



झारखण्ड सरकार

झारखण्ड ग्रामीण स्वास्थ्य मिशन समिति
स्वास्थ्य चिकित्सा शिक्षा एवं परिवार कल्याण वभाग, झारखण्ड नामकुम, राँची।

फोन नं०- 0651-2261000,2261856-2261002 मेल आईडी- nrhmjharkhand3@gmail.com

पत्रांक: 9/RCH-146/2020 - 139 (HSN)

दिनांक :- 04/05/2020

प्रेषक,

डॉ० नितिन कुलकर्णी, भा०प्र०से०

प्रधान सचिव,

स्वास्थ्य चिकित्सा शिक्षा एवं प० क० विभाग।

सेवा में,

सभी उपायुक्त, झारखण्ड।

सभी सिविल सर्जन, झारखण्ड।

विषय : प्रधानमंत्री गरीब कल्याण पैकेज के अन्तर्गत Insurance Scheme for Health Workers Fighting COVID-19 के संबंध में।

प्रसंग:- स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अर्द्ध सरकारी पत्रांक:
F.No.Z-18016/1/2020/PMGKP-NHM II दिनांक 03.04.2020

महाशय/महाशया,

उपर्युक्त विषयक स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार से प्राप्त प्रसंगाधीन अर्द्ध सरकारी पत्र के अन्तर्गत Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19 योजना के अन्तर्गत दिनांक 30.03.2020 के प्रभाव से 90 दिनों के लिए COVID-19 के रोकथाम एवं इलाज में सीधे संपर्क तथा उससे जोखिम की संभावित होने वाले कुल लगभग 22.12 लाख सरकारी स्वास्थ्य सेवा प्रदाताओं, सामुदायिक स्वास्थ्य कर्मी सहित तथा अभूतपूर्व स्थिति (Unprecedented Situation) के कारण निजी अस्पताल कर्मी/सेवानिवृत्त स्वैच्छिक कर्मी/स्थानीय शहरी निकायों/ अनुबंध/दैनिक मजदूरी/ Ad-hoc /आउट सोर्स कर्मी जिन्हें राज्य /केन्द्रीय अस्पताल/ केन्द्रीय/राज्य/केन्द्र शासित प्रदेश के स्वायत्त अस्पताल, AIIMS & INIs /केन्द्रीय मंत्रालयों के अस्पताल द्वारा Requisitioned कर्मियों को रू० 50,00,000/- (पचास लाख रुपये मात्र) के जीवन बीमा द्वारा आच्छादित किया गया है।

अभियान निदेशक, राष्ट्रीय स्वास्थ्य मिशन, झारखण्ड, के पत्रांक 90 दिनांक 07.04.2020 के द्वारा अधीक्षक, रिम्स, राँची, अधीक्षक, MGM मेडिकल कॉलेज अस्पताल जमशेदपूर, अधीक्षक PMCH धनबाद, और राज्य के सभी सिविल सर्जन को भी उक्त योजना से संबंधित कार्रवाई हेतु लिखा गया है।

अभियान निदेशक, राष्ट्रीय स्वास्थ्य मिशन, झारखण्ड, के पत्रांक 464(MD) दिनांक 07.04.2020 के द्वारा Ziqitza Health Care Limited के 108 Emergence Medical Ambulance Service के COVID-19 मरीज के Referral Support प्रदाता आउट सोर्स कर्मियों को भी उक्त योजना के अन्तर्गत आच्छादित किया गया है।

Development Partner WHO- Jharkhand के द्वारा WHO के कर्मियों को भी आच्छादित करने हेतु अनुरोध किया गया है। ज्ञातव्य हो कि Development Partners WHO, UNICEF, UNDP, Jharkhand के कर्मी/स्वास्थ्य सेवा प्रदाता भी COVID-19 के मरीज की चिकित्सा सेवा में विभिन्न स्तरों पर सहयोग कर रहे हैं। अतः प्रासंगिक अर्द्ध सरकारी पत्र के आलोक में उक्त Development Partner WHO,

