पत्रांक: 9/RCH-146/2020 - 139(HSN) 
दिनांक: 04/05/2020 

प्रेषक, 

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

सेवा में,

सभी उपायुक्त, शासक।
सभी सिविल सर्जन, शासक।

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

महाश्याम/महाश्याम,

उपर्युक्त विषयक स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार से प्राप्त प्रसंगाधीन अर्थ 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 संक्रमण के इलाज में लाइफ संचय के संबंध में उससे जोखिम की संभावना होने वाले कुल लगभग 22.12 लाख सरकारी स्वास्थ्य सेवा प्रदाताओं, सामुदायिक स्वास्थ्य कर्मी सहित तथा अनूठे पूर्व स्थिति (Unprecedented Situation) के कारण निजी अस्पताल कर्मी/सेवानिवृत्त स्वास्थ्य कर्मी/स्वास्थ्य शहरी कर्मी/ अनुबंध/दैनिक नजदूरी/ Ad-hoc /आउट सोर्स कर्मी जिन्हें राज्य /केंद्रीय अस्पताल/ राज्य/केंद्र शासित प्रदेश के स्वास्थ्य अस्पताल, AIIMS & INIs /केंद्रीय संगठनों के अस्पताल द्वारा Requisitioned कर्मियों को सू 50,00,000/- (पश्चिम लाख रूपये मात्र) के जीतत की आवश्यकता का दिया गया है।

अभियान निदेशक, राष्ट्रीय स्वास्थ्य मिशन, जार्जवांड, के पत्रांक 90 दिनांक 07.04.2020 के द्वारा अधीक्षक, निदेशक, राष्ट्रीय स्वास्थ्य मिशन, जार्जवांड, के पत्रांक 464(MD) दिनांक 07.04.2020 के द्वारा Ziqitza Health Care Limited के 108 इमेजिंग मेडिकल अम्बुलेंस सर्विस के COVID-19 मरीज के जितने आउट नोटिफिकेशन कर्मियों को भी उत्तर योजना के अन्तर्गत आवश्यकता का दिया गया है।

Development Partner WHO- Jharkhand के द्वारा WHO के कर्मियों को भी आवश्यकता करने हेतु अनुमोदित किया गया है। जातियों के द्वारा के 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 अर्थ 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 आयोजित होने हैं।

प्राविष्टम अर्थ सरकारी पत्र के आलोक में उन सभी स्वास्थ्य कर्मियों /सदस्यों को भी उक्त Package के अन्तर्गत जीवन बीमा लाभ देय होगा जिनका उल्लेख इस पत्र में नहीं है, किन्तु वे जारीहरु सरकार के अन्तर्गत प्राविष्ट /प्रायोगिक रूप से COVID-19 के मरीज की सेवा प्रदान कर रहे हैं।

विषयांकित योजना के अन्तर्गत COVID-19 के मरीज की चिकित्सा के क्रम में किसी स्वास्थ्य कर्मी की मृत्यु होने पर प्रपत्र-01 में दाया समर्पित किया जाना है। COVID-19 से संबंधित अन्य कार्य के संपादन के क्रम में दूर्घटना से मृत्यु की स्थिति में प्रपत्र-02 में दाया समर्पित किया जाना है। इन प्रपत्रों में इस योजना की पात्रताओं/आयोजित, वाहित वस्तुतवेंद्रों की सूची तथा दाया प्रमाणित प्राविष्टकारी आदि की विवरण दिया गया है।

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

अनुलग्नक:—
1. अनुलग्नक साहित्र प्राविष्टम के छाया प्रति।
2. अभियान निदेशक, राष्ट्रीय स्वास्थ्य मिशन, जारी हरु, के पत्रक 464(MD) दिनांक 07.04.2020 की छाया प्रति।
3. अभियान निदेशक, राष्ट्रीय स्वास्थ्य मिशन, जारी हरु, के पत्रक 90 दिनांक 07.04.2020 की छाया प्रति।

अधिकारीसमाज

पत्रक: 9/RCH-146/2020 – 139 (HSN)

प्रतिलिपि:—
1. अभियान निदेशक, बाउ हरु मिशन, जारी हरु, नामकृत, रांची को सूचनार्थ प्रेषित।
2. निदेशक प्रमुख स्वास्थ्य सेवाहरु, नामकृत, रांची को सूचनार्थ प्रेषित।
3. सभी चार्चार्च अधीकंठक, चिकित्सा महाविद्यालय एवं अस्पताल, जारी हरु को सूचनार्थ प्रेषित।
4. राष्ट्रीय सेविल्स पदाधिकारी, IDSP, जारी हरु को सूचनार्थ प्रेषित।
5. राष्ट्र प्रविष्टम, WHO, UNICEF, UNDP, Jharkhand को सूचनार्थ प्रेषित।
6. डॉ.एस.ए.एस. नाम्बर, उप निदेशक सह नोडल पदाधिकारी, Coordination of Early Settlement of Existing Insurance Claims of Patents Died to covid-19 जारी हरु को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित। अधिक जानकारी हेतु मो— 7250000610ए ई—मेल ceajrhm@gmail.com पर संपर्क किया जा सकता है।
प्रतिवन्दण: IDSP/2020/149- 90

