

No. HFW-H(COVID-19)PMGKP/Insurance-
Health & Family Welfare Department
Himachal Pradesh

Through mail

To

All the Chief Medical Officers
Himachal Pradesh
All the Medical Superintendents
Himachal Pradesh



Dated Shimla-171009 the

Subject: Submission of claims pertaining to period from 24/03/2021 to 23/04/2021-
Reg.

Memorandum,

Enclosed please find herewith a copy of letter number Z.2012/16/2020-PH dated 10-08-2021 alongwith its enclosures from the Deputy Secretary to the Govt. of India on the subject cited above. In this connection, you are directed to take necessary action in the matter accordingly.

Director Health Services,
Himachal Pradesh

Dated Shimla -9 the

Endst No. As above.

Copy to the Deputy Secretary to the Govt. of India, Department of Health & Family Welfare, (Ministry of Health & Family Welfare) Nirman Bhawan, New Delhi-11011 w.r.t. his letter referred to above for information please.

Director Health Services,
Himachal Pradesh

IT section
Please check
DA Numpy

upload on website

DA (Numpy) (S. No.)

to check status of claims
pending in favour of expired
Numpy staff. District Devt

17/8/21

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4566
11 AUG 2021
INDIA

Ministry of Health & Family Welfare
Department of Health & Family Welfare
Government of India

Nirman Bhawan, New Delhi-110 011
Dt. 10 August, 2021

3/27
A.P.P.

To
The Nodal Officers of all States/UTs s.c.a. Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers fighting Covid-19.

Sub: Submission of claims pertaining to period from 24.03.2021 - 23.04.2021-Reg

Q
10/8/2021

Madam/Sir,

As you are aware, Pradhan Mantri Garib Kalyan Package (PMKGP): Insurance Scheme for Health Care Workers Fighting COVID-19 was launched w.e.f. 30.03.2021 and was initially valid for 90 days. The same was extended twice and finally it ended on 24.03.2021 on the expiry of its validity. The benefits under the Scheme were further extended by renewing the insurance policy on the same terms and conditions for a further period of 180 days w.e.f. 24.04.2021.

2. It is hereby brought to notice that the claims pertaining to gap period from 24.03.2021 to 23.04.2021 shall be submitted by the States/UTs as per existing laid down process i.e., through certificates issued by District Collector/DI after due diligence. The certificates shall then have to be countersigned by State Nodal Officers after ensuring that the certificates have indeed been signed by the DCs/DIs and are complete in all respect. A copy of letter of even number dated 17.08.2021 addressed to all Nodal Officers sensitizing them about ensuring the genuineness of the certificates issued by DC/DIs is enclosed for ready reference. All the claims of this gap period have to be submitted by State Nodal Officers to M/s New India Assurance Co. Ltd.

3. All Nodal Officers of States/UTs are, therefore, requested to submit the completed claim documents of the abovementioned period to M/s NIACL by 31st August, 2021 for further necessary action.

Yours faithfully,

Encl.- As above

S. Nayak
(S. Nayak)

Deputy Secretary to the Government of India
011-2306-1288

Copy to:

1. ACSs/Principal Secretaries/Secretaries (Health) of all States/UT, with the request that suitable instructions may kindly be issued to the Nodal Officers and District Collectors in this regard.
2. Shri Saurabh Mishra, Joint Secretary, Deptt. of Financial Services, Ministry of Finance, New Delhi.
3. The Chairman & Managing Director, NIACL, New Delhi.

Handwritten signature and date: 11/8/2021

F. No. Z. 21021/16 2020-P/1
Government of India
Department of Health & Family Welfare
(Ministry of Health & Family Welfare)

Nirman Bhawan, New Delhi-110 011

Dt. 17 June, 2021

To

**The Nodal Officers of all States/UTs of Pradhan Mantri Garib Kalyan Package:
Insurance Scheme for Health Workers fighting Covid-19**

Sub: Review of claims under Pradhan Mantri Garib Kalyan Package - Insurance Scheme for Health Workers Fighting COVID-19- reg.

Madam/Sir,

As you are aware, the submission of insurance claims under PMGKY has recently been streamlined by prescribing issue of a certificate by the concerned District Magistrate. In this connection I am directed to say that the process of submission of claims has been reviewed at the highest level and it has been decided that the State Nodal Officers shall countersign the certificate received from the District Magistrates/Collectors only on receipt of these certificates from the official email ID of the concerned District Magistrate/Collector.

2. It is therefore, requested that the Nodal Officers must check the veracity and genuineness of the certificate issued by the District Magistrate/Collector before its onward transmission to the insurance provider. If need be, the veracity may be checked by telephonically speaking with the DM/DC. A copy of the proforma is again attached.

