEMORANDUM

**Subject: Information regarding "Pradhan Mantri Garib kalyan Package : Insurance Scheme for Health Workers Fighting COVID-19- regarding**  
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In continuation of this office memorandum of even number dated 31.03.2020 and to say that the above mentioned Insurance Scheme has following salient features:

1. Under the Pradhan Mantri Gareeb kalyan package, the Government has announced an Accidental insurance cover of Rs.50 Lakhs for 2212 lakh healthcare workers who may be drafted for services for COVID-19 patients. The Scheme covers loss of life due to COVID-19 and accidental death on account of COVID-19 related duty. The scheme has been sanctioned and premium paid to the insurance company.
2. Under the Scheme, claimant of any person providing series for COVID19 can claim the compensation if the service provider sustains loss of life due to COVID-19 and accidental death on account of COVID-19 related duty.
3. The insurance is free for the beneficiaries and the premium has been paid by the Government for these beneficiaries.

In case of any casualty, the claim is required to be submitted in the prescribed format alongwith requisite certificate of duty/verification by designated Nodal Officer (Director/MS of AIIMS) to the "New India Assurance Company Limited". No Individual enrolment is required and there is no age limit for making the claim. The scheme is for the period for 90 days from 30.03.2020. The copy of MoHFW D.O. No.F.No.Z-18016/1/2020/PMGKP-NHM II dated 3<sup>rd</sup> April, 2020 is enclosed herewith for ready reference.

All concerned are requested may brought to the notice of all Health Care Workers under your Administrative control. This will help in instilling a sense of security, appreciation and inclusion among all Health Care Workers providers and Workers engaged in the fight against COVID-19.

  
(DEO NATH SAH)

CHIEF ADMINISTRATIVE OFFICER

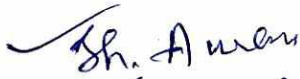
Encl. As above


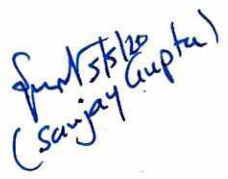
### Distribution :-

1. All Chief of Centres
2. The Medical Superintendent
3. Head of Departments
4. The Superintending. Engineer
5. The Chief Security Officer
6. All Sr. Administrative Officer / Administrative Officer of various establishments (Including Research Cell)
7. The Sr. Store Officer/Store Officer (D.O./Hospital/Centres/NCI Jhajjar)
8. The Computer Facility - with a request to upload this on official website of the Institute.

### Copy for information to:

1. The PPS to Director, AIIMS, New Delhi
2. The PS to Dy. Director (Admn.)/Dean (Acad/Research/Exam)MS/Sr. FA/Dy. Secy./CAO, AIIMS, New Delhi.

  
Sh. Anwar  
05/05/2020

  
Sh. Sanjay K. S.P.  
  
Sanjay Gupta



*Handwritten signature*



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

वन्दना गुरनानी, भा.प्र.सं.  
Vandana Gurnani, I.A.S.  
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)  
Additional Secretary & Mission Director (NHM)

D.O. No. F.No. Z-18016/1/2020/PMGKP-NHM II

Dated 03<sup>rd</sup> April 2020

*Dear All,*

In continuation of letters by Secretary, MoHFW (D.O. No. Z.21020/16/2020-PH, dated 30<sup>th</sup> March 2020), addressed to all the Chief Secretaries/Administrators of the States/UTs and the Heads of all the Associations of Doctors/Healthcare providers regarding '**Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19**', you are requested to kindly inform all such health care providers through various mediums like SMS, whatsapp, e-mail etc. in local language about their inclusion under Pradhan Mantri Garib Kalyan Package : Insurance Scheme for Health Workers Fighting COVID-19 in line with the enclosed order regarding this scheme.

The claim Form-I (Personal Accident Insurance Claim Form for loss of life due to COVID19) and Form-II (Personal Accident Insurance Claim Form for accidental loss of life on account of COVID-19 related duty) for the above scheme detailing the procedure, claim certifying authority and documents to be submitted along with claim form is also attached for your reference and disbursal.

I request you to give more publicity to this initiative to instill a sense of security among healthcare providers. In case of any clarifications, Dr. Manohar Agnani, JS (RCH) may be contacted by the States / UTs at [agnanim@ias.nic.in](mailto:agnanim@ias.nic.in).

