विषय:— Covid-19 के दौरान आशा सहयोगिनी की मृत्यु की सूचना के संबंध में।

उपरोक्त विषयार्थ से लेख है कि आपके जिले में कोविड-19 महामारी के दौरान कोविड से सम्बन्धित कार्य करते हुए आशा सहयोगिनी की मृत्यु की सूचना संलग्न प्रपत्र में दिनांक 25.08.2020 तक ई-मेल आईडी co.asha_nrhm@yahoo.com पर एक्सल शीट में उपलब्ध कराये। इसके साथ ही स्वास्थ्य एवं परिवार कर्मचारी मंत्रालय, भारत सरकार, नई दिल्ली द्वारा जारी दिशा निर्देशानुसार "Insurance Scheme for Health Workers Fighting Covid-19" स्कीम के अन्तर्गत आशा सहयोगिनियों को दें शक्ति पूर्ति राशि ₹5000 लाख के संबंध में की गई कार्यवाही से अन्योन्नताकारक को अवगत करवाना सुनिश्चित करें।

संलग्न:— उपरोक्तानुसार।

निदेशक (आरसीएच)

प्रतिलिपि निम्न को सूचनार्थ प्रेषित है—
1. निजी सचिव, मिशन निदेशक, एनएचएम एवं विशिष्ट शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान सरकार, जयपुर।
2. निजी सहायक, निदेशक—आरसीएच।
3. राज्य नोडल अधिकारी, आशा।
4. जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी समस्त जिले।
5. जिला कार्यक्रम प्रबंधक, समस्त जिला।
6. समस्त जिला आशा समन्वयक को प्रेषित कर लेख है कि उक्त सूचना मिशनवाद सुनिश्चित करें।
7. संवर रूम, एनएचएम।

राज्य नोडल अधिकारी (आशा)
विषय:- प्रधानमंत्री गरीब कल्याण पैकेज के अंतर्गत Insurance Schme For Health Workers Fighting Covid-19, की क्रियान्विति के संबंध में।

संदर्भ:- अपर सदस्य एवं मिशन निदेशक, एनएचएम, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अर्थ शासकीय पत्र क्रमांक D.O.No. F.NO. Z-18016/1/2020/PMSGP-NHM II दिनांक 03.04.2020

उपरोक्त विषयान्तर्गत अपर सचिव एवं मिशन निदेशक, एनएचएम, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अर्थ शासकीय पत्र क्रमांक D.O.No. F.NO. Z-18016/1/2020/PMSGP-NHM II दिनांक 03.04.2020 की प्रति संलग्न कर लेख है कि प्रधानमंत्री गरीब कल्याण पैकेज के अंतर्गत प्रधानमंत्री गरीब कल्याण पैकेज के तहत Insurance Schme For Health Workers Fighting Covid-19, योजना के अंतर्गत प्रदेश के समस्त सरकारी अस्पतालों एवं चिकित्सा सरकारियों एवं विकिस्टा विभाग के कार्यालयों में कार्यस्थल संचालन चिकित्सा कर्मी एवं अंतः कार्यिक (राजकीय/सरकार/एजेंसी कार्यिक, एम्युलेस कार्यिक, राजशा कार्यिक एवं अन्य कार्यिक) जो कि प्रत्येक एवं अंतः कार्य एवं संबंधित रूप से Covid-19 की संक्रमण एवं चिकित्सा कार्य में सम्मिलित रहे हैं, उन्हें इस निर्देश दीया योजना का लाभ दिया जाना के प्राध्यापन किया गया है।

उक्त योजना के अनुसार कोई भी चिकित्सा कार्मिक जो Covid-19 से समस्तित नई गरीबी में सविधित हो जिसकी भी प्रक्रिया के दिनांगी कार्यकृत/स्तानी क्रियान्वित करने समय संपन्न हो जाना है एवं ऐसे कार्यिक का मूल्य होना पर बलम प्रभाव (संलग्न) के द्वारा उन्हें कर 50.00 लाख (रूपये प्रति लाख) की कार्यपत्रिका की जाएगी।

इत्यादि, क्रम में उक्त योजना के अनुसार कोई भी चिकित्सा कार्मिक जो Covid-19 से संमिश्रित नई की जिसकी भी प्रक्रिया के दिनांगी कार्य/स्तानी क्रियान्वित करने समय संपन्न हो जाना के उपरांत मूल्य होना पर कार्य कार्यकृत (संलग्न) के द्वारा उन्हें कर 50.00 लाख (रूपये प्रति लाख) की कार्यपत्रिका की जाएगी।

उक्त प्रयोग (प्रधान एवं द्वितीय) में इस योजना की प्राप्ति, याचित दस्तावेजों की सूची तथा द्वारा प्रभावित करण प्राधिकार आदि का विवरण अंकित है।

भारत सरकार द्वारा जारी उक्त बीमा योजना की क्रियान्विति के संबंध में राज्य के समस्त चिकित्सा स्वास्थ्य, एवं कार्यालयों में कार्यस्थल राजकीय/सरकार/एजेंसी कार्यिक, एम्युलेस कार्मिक, आर्थिक कार्मिक तथा अंतः कार्मिक के लिए यह सूचना का प्रयोग प्राप्त किया जाता है।

