

AGIF INITIATIVES FOR VETERANS/ SPECIALLY ABLED CHILDREN

1. Extended Insurance (EI) Scheme.

(a) EI Scheme is an extension of the insurance cover post retirement/ discharge/release up to a specified period by charging a onetime nonrefundable subscription at the time of retirement/ discharge/ release. The scheme over the years has evolved and is applicable to the veterans as per their date of retirement as under:-

Period of Retirement	One time contribution(₹)	Sum Assured (₹)	Term of Cover	One Time Contribution Refundable
01 Jan 81 - 31 Mar 89	Offrs- ₹ 640 JCOs/OR- 580	Offrs- 65000, JCOs/OR-30000	10 years after retirement or 65 years of age, which-ever is earlier	No
01 Apr 89 - 31 Mar 94	Offrs - 1640 JCOs/OR – 580	Offrs – 1 L JCOs/OR-0.5 L	-do-	No
01 Apr 94 - 30 Jun 99	Offrs – 6900 JCOs/OR–3500	Offrs – 2 L JCOs/OR - 1 L	20 years / 70 years	No
01 Jul 99 - 30 Dec 04	Offrs – 15300 JCOs/OR-6800	Offrs – 3 L JCOs/OR-1.5 L	20 years / 72 years	No
31 Dec 04 - 29 Jun 09	Offrs – 31300 JCOs/OR-15500	Offrs – 4 L JCOs/OR - 2 L	26 years / 75 years	No
30 Jun 09- 30 Jul 10	Offrs – 42660 JCOs/OR-22200	Offrs – 6 L JCOs/OR - 3 L	-do-	No
31 Jul 10 - 30 Dec 13	Offrs – 51900 JCOs/OR-25900	Offrs – 6 L JCOs/OR - 3 L	-do-	Yes
31 Dec 13 - 31 Dec 14	Offrs – 82300 JCOs/OR-41590	Offrs – 10 L JCOs/OR - 5 L	-do-	Yes
01 Jan 15 - 31 Mar 17	Offrs – 122250 JCOs/OR-63500	Offrs – 10 L JCOs/OR - 5 L	30 years / 80 years	Yes
01 Apr 17 onward	Offrs -109220 JCOs/OR-55291	Offrs – 10 L JCOs/OR - 5 L	-do-	No

(b) Documents Required.

(i) Death certificate issued by Registrar of Birth and Death (Death certificate issued by Military Hospital is accepted)

(ii) Cancelled cheque/cheques with name of beneficiaries (alternatively copy of first page of passbook with names, if cheque does not have name imprinted)

(iii) AADHAR Card of beneficiaries (as proof of identity).

(iv) EI Certificate, if available.

(c) In case beneficiary is other than Nominee / Contingent Nominee, the following additional documents will also be required:-

(i) Claim Affidavit as given on website.

(ii) Indemnity Bond with surety as given on website.

(iii) Sum Assured and Terms of Cover is applicable as per date of

retirement.

Note:-If any query please contact AGIF at:-

(i) E-mail ID - claimsagif@gmail.com

(ii) Mob No - (i) Officers' Sec

- 8882484303

2. **Ex Gratia Allowance.**

(a) Ex Gratia Allowance of ₹ 25 lac and ₹ 12.5 lac in respect of officers and JCOs/ OR respectively is awarded to personnel who are invalided out with 100 percent disability and granted Constant Attendance Allowance. This amount is invested in Nationalised banks as FD and managed by AGIF. Interest earnings are remitted to the member every quarter. This amount is in addition to the 100 percent Disability benefit paid to them. On demise of the beneficiary the amount is ploughed back to AGIF.

(b) Diseases considered for payment of ex-gratia are as follows:-

- (i) Total blindness (both eyes).
- (ii) Paraplegia.
- (iii) Quadriplegia.
- (iv) Irreversible comatose conditions due to irreversible brain damage as a result of trauma, infection, stroke or any cause leading to permanent vegetative state or equivalent.
- (v) Loss of both limbs, i.e. amputation of both legs above knee and both arms above elbow.

3. **Sustenance Allowance to Specially Abled Children.**

(a) AGIF grants a monthly sustenance allowance of ₹ 6,000/- per month per child for up to two specially abled children of service personnel who die in harness.

(b) The disabilities considered for the scheme are as follows :-

- (i) Autistic Spectrum Disorders.
- (ii) Cerebral Palsy.
- (iii) Mental Retardation.
- (iv) A combination of two or more disabilities from the following:-
 - (aa) Blindness.
 - (ab) Low Vision.
 - (ac) Leprosy-cured.
 - (ad) Hearing Impairment.
 - (ae) Locomotor Disability.
 - (af) Mental illness.