UNICEF, UNDP, Jharkhand के कर्मी/स्वास्थ्य सेवा प्रदाता भी Pradhan Mantri Garib Kalyan Package : Insurance Scheme for Health Workers Fighting COVID-19 के अन्तर्गत जीवन बीमा हेतु आच्छादित होंगे।

प्रासंगिक अर्द्ध सरकारी पत्र के आलोक में उन सभी स्वास्थ्य कर्मियों /सदस्यों को भी उक्त Package के अंतर्गत जीवन बीमा लाभ देय होगा जिनका उल्लेख इस पत्र में नहीं है, किन्तु वे झारखण्ड सरकार के अन्तर्गत प्रत्यक्ष /अप्रत्यक्ष रूप से COVID-19 के मरीज की सेवा प्रदान कर रहे हैं।

विषयांकित योजना के अंतर्गत COVID-19 के मरीज की चिकित्सा के क्रम में किसी स्वास्थ्य कर्मी की मृत्यु होने पर प्रपत्र-01 में दावा समर्पित किया जाना है। COVID-19 से संबंधित अन्य कार्य के संपादन के क्रम में दुर्घटना से मृत्यु की स्थिति में प्रपत्र-02 में दावा समर्पित किया जाना है। इन प्रपत्रों में इस योजना की पात्रताओं/आच्छादन, वांछित दस्तावेजों की सूची तथा दावा प्रमाणीकरण प्राधिकारी आदि की विवरण दिया गया है।

सभी उपायुक्त एवं सभी सिविल सर्जन से अनुरोध है कि नियमानुसार कार्रवाई की जाय तथा इस योजना का व्यापक प्रचार-प्रसार किया जाय।

अनुलग्नक:-

1. अनुलग्नक सहित प्रासंगिक पत्र की छाया प्रति।
2. अभियान निदेशक, राष्ट्रीय स्वास्थ्य मिशन, झारखण्ड, के पत्रांक 464(MD) दिनांक 07.04.2020 की छाया प्रति।
3. अभियान निदेशक, राष्ट्रीय स्वास्थ्य मिशन, झारखण्ड, के पत्रांक 90 दिनांक 07.04.2020 की छाया प्रति।

विश्वासभाजन

W. Kumar
4/11/2020
प्रधान सचिव

पत्रांक: 9/RCH-146/2020 - 139 (HSN)

दिनांक :- 04/05/2020

प्रतिलिपि:-

1. अभियान निदेशक, रा0 स्वा0 मिशन, झारखण्ड, नामकुम, रांची को सूचनार्थ प्रेषित।
2. निदेशक प्रमुख स्वास्थ्य सेवाएँ, नामकुम, रांची को सूचनार्थ प्रेषित।
3. सभी प्राचार्य/अधीक्षक, चिकित्सा महाविद्यालय एवं अस्पताल, झारखण्ड को सूचनार्थ प्रेषित।
4. राज्य सर्विलेंस पदाधिकारी, IDSP, झारखण्ड को सूचनार्थ प्रेषित।
5. राज्य प्रतिनिधि, WHO, UNICEF, UNDP, Jharkhand को सूचनार्थ प्रेषित।
6. डा0 एस0 एन0 झा, उप निदेशक सह नोडल पदाधिकारी, Coordination of Early Settlement of Existing Insurance Claims of Patents Died to covid-19 झारखण्ड को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित। अधिक जानकारी हेतु मो0- 7250000610ए ई-मेल ceajrhms@gmail.com पर संपर्क किया जा सकता है।

W. Kumar
4/11/2020
प्रधान सचिव



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झारखण्ड सरकार

झारखण्ड ग्रामीण स्वास्थ्य मिशन समिति
स्वास्थ्य चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड
नामकुम, राँची।

फोन नं०— 0651-2261000, 2261856-2261002 मेल आईडी—nrhmjharkhand3@gmail.com

पत्रांक :- IDSP/2020/149- 30

राँची, दिनांक :- 07/04/2020

प्रेषक,

अभियान निदेशक,
राष्ट्रीय स्वास्थ्य मिशन, झारखण्ड
नामकुम, राँची।

सेवा में,

अधीक्षक, RIMS, Ranchi।
अधीक्षक, MGM मेडिकल कॉलेज अस्पताल, जमशेदपुर।
अधीक्षक, PMCH धनबाद।
सभी सिविल सर्जन, झारखण्ड।