ताकि Covid-19 संभालनी से लड़ सकें स्वास्थ्य कार्यिक का संभाल जा सके।
अतः इस संबंध भं निर्देशित किया जाता है कि भारत सरकार द्वारा जारी दिशा-निर्देशों के अनुसार समस्त संभित कार्यालय/विभाग द्वारा उत्तर श्रीमा योजना की क्रियानविलय कराने
संजय-उपरोक्तलालुसार।

(सोहित कुमार सिंह)
ऑटिसिक मुख्य सचिव
लिखिता एवं स्वास्थ्य विभाग
राजस्थान सरकार

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु अनुमति है:-
1. विशेष्ट सहायक, मात्र संजय/राजस्थान, विकिलसा एवं स्वास्थ्य विभाग, जयपुर।
2. निजी सचिव, अतिरिक्त मुख्य सचिव, विकिलसा एवं स्वास्थ्य विभाग, जयपुर।
3. निजी सचिव, शासन सचिव, विकिलसा स्वास्थ्य विभाग एवं गिनाव निदेशक, एनएचएम।
4. संयुक्त सीईओ सीआरसीबीवाई एवं अतिरिक्त मिशन निदेशक, एनएचएम, जयपुर।
5. संयुक्त शासन सचिव (मुख-2/3/एनएचएम), विकिलसा एवं स्वास्थ्य विभाग, जयपुर।
6. गर्भियोजना निदेशक, एनएचएम, जयपुर।
7. निदेशक-जनस्वास्थ्य/आरसीएच/आईएच/एब्स, गुजरात, नागरक।
8. निदेशक संस्था, एनएचएम, जयपुर।
9. आयोध नियंत्रक, विकिलसा एवं स्वास्थ्य संवाद, जयपुर।
10. अतिरिक्त निदेशक-प्रशासन, राजस्थान, ग्राम स्वास्थ्य विकिलसा प्रशासन, जयपुर।
11. नियंत्रक /अधीक्षक, मेडिकल कॉलेज, सैंटलाइट विकिलसाय, सारस्थान।
12. मुख्य अधिकारी, (सिनियल), एनएचएम जयपुर।
13. राज्य कार्यक्रम प्रबंधक, एनएचएम, जयपुर।
14. स्टेट नंदील अधिकारी-(NMHP, NPHCE, NTCP, NPCDCS, NPPCD, NOHPP, NPPCD, NPCB, RNTPC, NLEP, NVBDCP, IDSP, NIDDCP) एनएचएम जयपुर।
15. संयुक्त निदेशक (प्रदेश), विकिलसा एवं स्वास्थ्य संवाद, जयपुर।
16. अनुभव अधिकारी-एचएआर, एनएचएम, जयपुर।
17. मुख्य सांविधानिक विशेषज्ञ, जनस्वास्थ्य प्रयोगशाला, समस्त, जार्जाराम।
18. उप मुख्य विकिलसा एवं स्वास्थ्य अधिकारी (हेल्थ), समस्त जिले।
19. समस्त मिला कार्यक्रम प्रबंधक /मिला वित्त विक्रेता प्रबंधक, /डॉगीक्ष-वर्तमान कार्यालय
एनएचएम, होमपैक-वटलक प्रोग्राम, एनएचएम, समस्त जिले।
20. व्यक्ति मुख्य विकिलसा अधिकारी, समस्त व्यक्ति, जार्जाराम।
21. प्रभारी सर्व सम, को वार्ता ई-मेल हेतु।
22. संजय प्रतापली।

विशेष शासन सचिव
विकिलसा, स्वास्थ्य एवं पोषक विभाग
एवं मिशन निदेशक, एनएचएम
राजस्थान सरकार
<table>
<thead>
<tr>
<th>Declaration By GOI</th>
<th>Status of Execution of Package in State Government</th>
<th>Similar/Better Steps taken by State Government</th>
<th>Remarks (If any)</th>
</tr>
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<tbody>
<tr>
<td>Safai Karamcharis, ward-boys, nurses, ASHA workers, Paramedics, technician, doctors and Specialists and Other health workers would be covered by a Special Insurance Scheme. All government health centers, wellness centers and hospitals of Center as well as States would be covered <strong>under this Scheme</strong> approximately 22 lakhs health workers would be provided insurance cover to fight this pandemic. Any health professional, who while treating COVID-19 patients, meet with some accident, then he/she would be compensated with an amount of Rs 50 Lakhs under the scheme.</td>
<td>With reference to DO letter dated 03-04-2020 from GOI, instruction issued via letter no. 848 dated 11-04-2020 to All Distct Collector’s, Joint Director Zone, CMHO’S, PMO’S and State Controlling officers. (Copy Attached)</td>
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</table>
In continuation of letters by Secretary, MoHFW (D.O. No. Z.21020/16/2020-PH1, 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 (RChI) 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
2. Mission Directors, National Health Mission, All States / UTs
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)**

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**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 |
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 authorized 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.
6. Electronic Clearing Service (ECS) Details of the Claimant:

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| 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>
<td></td>
<td>Claimant</td>
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<td></td>
<td>Witness</td>
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<tr>
<td>Name:</td>
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<td>Signature:</td>
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</table>

Place and Date:  
Signature of the Claimant
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 (JIPMER, 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 )
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 COVID-19
3. Electronic Clearing Service (ECS) Details of the Claimant:

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<td>3.2</td>
<td>Relationship with the Deceased</td>
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<td>3.3</td>
<td>Bank Name</td>
</tr>
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<td>3.4</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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<th>Claimant</th>
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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.