Government of India (भारत सरकार)
Ministry of Railways (रेल मंत्रालय)
3rd Floor, Railway Board (तृतीय तल, रेलवे बोर्ड)
Supreme Court Metro Station Building Complex
(सुप्रीम कोर्ट मेट्रो स्टेशन भवन परिसर)

No. 2020/H-1/7/11 New Delhi, Dated 01.05.2020.

The General Managers
All Indian Railways,
Including PUs,
DG/ RDSO & NAIR.

Sub:- Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19.
Ref:- Addl. Secretary, Ministry of H&FW's DO Letter No. Z-18016/1/2020/PMGKP-NHM II dated 03.04.2020 .

A copy of the letter cited under reference is forwarded herewith together with its enclosures. After careful consideration in the matter it has been observed that all employees (Regular/ Adhoc/Contractual/Daily Wagers/retired Government Officials/Private individuals) who may have to be in direct contact and care of COVID -19 patient over Indian Railways are fully covered under the scheme.

The scheme may be widely circulated for information of all such healthcare providers through various mediums like SMS, Whatsapp, e-mail etc. in local language about their inclusion under Pradhan Mantri Garib Kalyan Package: Insurance Schemes for health Workers Fighting COVID-19.

This has the approval of Board(MS).

1/5/2020
(Dr. Vijay Kumar)
Executive Director/H(P)
Railway Board

Copy to : 1. PCMDs/PCMOs, All Indian Railways /PUs including RDSO and NAIR.
2. PCPOs All Indian Railways /PUs including RDSO and NAIR.
3. PFAs All Indian Railways /PUs including RDSO and NAIR.

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

सत्यमेव जयते

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

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

Dated 03rd April 2020

Dear All,

In continuation of letters by Secretary, MoHFW (D.O. No. Z.21020/16/2020-PH, dated 30th 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.

With warm regards

Yours Sincerely,

(Vandana Gurnani)

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

Tel. : 011-23063693 Telefax : 011-23061398 E-mail : vandana.g@ias.nic.in

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-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	
3.4	Branch and address	
3.5	Bank Account No.	
3.6	Bank Account Type	
3.7	IFSC Code	
3.8	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 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)

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. 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:

(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 was deployed/drafted for care and may have come in direct contact of the COVID-19 patient.

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 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.

2. CLAIM CERTIFYING AUTHORTY

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 Government servant (both serving and retired) of Central and State, or employee of Urban Local Body, insurance claim has 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, 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.

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

1. 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:

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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.

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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.

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