(b) Eligibility conditions are as under:-

- (i) The extent of disability in the above, as certified by medical authority must not be less than 40 percent.
- (ii) The child must be unable to earn a living.
- (iii) The disability of the child should manifest itself before the death of the service personnel while in service.
- (iv) The serving parent of such child should have died on active service.

(d) Documents required for claiming sustenance allowance are as follows:-

- (i) Application for claiming alic as per Appx 'A' to AGI letter No A/57271/R/AGI/Ins (Coord) dt 26 Dec 2007.
- (ii) Non-earning cert duly signed by Secy, DSSB is att.

(iii) Med Cert of disability duly signed by med bd consisting of three Med Offrs indicating percentage of disability.

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(v) Part II Order of birth of child (Kindred Roll portion att) former service.

(vi) Part II Order for dis child (Photocopy of kindred Roll portion att).

(vii) Part II Order of death of serving pers.

(viii) Whether Bank details of Natural/ legal guardian completed (not applicable for NDG).

(ix) Cert from CO, parent unit in case Part II order for different abled child pub after death of serving personnel.

(e) **Initiation of Claim.** On occurrence of death of the serving parent, the Unit will initiate claim for Sustenance Allowance for specially abled child, if applicable and forward all documents to AGIF through MP 5 & 6 in case of officers and respective Record Office in case of JCOs/ OR.

(f) **Subsequent Documentation.**

(i) Life certificate of the child must be submitted in the month of Nov every year.

(ii) A certificate from a specialist of the nearest MH to the effect that the child continues to suffer from the disability/disabilities covered in this scheme with the percentage of disability mentioned separately, once every three years.

(iii) A non-earning certificate based on medical certificate from the concerned Zila Sainik Board, once every three years.

AFFIX COURT FEE
STAMP NOT LESS
THAN Rs 100/-

(TO BE PREPARED ON A NON-JUDICIAL STAMP PAPER OF APPROPRIATE VALUE (NOT LESS THAT RS 100/-) AND ATTESTED BY A MAGISTRATE/TEHSILDAR/MUNSIF MAGISTRATE/NOTARY

AFFIDAVIT CUM INDEMNITY BOND

(STRIKE OFF WHICHEVER IS NOT APPLICABLE)

1. I, _____, age _____ years, wife/son/daughter/father/mother/brother/sister of Army No _____ Rank _____ Name _____ Regt _____ presently residing at Village/Mohalla _____ Post _____ Tehsil _____ District _____ Pin _____ State _____, Mob No _____ Solemnly affirm, declare, do hereby take an oath (Aadhar No _____, PAN No _____ and Mobile No _____).

2. That I was married to No _____ Rank _____ Name _____ son of Shri _____ resident of Village _____ PO _____ District _____ on _____ (Date of marriage).

3. That my correct name is _____ and not* _____ as recorded in the service documents of the deceased. In the service records of my husband/son, my name has been recorded as _____ whereas in my school records/bank account/adhar card/PAN card, my name is _____.

4. That _____ (Army No _____) died on _____ due to _____ (cause of death _____).

5. That the details of all family members (if predeceased indicate date of death) of Late _____ No _____ Rank _____ Name _____ are as under:-

(a) Father _____ Age _____ Years _____.

(b) Mother _____ Age _____ Years _____.

(c) Widow _____ Age _____ Years _____.

(d) Children of the deceased (Including adopted children)

Name of Children	Male/Female	Date of birth	Remarks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Brothers and sisters of the deceased.

Name (s)	Age	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

VERIFIED / ATTESTED

Official Seal

Secretary Zila Sainik Board



6. That _____ was NOT married. He died as a bachelor and is not survived by any wife, divorced wife or children (if applicable).

7. That the first wife of the above deceased Smt _____ died during _____ 20____ and the following children were born from the first wife (if applicable).

Name (s)	Date of birth
_____	_____
_____	_____

8. That Smt _____ the first wife of deceased has/had divorced late _____ on _____ and _____ got re-married to Shri _____ of village _____ PO _____ District _____ on _____ (Date) (if applicable).

9. That the children of the above deceased are being looked after by _____.

10. That the insurance benefits of the above deceased be paid to the undermentioned family members

Names	Share (%)	PAN No	Aadhar No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. That there is no dispute suit or litigation of any nature whatsoever pending between the legal heirs of the above deceased.