विषय:- Pradhan Manti Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19 के संबंध में।

प्रसंग:- अपर सचिव सह मिशन निदेशक, रा०स्वा०मि०, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, नई दिल्ली के D.O No. F.No. Z-18016/1/2020/PMGKP-NHM II दिनांक 03/04/2020

महाशय,

उपर्युक्त विषयक प्रासंगिक पत्र के आलोक में झारखण्ड राज्य में COVID-19 के प्रबंधन से शामिल प्रत्यक्ष/अप्रत्यक्ष कर्मियों की दुर्घटना/मृत्यु होने की स्थिति में Manti Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19 के प्रावधानों के अनुरूप कार्रवाई करने का निर्देश प्राप्त है।

अतः आपसे आग्रह है कि आवश्यकता अनुसार यथाशीघ्र कार्रवाई सुनिश्चित करेंगे।

अधिक जानकारी हेतु डा० एस० एन० झा, उप निदेशक सह नोडल पदाधिकारी, Coordination of Early Settlement of Existing Insurance Claims of Patients Died due to COVID-19 झारखण्ड, मो०— 7250000610, ई-मेल— ceajrhms@gmail.com पर आप संपर्क कर सकते हैं।

अनु०—अनुलग्नक सहित प्रासंगिक पत्र की छात्रा प्रति।

विश्वासभाजन

अभियान निदेशक

ज्ञापांक :- IDSP/2020/149- 30

प्रतिलिपि—

राँची, दिनांक :- 07/04/2020

1. प्रधान सचिव, स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग, झारखण्ड को सूचनार्थ प्रेषित।
2. निदेशक प्रमुख, स्वास्थ्य सेवाएँ, झारखण्ड को सूचनार्थ प्रेषित।
3. IDSP कोषांग, झारखण्ड को सूचनार्थ प्रेषित।
4. डा० एस० एन० झा, उप निदेशक सह नोडल पदाधिकारी, Coordination of Early Settlement of Existing Insurance Claims of Patients Died due to COVID-19 झारखण्ड को सूचनार्थ एवं अनुपालनार्थ प्रेषित।

अभियान निदेशक



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Government of Jharkhand
Jharkhand Rural Health Mission Society
Department of Health, Medical Education & Family Welfare
Ranchi, Jharkhand.

Phone No: 0651-2261000, 2261856 & 2261003 Mail ID: nrhmjharkhand@gmail.com

Letter No: 9/RCH-178/2019- 464(MA)

Ranchi, Date: 07.04.2020

From,

Shailesh Kumar Chaurasia, I.A.S.
Mission Director

To

Mr. Sumit Basu,
State Head - 108 Jharkhand

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

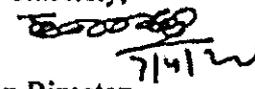
Ref : MoHFW GoI, D.O.-Z21020/16/2020-NHM-II(Part-I), Dated - 30th March 2020

As you are aware, Emergency Referral Transport System (ERTS) plays a vital role in ensuring referral linkages for providing a continuum of care. In the current phase of COVID-19 pandemic in India, to assure doctors and healthcare workers that their well-being is foremost for the Government, Central Government announced the "Pradhan Mantri Garib Kalyan Package : Insurance Scheme for Health Workers Fighting COVID-19" to provide an insurance cover of Rs. 50 lakh for ninety (90) days to a total of around 22.12 lakh public healthcare 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, also, on account of the unprecedented situation, private hospital staff/ retired volunteer/ local urban bodies/ contract/ daily wage/ ad-hoc/ outsourced staff requisitioned by State/Central hospitals/ autonomous hospitals of Central/State/UTs, AIIMS & INIs/ hospitals of Central Ministries can also be drafted for COVID-19 related responsibilities. These cases will also be covered under the said insurance scheme.