राष्ट्रीय स्वास्थ्य मिशन, जार्मलिया, निम्बु, रांची।

सेवा में,

अधीक्षक, रासी, रामसी, नामकृत, जार्मलिया।

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

प्रतिबन्द:- अपार साम्पत्ति सह निर्देशक, रासी, रामसी, जार्मलिया, निम्बु, दिल्ली के D.O No. F.No. Z-18016/1/2020/PMGKP-NIM II दिनांक 03/04/2020 निर्देश:-

उपर्युक्त विषमन्त्र प्राप्तमण पत्र के आलोक में जार्मलिया राज्य में COVID-19 के प्रभाव से शामिल प्रत्यक्ष/आपराधिक कर्मियों की दुर्घटना/मृत्यु होने की रिपोर्ट में Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19 के प्रतिवन्दण के अनुसरण करने का निर्देश प्राप्त है।

अतः आपसे आगह है कि आवश्यकता अनुसार यथाशीर्ष कार्यवारी सुनिश्चित करें।

अधिक जानकारी हेतु टॉल फ्री 151, राजस्थान, उप निर्देशक सह नोडल पदाधिकारी, Coordination of Early Settlement of Existing Insurance Claims of Patients Died due to COVID-19 जार्मलिया, 725000610, ई-मेल - caojhrms@gmail.com पर अपना संपर्क कर सकते हैं।

अनुपुर-अनुपुर निर्देश प्रति पत्र के छत्र प्रति।

विवादिता समाधान

प्रतिवन्दण: IDSP/2020/149- 90

प्रतिवन्दण:-

1. प्रधान सचिव, स्वास्थ्य, फिक्सेड सिक्स, राजस्थान एवं परिवार कल्याण जिल्ला, जार्मलिया को सूचनार्थ प्रेषित।
2. निर्देशाधीन जन्म, स्वास्थ्य सेवादार, जार्मलिया को सूचनार्थ प्रेषित।
3. IDSP कोषाधीन, जार्मलिया को सूचनार्थ प्रेषित।
4. टॉल फ्री 151, राजस्थान, उप निर्देशक सह नोडल पदाधिकारी, Coordination of Early Settlement of Existing Insurance Claims of Patients Died due to COVID-19 जार्मलिया को सूचनार्थ एवं अनुपालनार्थ प्रेषित।

अभियंता निदेशक
Letter No: 9/RCHI-178/2019-\[\text{M}4\] \[\text{R}4\]  

From, 

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

To 

Mr. Sumit Basu,  
State Head – 108 Jharkhand 


Ref: MoHFW Gol, 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 proving 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. 


Yours Sincerely,  

Mission Director 

Memo No. - \[\text{M}4\] \[\text{R}4\]  
Ranchi, Dated: 07/04/2020 

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

Mission Director 

Scanned with CamScanner
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
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.

( Vandan 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

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**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

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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

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<td>2.</td>
<td>(a) Date of the accident</td>
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<tr>
<td></td>
<td>(b) Time of accident</td>
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<td></td>
<td>(c) Place of accident</td>
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<th>FIR Number:</th>
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| 4. | (a) Date and Time of Death |
|    | (b) Has Post-mortem been conducted |

---

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<th>5.</th>
<th>Name and Relationship of the claimant with the deceased</th>
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</table>
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).

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<tr>
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<th>Claimant</th>
<th>Witness</th>
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<tr>
<td>Name:</td>
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<td>Address:</td>
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<td>Contact number:</td>
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<td>Date:</td>
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<tr>
<td>Signature:</td>
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</table>

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. (a) Date and Time of Death:

   (b) Date of Laboratory diagnosis of COVID19
3. Electronic Clearing Service (ECS) Details of the Claimant:

<table>
<thead>
<tr>
<th></th>
<th>Name of the Claimant</th>
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<tbody>
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<td>4</td>
<td>Relationship with the Deceased</td>
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<tr>
<td>3.3</td>
<td>Bank Name</td>
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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.

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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 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.
Confirmation of Risk Coverage

Ref: MoHFWI CIU 312000.COVID-19/01/2020

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

March 30, 2020

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 50(i)(a) of The Insurance Act, 1939, we confirm that the risk coverage therein has commenced with immediate effect as per the following details:

Insurance Cover Description: Tailor Made Comprehensive Personal Accident Cover (including accidental loss of life on account of contracting COVID-19)

Period of Insurance: 90 days from and including 29/03/2020

Insured Persons: 22.12.2020 - 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 infected by this, and private health care staff and workers as detailed in para II of Ministry of Health and Family Welfare’s Order dated 29/03/2020.

Sum Insured/Benefit Amount: INR 50 Lacs per insured person

Risk/Coverage Details: Accidental Death (An accident is sudden, unforeseen and involuntary event caused by external, violent and sudden means and death due to complications arising out of accidentally contracting COVID-19 pandemic disease, while rendering and/or intending to perform her or his duties relating to the patients suffering from Corona.)

Claims Payment: To the nearest family member under certification of the authorized Central and/or State Government Authority.

Claims Procedure: Simple and Seamless Standard Operating Procedure to be followed by the Insurer, Department of Financial Services Ministry of Finance and Ministry of Health and Family Welfare.

Thanking you and inviting our best services at all times.

Yours Sincerely

For and on Behalf of
The New India Assurance Co Ltd

[Signature]

Authorized Signatory
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 COVID-19, 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/outsources 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

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

*****
Dear Colleague,


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/outsources 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.

Yours sincerely,

(Preeti Sudan)

Encl: as above

All Chief Secretaries / Administrators of UTs.