*with warm regards*

Yours Sincerely,


*(Handwritten signature)*  
(Vandana Gurnani)

1. Additional Chief Secretary / Principal Secretary / Secretary- Health, All States /UTs
2. Mission Directors, National Health Mission, All States / UTs

: 2 :

Copy to the following Joint Secretaries to provide necessary instructions to concerned hospitals / institutions:

1. JS (Sunil Sharma) - All India Institute of Medical Sciences (AIIMS) across State/s, Post Graduate Institute of Medical Education & Research (PGIMER – Chandigarh), Jawaharlal Institute of Post Graduate Medical Education & Research (JIIPMER, Puducherry), Hospitals or other Medical Colleges under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY) and any other hospitals under other ministries.
2. JS (Alok Saxena) - CGHS (Central Government Health Scheme).
3. JS (Dr. Nipun Vinayak) – Institutions of Raj Kumari Amrit Kaur College of Nursing, Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram, Maharashtra, Lady Reading Health School Delhi, Gandhigram Institute of Rural Health and Family Welfare Trust (GIRHFWT).
4. JS (Gayatri Mishra) - Hospitals (RML & PGIMER/ Safdarjung Hospitals and Vardhaman Mahavir Medical College , Lady Hardinge Medical College and Kalawati Saran Children Hospitals, Chandigarh and other regional institutions.

  
( Vandana Gurnani )

Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19  
FORM-II:  
Personal Accident Insurance Claim Form for accidental loss of life on account of COVID-19 related duty



**The New India Assurance Company Limited**

Regd. & Head Office : New India Assurance Bldg., 87, Mahatma Gandhi Road, Fort, Mumbai - 400 001.

*The issuance of this form is not to be taken as an admission of Liability*

**Personal Accident Insurance Claim Form (Particulars of Accident)**

Policy No. \_\_\_\_\_

**TO BE COMPLETED BY THE CLAIMANT**

Name of the Insured: Secretary, Ministry of Health and Family Welfare, Government of India, New Delhi

1. Details of Deceased who died in the accident :

- (a) Full name (Ms./Mr.) \_\_\_\_\_
- (b) Father's name \_\_\_\_\_
- (c) Age at last birthday \_\_\_\_\_
- (d) Sex \_\_\_\_\_
- (e) Address \_\_\_\_\_
- (f) Profession/occupation \_\_\_\_\_

2.	(a) Date of the accident (b) Time of accident (c) Place of accident	
3.	FIR Number :	
4.	(a) Date and Time of Death (b) Has Post-mortem been conducted	
5.	Name and Relationship of the claimant with the deceased	

6. Electronic Clearing Service (ECS) Details of the Claimant:

6.1	Name of the Claimant (as per the Bank Account)	
6.2	Relationship with the Deceased	
6.3	Bank Name	
6.4	Branch and address	
6.5	Bank Account No.	
6.6	Bank Account Type	
6.7	IFSC Code	
6.8	MICR Code	

I, \_\_\_\_\_ hereby declare that the foregoing statements are true in all respect and that I, the claimant have not attempted to conceal from the Company anything which it ought to be made acquainted. I, agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I, may make a connection with this claim.

I also declare that the Deceased Person met with the accident while engaging in the work of attending to the patients suffering from Corona Virus (COVID 19).

	Claimant	Witness
Name :		
Address :		
Contact number :		
Date:		
Signature:		

Place and Date:

Signature of the Claimant

## I. DOCUMENTS TO BE SUBMITTED ALONG WITH CLAIM FORM

- I. Identity proof of Deceased (Certified copy)
- II. Identity proof of the Claimant (Certified copy)  
(Must fulfil clause 3 of this Form)
- III. Proof of relationship between the Deceased and the Claimant (Certified copy)
- IV. Death summary by the Hospital where death occurred (in case death occurred in hospital) (Certified copy).
- V. Death Certificate (in Original)
- VI. Post-mortem Report (Certified copy)
- VII. Cancelled Cheque (desirable) (in Original)
- VIII. FIR (Certified copy)
- IX. Certificate by the Healthcare Institution/ organization/ office, as under:

### A. Those employees (Regular/Adhoc/Contractual/Daily Wagers/retired Government Officials/ Private individuals) engaged by-

- Health care facilities of Central/State/UT Governments/ Urban Local Bodies
- Autonomous / PSU hospitals of Central/State / UT Government, AIIMSs, INIs and Hospitals of Central Ministries.