"108" Emergency Medical Ambulance Service (EMAS) operated & managed by Ziqitza HealthCare Ltd. in Jharkhand is an outsourced setup for providing referral support to COVID-19 suspected/positive patients. So, this is to inform you that Ziqitza HealthCare Ltd. staffs who may have to be in direct contact and care of COVID-19 patients will be covered under the said insurance scheme. This scheme has come into effect from 30th March 2020 and insurance cover, provided by New India Insurance Company Limited, will be available for 90 days.

Annexure - D.O.-Z21020/16/2020-NHM-II(Part-I), Dated - 30th March 2020.

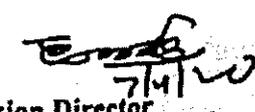
Yours Sincerely,


Mission Director

Memo No. - 464(MA)

Ranchi, Dated 7.4.20

Copy to - Principal Secretary, Dept. of Health, Medical Education and Family Welfare, Govt. of Jharkhand for kind information.


Mission Director

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प्रति सचिव



वन्दना गुरनानी, भा.प्र.स.
Vandana Gurnani, I.A.S.

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)

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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

DD
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15/4
Dear All,
In continuation of letters by Secretary, MoHFW (D.O. No. Z.21020/16/2020-P11, 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

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

: 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

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:

- (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.

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.	<p>(a) Date and Time of Death:</p> <p>(b) Date of Laboratory diagnosis of COVID19</p>	
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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, AIIMs, 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 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 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

FAQ's

Question 1: What does this Scheme cover?

This accident insurance scheme covers;

- **Loss of life due to COVID19, and**
- **Accidental death on account of COVID-19 related duty.**

Question 2: What is the definition of Accident?

An accident is sudden, unforeseen and involuntary event caused by external, visible and violent means.

Question 3: Who all are covered under the scheme?

- Public healthcare 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.
- Private hospital staff and retired /volunteer /local urban bodies/ contracted /daily wage /ad-hoc/outsourced staff requisitioned by States/ Central hospitals/ autonomous hospitals of Central/ States/UTs, AIIMS and INIs/ hospital of Central Ministries can also be drafted for COVID 19 related responsibilities.

Question 4: Who can be a volunteer under this scheme?

Volunteers are those who are drafted by the **Government Official authorized by Central/State/ UT Government** for care and may have come in direct contact of the COVID-19 patient

Question 5: Who are 'Private persons' under this scheme?

- Private persons are those who are engaged by both public & private health care institutions/organization through an agency and were deployed /drafted for care and may have come in direct contact of the COVID-19 patient (with the proof that the service of the agencies were engaged by the institution/organization).

Question 6: When does insurance coverage policy begins and ends?

- The duration of the policy is for a period of 90 days, starting from March 30, 2020.

Question 7: Is there any age-limit for health workers under this scheme?

- There's no age limit for this scheme.

Question 8: Is individual enrolment required?

- Individual enrolment is not required.

Question 9: Whether an individual is required to pay any premium to be eligible under the scheme?

- The entire amount of premium for this scheme is being borne by the Ministry of Health and Family Welfare, Government of India.

Question 10: What is the benefit available to the insured persons?

- INR 50 LAKHS will be paid to the claimant of the insured person.

Question 11: Is COVID-19 laboratory test mandatory for claiming the benefit?

- Laboratory report certifying positive medical test is required for loss of life on account of COVID-19. However, it is not required in case of **Accidental loss of life on account of COVID-19 related duty.**

Question 12: Whether expenses incurred on treatment or during quarantine are covered under the scheme?

- Any type of expenses related to treatment or quarantine is not covered.

Question 13: If a person is having another Personal accident policy or life insurance policy, what is the effect of the same on claim under this policy?

- The benefit/claim under this policy is in addition to the amount payable under any other policies.