12. That the death benefits under AGI Scheme to be paid to me as per **Bank Details** are given below:-

A/C No _____ Bank Name _____ Branch Name _____

IFSC Code No _____ Bank Address : Post _____ Dist _____ State _____ Pin _____

13. It is certified that the **above account is a Saving Account and in operative state**. Last transaction was made on _____.

14. **Cancelled cheque/copy of 1st page of pass book** for the same account as given in para 12 above is enclosed.

15. **DEED OF INDEMNITY** is made this _____ day of _____ 20____

by _____ wife/son/daughter/father/mother/brother/sister of _____ (Promisor)

residing at _____ PO _____ District _____ State _____ (hereinafter

called, "Promisor" which term shall unless excluded by the context or by law mean and include the said _____ his/her, heirs, executors, administrators and assigns

(Name of Promisor)

Shri/Smt _____, son/daughter of _____ resident of Vill _____

(Name of surety)

PO _____ District _____ State _____, PIN _____ (hereinafter Called

"The Surety") which terms shall unless excluded by the context or by law mean and included the said _____ his/her, heirs executors, administrators and assigns in favour of

(Name of Surety)

the Army Group Insurance Society a Society registered under the society Registration Act 1860 having its Office at Army Headquarters, New Delhi (hereinafter called "The Society") which terms shall unless excluded by the context or by law meand and included the said Army Group Insurance Society, its successors and assigns.

16. Whereas the late No _____ Rank _____ Name _____
_____ of _____ (Regiment / Corps) died on _____ without
leaving wife (s) or children (including step and adopted children).

17. AND WHEREAS the said deceased is survived by other members of his family as
mentioned at para 5 above.

18. AND WHEREAS the Promisor and the aforesaid other surviving members of the
deceased's family have represented to and assured the Society and they are entitled to receive
certain amount as may be determined by AGIF towards the Insurance benefits of the deceased
under the Army Group Insurance Scheme and that there is no other member of the deceased
family entitled to claim the same in preference to or simultaneously with them and have requested
the Socociety to pay the amount of the aforesaid benefits to them. I by means of this Indemnity Bond
undertake that if any other legal heirs object for payment of any portion of **SHARE KEPT FOR A
PRESCRIBED PERIOD**, meant for them and move the court, I shall repay the amount with interest
as per the verdict of the court.

19. AND WHEREAS the Society has agreed to accede to the said request of the Promisor
and other aforesaid surviving members of the deceased's family, the Promisor executes a proper
Deed of Indemnity with the Surety in favour of the Society.

20. NOW, THEREFORE THIS DEED OF INDEMNITY WITNESSES that in consideration of
the society's acceptance of the representations made and assurance given to it as above and the
Society's agreeing to pay the amount of the insurance/Saving Benefits of the deceased under the
deceased's family, the Promisor and the Surety hereby agree and undertake to refund with interest
to the Society the entire amount received by the Promisor in case the representations made and
assurance given to Society are found to be false in any particular and there is any other claimant
entitled to the said amount of the benefits of the deceased in preference to or simultaneously with
the Promisor and the other aforesaid surviving members of the deceased's family and the
Promisor and the Surety shall keep the Society indemnified and harmless against any and every
loss or/ and damage suffered by the Society shall keep the Society indemnified and harmless
against any and the Surety under this deed is joint and several.

21. That the payment if made will be subject to the clear understanding that I will be liable to
share and/or part with proporationate share of any other heir to the said property of the deceased
accordingly to law applicable in this behalf.

22. That in case the above declaration is not found to be true at any time in any particulars, I
shall be liable to refund the whole amount alongwith interest at the rate of 12% per annum from
the date of payment till it is refunded. Further, I will also be liable to criminal action for declaring
any wrong facts.

23. In Witness Where of the said _____, the promisor and
(Name of Promisor/Claimant)
the surety _____ have signed the deed, the day _____ month _____
(Name of the surety)
year _____ written above.

Signature of Promisor/claimant

(Signature of Surety)



DECLARATIO

said Shri / Smt _____ do hereby solemnly affirm and declare that contents of this Affidavit cum Indemnity Bond are true to the best of my knowledge and noting has been concealed or suppressed.



(_____) (Advisor/claimant)

VERIFICATION AND ATTESTATION

Certified that the above statement was declared on _____ *other

*Solemn affirmation

Before me at _____ (place) on this _____ day of _____ 20____ by _____ who is identified by _____ and witnessed by _____

Identified by

Signature _____

Name in blockletters _____

Full postal address _____

WITNESS:

1. _____

Signature _____

Name in block letters _____

Full postal address _____

2. _____

Signature _____

Name in block letters _____

Full postal address _____



Signature of Magistrate/Tehsildar/Notary