

SEAFARERS' WELFARE FUND SOCIETY

Details / Rules for the Welfare Scheme

Medical / Critical Illness & Term Insurance Premium Assistance Scheme

1. Objective

To provide financial assistance to Indian seafarers by way of part reimbursement of insurance premium paid towards Medical Insurance, Critical Illness Insurance and Term Insurance policies for themselves and their dependent family members.

2. Effective Date

The scheme shall be applicable only for the above referred insurance policies taken on or after **01.01.2026** from the IRDA approved Insurance Company.

3. Nature of Assistance

Financial assistance shall be provided in the form of part **reimbursement of insurance premium** paid by the eligible seafarer, as approved by the management of the SWFS.

4. Quantum of Assistance

Reimbursement shall be limited to a maximum of **50% of the insurance premium paid**, subject to the following ceilings:

Type of Insurance	Maximum Reimbursement
Medical Insurance Policy	₹3,000
Critical Illness Cover	₹1,000
Term Insurance Cover	₹1,000
Total Maximum Assistance	₹5,000 per seafarer

5. Eligibility Criteria

An applicant must satisfy all the following conditions:

- a) Must be an **Indian seafarer holding a valid Indian CDC**.
- b) **Active seafarers (of any age)** should have completed a **minimum cumulative sea service of six (6) months** during the **preceding five years** at the time of submission of application either:
 - through an Indian Shipping Company, or
 - through an RPSL-approved company.

c) **Seafarers aged above 50 years as on 01.01.2026 or retired seafarers of any age must have completed a minimum cumulative sea service of six (6) months after attaining the age of 50 years, through an Indian Shipping Company or RPSL.**

d) **The insurance policy (Medical / Critical Illness / Term) must be obtained only from an IRDA-approved Insurance Company.**

6. Documents Required

The following documents shall be submitted along with the application:

- a) Self-attested copy of the **Insurance Policy document.**
- b) Self-attested copy of the **Insurance Premium Paid Receipt**, issued by an IRDA-approved Insurance Company.
- c) Copy of **Indian CDC.**
- d) Proof of sea service (as applicable).
- e) Bank details for reimbursement. **(Should be a normal savings account and NOT be NRE/NRO account)**

7. Time Limit for Submission

The application along with all requisite documents must be submitted within 180 days of issue of **the insurance policy.**

8. Mode of Disbursement

The reimbursable amount, as approved by the Competent Authority, shall be credited directly to the bank account of the seafarer.

9. Authority

The scheme shall be implemented as approved by the **Committee of Management (COM)** and administered by SWFS as per prescribed procedure.

SEAFARERS' WELFARE FUND SOCIETY

(Autonomous Body of Ministry of Ports, Shipping and Waterways Government of India)

Nau Bhavan Building, Ground Floor, R. K. Marg, Ballard Estate, Mumbai-400 001

Mob No. 8097552900 / 8097553700

Email-swfs1966@gmail.com/swfs.dgs@govcontractor.in

APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER Medical, Critical Illness & Term Insurance Premium Assistance Scheme

1. Applicant Details

1. Name of Seafarer : _____
2. CDC Number : _____
3. Date of Birth : _____
4. Age as on 01.01.2026 : _____
5. Mobile No. : _____
6. Email ID : _____

2. Sea Service Details

1. Total Sea Service (last 5 years): ____ years _____ months
2. Sea Service after age of 50 (if applicable): _____ months
3. Name of Shipping Company / RPSL: (Last served) _____

3. Insurance Details

Type of Policy	Name of Insurance Company	Policy No.	Policy Period	Premium Paid (₹)
Medical Insurance				
Critical Illness				
Term Insurance				

4. Bank Details (for reimbursement)

1. Name of the Account holder : _____
2. Name of Bank : _____
3. Branch : _____
4. Account Number : _____
(only SB a/c and not NRE/NRO)
5. IFSC Code : _____

5. Declaration

I hereby declare that the information furnished above is true and correct to the best of my knowledge. I undertake that the insurance policies submitted have been obtained from IRDA-approved Insurance Companies and that no reimbursement has been claimed earlier for the same policy.

Signature of the Applicant

Date: _____

Place: _____

List of Documents to be Enclosed (Mandatory Self attested)

- 1) **Copy of Indian CDC.**
- 2) **Sea service testimonials / Discharge Book extracts**, as applicable.
- 3) **Copy of the insurance policy/policies** for which the application is submitted.
- 4) **Copy of insurance premium payment receipt(s)** corresponding to the policy/policies applied for.
- 5) **Proof of bank account details** (Cancelled cheque or copy of passbook).