

# **SEAFARERS' WELFARE FUND SOCIETY**

## **Details / Rules for the Welfare Scheme** **Financial Assistance for Critical / Terminal Illness Scheme**

These rules may be called “**One-time Financial Assistance for Critical / Terminal Illness Scheme, 2026**” of the Seafarers' Welfare Fund Society (SWFS).

### **1. Commencement**

The scheme shall come into force with effect from **01 January 2026**.

### **2. Objective**

To provide **one-time financial assistance** to eligible Indian seafarers suffering from **critical / terminal illness**, as approved by the Insurance Regulatory and Development Authority of India (IRDAI) as per their list.

### **3. Eligibility**

3.1 The scheme is applicable **only to seafarers holding Indian CDC**.

3.2 The scheme is **not applicable to family members** of the seafarer.

### **4. Quantum of Assistance**

Eligible seafarers shall be paid **one-time financial assistance of ₹2,00,000/- (Rupees Two Lakhs only)**.

### **5. Sea Service Requirement**

#### **(a) Active Seafarers (of any age):**

Must have completed a **minimum cumulative sea service of six (6) months** during the **preceding five (5) years** through Indian Shipping Company, or RPSL prior to the **date of diagnosis of the critical / terminal illness**, duly certified by the **Central / State Government Hospital authority**.

#### **(b) Seafarers above 50 years / Retired Seafarers:**

Must have completed **minimum cumulative 6 months sea service after attaining the age of 50 years**, through: Indian Shipping Company or RPSL.

### **6. Medical Certification**

6.1 The seafarer shall submit a **Medical Certificate** issued by a **Central / State Government Hospital**, which shall **not be older than six (6) months** prior to the **date of submission of the application** to the SWFS.

6.2 The Medical Certificate must:

- Certify that the seafarer is suffering from a **critical / terminal illness**.

6.3 Submission of the Medical Certificate is **mandatory**.

### **7. One-time Benefit Condition**

If a seafarer has availed assistance **once** under this scheme for any critical / terminal illness, **no further claim** shall be entertained for any subsequent illness.

### **8. Time Limit for Application**

Application under the scheme as per format only must be submitted **within six (6) months** from the date of issue of the Medical Certificate by the Central / State Government hospital.

### **9. Authority**

The decision of the **Competent Authority / Committee of Management (COM)** of SWFS shall be **final and binding**.

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# **SEAFARERS' WELFARE FUND SOCIETY**

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

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## **Application for One-time Financial Assistance for Critical / Terminal Illness Scheme**

### **1. Personal Details**

1. Name of Seafarer : \_\_\_\_\_
2. Indian CDC No. : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_ Age \_\_\_\_\_
4. Present Address : \_\_\_\_\_
5. Mobile No. : \_\_\_\_\_
6. Email ID : \_\_\_\_\_

### **2. Service Details**

1. Status (Tick ✓) :  
 Active Seafarer       Retired Seafarer
- Total Sea Service (relevant period): From : \_\_\_\_\_ To : \_\_\_\_\_  
Total duration: \_\_\_\_\_ months \_\_\_\_\_
3. Name of Shipping Company / RPSL : (last served) \_\_\_\_\_

### **3. Medical Details**

1. Type / Name of Illness (as per IRDAI approved list):  
\_\_\_\_\_
2. Name of Hospital issuing medical certificate (Central / State Govt.):  
\_\_\_\_\_
3. Date of Medical Certificate : \_\_\_\_\_  
(Certificate not older than 6 months)

#### 4. Bank Details (for DBT) Mandatory

(Kindly attach copy of bank pass book/ cancelled cheque )

1. Name of Account holder : \_\_\_\_\_
2. Name of Bank : \_\_\_\_\_
3. Branch : \_\_\_\_\_
4. Account No.  
(only SB a/c and not NRE/NRO) : \_\_\_\_\_
5. IFSC Code : \_\_\_\_\_

#### 5. Declaration

I hereby declare that:

- I am holding an **Indian CDC**.
- I have **not availed** one-time financial assistance earlier under this scheme.
- The information furnished above is **true and correct** to the best of my knowledge.
- I understand that if any information is found false, my application is liable to be rejected.

\_\_\_\_\_  
**Signature of Seafarer:**

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

#### 6. List of Documents to be Enclosed (self-attested)

1. Copy of Indian CDC
2. Original Medical Certificate from Central / State Govt. Hospital
3. Sea Service Testimonials / Discharge Book extracts
4. Proof of Bank Account (Cancelled cheque / passbook copy)