- (i) Certificate of employment/engagement by the Head of Institution/ organization/office indicating that the Deceased was an employee of/engaged by the Institution.
- (ii) Certify and submit proof that the deceased had accidental loss of life on account of COVID-19 related duty.

### B. Private healthcare Institution:

- (i) Certificate of Employment by the Director / Medical Superintendent / Head of the Institution.
- (ii) Certify and submit proof that the deceased had accidental loss of life on account of COVID-19 related duty.

### C. Private person engaged by the Health Care Institutions / Organisations (both public and private) through an Agency:

- (i) Certified copy of the document indicating that the services of the Agency were engaged by the Institution / Organisation.
- (ii) Proof of engaging the services of individual by the Agency.
- (iii) Certify and submit proof that the deceased had accidental loss of life on account of COVID-19 related duty.

### D. Community Health Workers (ASHAs and ASHA Facilitators)

- (i) Certificate of engagement as ASHA/ASHA Facilitator provided by the Medical Officer of Primary Health Centre (PHC).
- (ii) Certificate by Medical Officer of Primary Health Centre (PHC) that

ASHA/ASHA Facilitator had accidental loss of life on account of COVID-19 related duty.

**E. Volunteer drafted for COVID 19 related responsibilities by the Government officials authorized by the State/UT Government.**

- i. Proof of engaging the services of individual by the Government officials authorized by the State/UT Government.
- ii. Certify and submit proof that the deceased had accidental loss of life on account of COVID-19 related duty.

**2. CLAIM CERTIFYING AUTHORITY**

2.1 Claims related to a particular State/UT would be certified and forwarded by the Director General Health Services /Director Health Services/ Director Medical Education or any other Official specifically authorised by the State/UT Government for this purpose.

2.2 Claims related to health care facilities of Central Government, Central Autonomous / PSU Hospitals, AIIMS, INIs and Hospitals of other Central Ministries, would be certified and forwarded by Director or Medical Superintendent or Head of the concerned institution.

**3. CLAIMANT**

3.1 In cases where the deceased was a Govt. servant (both serving and retired) of Central and State, or employee of Urban Local Body, insurance claim to be submitted by a person appointed as nominee for Death cum Retirement Gratuity (DCRG) as per service record of the deceased and is to be certified by the concerned office.

3.2 For others, who are not covered under 3.1, are to be governed by the priority list as being followed for deciding Railway accident claims.

**4. CLARIFICATION**

In case of any clarification on matter of interpretation, the decision of Ministry of Health and Family Welfare, Government of India shall be final.

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Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19

FORM-I:

Personal Accident Insurance Claim Form for loss of life due to COVID19



**The New India Assurance Company Limited**

Regd. & Head Office: New India Assurance Bldg., 87, Mahatma Gandhi Road, Fort, Mumbai - 400 001.

*The issuance of this form is not to be taken as an admission of Liability*

Personal Accident Insurance Claim Form (Particulars of Accident)

Policy No. \_\_\_\_\_

**TO BE COMPLETED BY THE CLAIMANT**

Name of Insured: Secretary, Ministry of Health and Family Welfare, Govt. of India, New Delhi

1. Details of Deceased Person who died due to COVID-19

- (a) Full name (Ms./Mr.) \_\_\_\_\_
- (b) Father's name \_\_\_\_\_
- (c) Age at last birthday \_\_\_\_\_
- (d) Sex \_\_\_\_\_
- (e) Address \_\_\_\_\_
- (f) Profession/occupation \_\_\_\_\_

2.	(a) Date and Time of Death:	
	(b) Date of Laboratory diagnosis of COVID19	



3. Electronic Clearing Service (ECS) Details of the Claimant:

3.1	Name of the Claimant (as per the Bank Account)	
3.2	Relationship with the Deceased	
3.3	Bank Name	
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I, \_\_\_\_\_, hereby declare that the foregoing statements are true in all respect and that I, the claimant, have not attempted to conceal from the Company anything which it ought to be made acquainted. I, agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the claim shall be void and my right to compensation forfeited and am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I, may make a connection with this claim.