Yours faithfully,

Encl.: As above.


(S. Nayak)

Deputy Secretary to the Government of India

011-2306-1288

Copy to:

1. ACSs/Principal Secretaries/Secretaries(Health) of all States/UT, with the request that suitable instructions may kindly be issued to the Nodal Officers in this regard.
2. Shri Saurabh Mishra, Joint Secretary, Deptt. of Financial Services, Min. of Finance, New Delhi.

F. No. Z.3107/16-2020-PH
Government of India
Department of Health & Family Welfare
(Ministry of Health & Family Welfare)

Norman Bhowan, New Delhi-110 011
Dt: 17 June, 2021

To

**The Nodal Officers of all States/UTs of Pradhan Mantri Garib Kalyan Package:
Insurance Scheme for Health Workers fighting Covid-19**

Sub: Review of claims under Pradhan Mantri Garib Kalyan Package - Insurance Scheme for Health Workers Fighting COVID-19-reg.

Madam/Sir,

As you are aware, the submission of insurance claims under PMGKP has recently been streamlined by prescribing issue of a certificate by the concerned District Magistrate. In this connection I am directed to say that the process of submission of claims has been reviewed at the highest level and it has been decided that the State Nodal Officers shall countersign the certificate received from the District Magistrates/Collectors only on receipt of these certificates from the official email ID of the concerned District Magistrate/Collector.

2. It is therefore, requested that the Nodal Officers must check the veracity and genuineness of the certificate issued by the District Magistrate/Collector before its onward transmission to the insurance provider. If need be, the veracity may be checked by telephonically speaking with the DM/DC. A copy of the proforma is again attached.

Yours faithfully,

Encl.: As above.


(S. Nayak)

Deputy Secretary to the Government of India
011-2306-1288

Copy to:

1. ACSs/Principal Secretaries/Secretaries(Health) of all States/UT, with the request that suitable instructions may kindly be issued to the Nodal Officers in this regard.
2. Shri Saurabh Mishra, Joint Secretary, Deptt. of Financial Services, Min. of Finance, New Delhi.

CERTIFICATE

This _____ do hereby certify that deceased _____ son/daughter of Mr/Ms _____ is eligible for insurance claim under the Pradhan Mantri Garib Kalyan Package Insurance Scheme for Health Workers Fighting COVID-19 [“PMGKF Scheme”], issued vide order no. Z.21020/16/2020-PH, dated 28.5.2020 by the Ministry of Health and Family Welfare (MHFW) and in accordance with the procedure detailed in the claim form issued vide DO letter no. Z-19816/1/2020/PMGKF-NHM II, dated 3.4.2020 of Additional Secretary and Mission Director (NHM), MHFW, and that relevant details in respect of the said deceased person and the claimant are as under:

Item	Details
1. Claim on account of – (a) Loss of life due to COVID-19 (b) Loss of life due to accident on account of COVID-19 related duties	[Specify (a) or (b)]
2. Date of death (dd/mm/yyyy)	
3. Name of the district in which the deceased was deployed/drafted for care/work related to COVID-19	
4. The deceased was deployed/drafted for care/work related to COVID-19 in the following: (a) Healthcare facilities of Central/State/UT Government or urban/local body or autonomous PS, hospital of such Government or Institutes of National Importance (b) Private healthcare institute(s) (c) Private person engaged by public/private healthcare institute(s)/organisation(s) through an agency (d) Community health workers (ASHAs and ASHA Facilitators) (e) Volunteer drafted for COVID-19 related responsibilities by authorised Government officials	[Specify (a) or (b) or (c) or (d) or (e), along with name of facilities/hospital(s)/institute(s)/organisation(s) in case of (a) or (b) or (c); the centre with which the community worker was associated in case of (d); brief description of responsibility assigned in case of (e)]
5. Name of the claimant (In accordance with paragraph 3 of procedure detailed in claim form)	
6. Relationship of the claimant with the deceased person	
7. Details of claimant's account in which amount is to be remitted: (a) Name of the account holder (b) Name of the bank (c) Account number (d) IFSC code (e) Any other relevant details	

I confirm that I have perused relevant documents in support of the above to satisfy myself that the above claim and details are correct and copies of the same are available with the office of the District Magistrate.

Countersignature of State/UT Claim Certifying Authority
Name: _____
Date: _____
Seal: _____

Signature of District Magistrate:
Name: _____
Date: _____
Seal: _____

* As per para 2.1 of procedure detailed in claim form, as well as in respect of cases covered under para 2.2 thereof