Question 14: Documents required to claim benefits under this scheme?

a. In case of Loss of life due to COVID19 following documents are required:

- I. Claim form duly filled and signed by the nominee/claimant.
- II. Identity proof of Deceased (Certified copy)
- III. Identity proof of the Claimant (Certified copy)
- IV. Proof of relationship between the Deceased and the Claimant (Certified copy)
- V. Laboratory Report certifying having tested Positive for COVID-19 (in Original or Certified copy)
- VI. Death summary by the Hospital where death occurred (in case death occurred in hospital) (Certified copy).
- VII. Death Certificate (in Original)
- VIII. Certificate by the Healthcare Institution/ organization/ office that the deceased was an employee of /engaged by the institution and was deployed/drafted for care and may have come in direct contact of the COVID-19 patient. For community health care workers, the Certificate should be from Medical Officer of Primary Health Centre (PHC) that ASHA/ASHA Facilitator was drafted for work related to COVID-19.

b. In case of Accidental loss of life on account of COVID-19 related duty following documents are required:

- I. Claim form duly filled and signed by the nominee/claimant.
- II. Identity proof of Deceased (Certified copy)
- III. Identity proof of the Claimant (Certified copy)
- IV. Proof of relationship between the Deceased and the Claimant (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. Post-mortem Report (Certified copy)
- VIII. Cancelled Cheque (desirable) (in Original)
- IX. FIR (Certified copy)
- X. Certificate by the Healthcare Institution/ organization/ office that the deceased was an employee of /engaged by the institution and had an accidental loss of life on account of COVID-19 related duty.

Question 15: Whom to contact in case of any claim?

The institution/department the insured person was working for has to be informed. Insurance company also be intimated at email [id nia.312000@newindia.co.in](mailto:india.312000@newindia.co.in)

Question 16: What is the process of submission of claim?

- The claimant needs to fill up claim form along with necessary documents as prescribed and submit the same to Healthcare Institution/ organization/ office where the deceased was an employee of /engaged by the institution.
- The respective institution will give necessary certification and forward it to competent authority.
 - ↓ Competent authority for State/UT is Director General Health Services /Director Health Services/ Director Medical Education or any other Official specifically authorised by the State/UT Government for this purpose.
 - ↓ Competent authority for Central Government, Central Autonomous / PSU Hospitals, AIIMS, INIs and Hospitals of other Central Ministries is Director or Medical Superintendent or Head of the concerned institution.
- Competent authority will forward and submit claim to the insurance company for approval.

Question 17: Whom to contact from insurance company?

Divisional office CDU 312000 of The New India Assurance Co.Ltd. located at B-401, Ansal Chambers 1, Bhikaji Cama Place, New Delhi-110066.

Contact persons:-

1. Mrs.Sarika Arora, Divisional Manager, email sarika.arora@newindia.co.in or nia.312000@newindia.co.in
2. Mr.N.Ravi Rao, Deputy Manager, email id ravin.rao@newindia.co.in or niadelbroker20@gmail.com
- 3.Mr.Yogendra Singh Tanwar, Administrative Officer email id yogendra.tanwar@newindia.co.in



प्रीति सूदन, आईएएस
सचिव

PREETI SUDAN, IAS
Secretary



26
भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

D.O. No. Z.21020/16/2020-PH
Dated: 30th March, 2020

Dear Colleague,

Subject: 'Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19' – reg.

To give further momentum to India's efforts to fight COVID-19 and to assure our doctors and healthcare workers that their well-being is foremost for the Government, Central Government announced the "Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19" to provide an insurance cover of Rs.50 lakh for ninety (90) days to a total of around 22.12 lakh public healthcare 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. Also, on account of the unprecedented situation, private hospital staff/ retired/ volunteer/ local urban bodies/ contract/ daily wage/ ad-hoc/ outsourced staff requisitioned by States/ Central hospitals/autonomous hospitals of Central/States/UTs, AIIMS & INIs/ hospitals of Central Ministries can also be drafted for COVID-19 related responsibilities. These cases will also be covered under the said insurance scheme. I am enclosing a copy of this Ministry's Order dated 28.03.2020.

2. In this context, I am happy to inform you that the Scheme has come into effect from today i.e., March 30, 2020 and insurance cover, provided by New India Assurance Company Limited, will be available for 90 days.

3. I request you to kindly give this wide publicity to instill a sense of security, appreciation and inclusion among all our healthcare providers and workers engaged in a tough battle against COVID-19.

Encl: as above

Warm regards
Yours sincerely,

ps
(Preeti Sudan)

All Chief Secretaries / Administrators of UTs.