	Claimant	Witness
Name:		
Address:		
Contact number:		
Date:		
Signature:		

Place and Date:

Signature of the Claimant

**1. DOCUMENTS TO BE SUBMITTED ALONG WITH CLAIM FORM**

- I. Identity proof of Deceased (Certified copy)
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(Must fulfil clause 3 of this Form)
- III. Proof of relationship between the Deceased and the Claimant (Certified copy)
- IV. Laboratory Report certifying having tested Positive for COVID-19 (in Original or Certified copy)
- V. Death summary by the Hospital where death occurred (in case death occurred in hospital) (Certified copy).
- VI. Death Certificate (in Original)
- VII. Certificate by the Healthcare Institution/ organization/ office, as under:

**A. Those employees (Regular/Adhoc/Contractual/ Daily Wagers/ retired Government Officials/ Private individuals) who may have to be in direct contact and care of COVID 19 patients engaged by-**

- Health care facilities of Central/State/UT Governments/Urban Local Bodies.
- Autonomous/PSU hospitals of Central/State/UT Government, AIIMSS, INIs and Hospitals of Central Ministries
  - (i) Certificate of employment/engagement by the Head of Institution/ organization/office indicating that the Deceased was an employee of/engaged by the Institution.
  - (ii) Certify and submit proof that the deceased was deployed/drafted for care and may have come in direct contact of the COVID-19 patient.

**B. Private healthcare Institution:**

- (i) Certificate of Employment by the Director / Medical Superintendent / Head of the Institution.
- (ii) Certify and submit proof that the deceased was deployed/drafted for care and may have come in direct contact of the COVID-19 patient.

**C. Private person engaged by the Health Care Institutions / Organisations (both public and private) through an Agency:**

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- (ii) Certificate by Medical Officer of Primary Health Centre (PHC) that ASHA/ASHA Facilitator was drafted for work related to COVID-19.

#### E. Volunteer drafted for COVID 19 related responsibilities by the Government officials authorized by the Central/State/UT Government.

- i. Proof of engaging the services of individual by the Government officials authorized by the State/UT Government.
- ii. Certify and submit proof that the deceased was drafted for care and came in direct contact of the COVID-19 patient.

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3.2 For others, who are not covered under 3.1, they are to be governed by the priority list as being followed for deciding Railway accident claims.

### 4. CLARIFICATION

In case of any clarification on matter of interpretation, the decision of Ministry of Health & Family Welfare, Government of India shall be final.

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312000, VI-101, 312000, Ansal Chambers - I, B-401, Bhikaiji Cama Place, New Delhi, 110066  
 Phone: 011 21-197021, 21-197022, 21-197023. E-Mail: nia.312000@nic.gov.in  
 CIN No. L66000MH191900000526 : IRDA Reg. No. 193

REF No.: NIA/DROI/CDU 312000/COVID/19/01-2020

March 30, 2020

The Secretary  
 Ministry of Health and Family Welfare  
 Government of India  
 New Delhi

**Confirmation of Risk Coverage**

Re: Pradhan Mantri Garib Kalyan Package Insurance Scheme for Health Workers Fighting COVID-19

Sir

In connection with the above, we have for reference Ministry of Health and Family Welfare's Order dated 29/03/2020 entrusting the issuance of aforesaid Insurance Cover to The New India Assurance Co Ltd. Further, it has been informed that the premium payment process has been initiated. Accordingly, in accordance with Section 59(1)(a) of The Insurance Act, 1938, we confirm that the risk coverage therein has commenced with immediate effect as per the following details:

<b>Insurance Cover Description</b>	Tailor Made Comprehensive Personal Accident Cover (including accidental loss of life on account of contracting COVID-19)
<b>Period of Insurance</b>	: 90 Days from and including 30/03/2020
<b>Insured Persons</b>	: 22.12 Lac Public health care providers, including community health workers, who may have to be in direct contact and care of COVID-19 patients and who may be at risk of being impacted by this, and private health care staff and workers as detailed in para II of Ministry of Health and Family Welfare's Order dated 28/03/2020.
<b>Sum Insured/Benefit Amount</b>	: INR 50 Lac per insured person
<b>Risk/Coverage Details</b>	: Accidental Death (An accident is sudden, unforeseen and involuntary event caused by external, visible and violent means and death due to complications arising out of accidentally contracting COVID 19 pandemic disease, while treating and/or attending to jobs relating to the patients suffering from Corona.)
<b>Claim Payment</b>	: To the beneficiary/nominee under certification of the authorized Central and/or State Government Authority.
<b>Claims Procedure</b>	: Simple and Seamless Standard Operating Procedure to be finalized by the Insurer, Department of Financial Services Ministry of Finance and Ministry of Health and Family Welfare.

Thanking you and assuring of our best services at all times

Yours Sincerely

For and on Behalf of  
The New India Assurance Co Ltd

Authorized Signatory

