A Step Towards Social Security: Aam Admi Bima Yojana (AABY)

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Abstract

Aam Admi Bima Yojana (AABY) is one of the major social insurance schemes launched by the Government of India is known for its aim to bring financial security to socially and economically backward communities of India. The scheme has seen many modifications since its launch in the year 2007. Recently the scheme was merged with the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY). At this juncture, it is appropriate to review the achievements of AABY. It examines ro le of the scheme in providing financial security in terms of insurance inclusion to the marginalised sections of society. It also attempts to understand the benefits and challenges faced by the converged AABY scheme. The study concludes that state-wise coverage under the scheme is skewed. Convergence of the scheme with PMJJBY may bring the focus back to the marginalised community as envisaged in the mission statement of PMJJBY while retaining the aim of AABY. The scheme will require mo dification in premium to remain viable in future.

Key Words : Financial Inclusion, Social Insurance Schemes, Aam Aadmi Bima Yojana (AABY), Converged Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), PMJJBY.

Introduction

In today's dynamic global landscape, the development of a nation is measured in terms of the well-being of its citizens. Sustainable Development Goals of the United Nations Eradication Programme gives utmost importance and priority to reducing vul nerability as a means of poverty eradication. Therefore, the social and financial inclusion and protection of the citizens have gained prime importance in government policies. India being home to one-third of the poor of the world, has to work more intensely in this direction. The government has been continuously working towards empowering every citizen of the country by giving them access to various financial services. Pradhan Mantri Jan Dhan Yojana (PMJDY) was launc hed in August, 2014.The objective of PMJDY was to ensure access to various financial services like availability of basic savings bank account, access to need-based credit, remittances facility, insurance and pension to

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the weaker sections and low income groups (DFS, Government of India, 2015). Achieving financial inclusion was an innovative drive, unparalleled in scale and timeframe anywhere in the world. Subsequently, the government launched low premium social insurance schemes such as Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Surakhsha Bima Yojana (PMSBY) in May 2015. These two schemes aimed to provide a safety net against unforeseen natural and personal risks to all citizens. Atal Pension Yojana (APY) was another remarkable scheme launched in the same year, intended to take care of the financial needs of the people in their old age (DFS, Government of India, 2015).

Social Insurance Schemes are Financial Security Schemes offered by the government for the purpose of providing financial security to the vulnerable sections of the society. It is a part of social security schemes run by the government with the emphasis on economic empowerment. It is achieved by extending financial assistance in various forms to the marginalised sections of the society. One such scheme to provide financial security for rural landless households was Aam Aadmi Bima Yojana. A similar scheme was functional for a decade before getting converged with PMJJBY in the year 2017. At this juncture, it is opportune to glance through the achievements of AABY and understand the challenges faced in executing the scheme, especially after convergence. This may lead to gainful inputs and knowledge useful for continuation of the scheme in the future.

Details of AABY

Aam Admi Bima Yojana (AABY) was introduced in 2007 by Government of India as a social insurance scheme. The scheme was jointly sponsored by the Central Government and the State Governments. It was anchored to the Ministry of Labour and Employment at the Centre. At the state level, the scheme was implemented by Nodal Agencies which departments were undertaking welfare of groups/communities that were identified as actual beneficiaries. These departments/agencies were nominated as Nodal Agencies that worked as representatives of the state governments. Their role was to identify and select beneficiaries, handle the documentation and the state government premium subsidies. The Life Insurance Corporation of India (LIC) acted as a representative of the Central Government. The LIC allocated the premium from the Social Security Fund and acted as the insurer and paid the claims.

The scheme provided personal accident cover in which the compensation to the survivor or nominee was given in case of accidental death, or total and partial disability and normal death. The cover for accidental death and permanent total disability was Rs. 75,000; while for permanent partial disability – Rs. 37,500 and for normal death - Rs. 30,000.

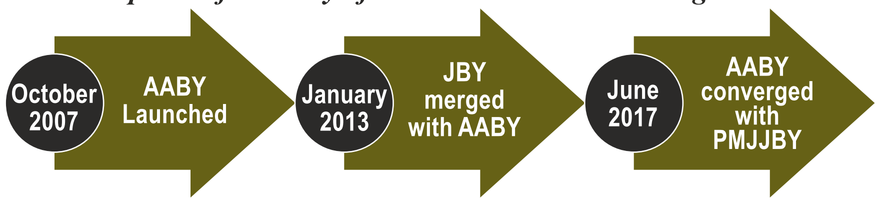
The annual premium under the scheme was Rs. 200 per household, which was jointly and fully shared equally by the Central and State governments. Thus it was a fully subsidised scheme as the insured or the beneficiary was not bearing the cost of insurance. Because of this unique feature, it is considered as a classic case of Social Insurance Scheme.

We record our sincere thanks to Life Insurance Corporation of India for sharing the information & circulars related with the implementation of social security schemes.

A similar scheme, previously named Janashree Bima Yojana (JBY), was launched by the Government of India in the year 2000 for SHG members. The benefits under JBY were the same as AABY, but part of the premium was to be borne by SHG member. It also had the added benefit of scholarship for only two children of the insured, who were studying in the 9th to the 12th standards, and the ITI. The premium which was payable on a half-yearly basis in the months of July and January every year was Rs. 100 per month for each child.

JBY scheme was also implemented by the LIC of India as the insurer. The scheme which was merged with AABY in the year 2013, has the risk cover of the earlier AABY scheme. It carried over the added benefit of scholarship for the children of the beneficiaries as per the conditions applicable in the JBY scheme. The new scheme "AABY" was converged with PMJJBY with effect from June 2017.

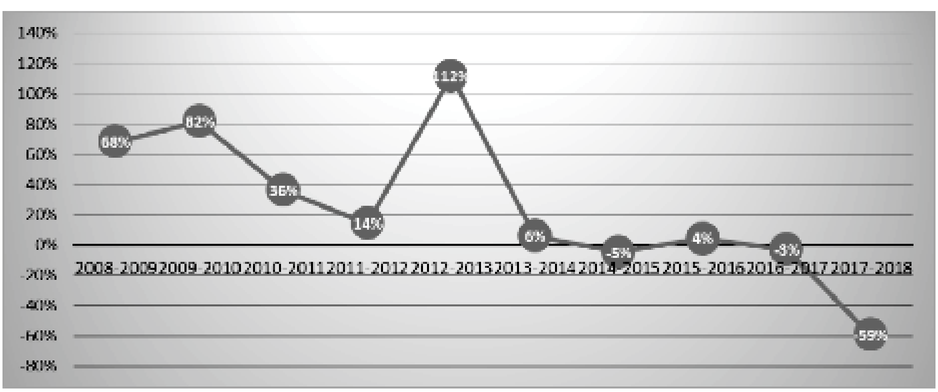
Figure 1: Snapshot of Journey of JBY to AABY and Converged with PMJJBY



Growth of AABY

After the launch of AABY in the year 2007, the scheme grew successfully at a Cumulative Average Growth Rate (CAGR) of 15% during the period 2007-08 to 2017-18 in terms of number of individuals enrolled. However, this growth was not consistent. The year-on-year growth (YoY) also remained very high during this period (Figure 2). In the first three years of launch of the scheme the coverage increased by 68% (2007-08), 82% (2009-10) and 36% (2010-11). For first five years (2007- 08 to 2011-12) the sc heme grew at very high CAGR of 48%. It rose further registering a growth of 112% in the year 2012-13 because the Janshree Bima Yojana (JBY) scheme was merged with AABY.

Figure: 2 Year-on-Year Growth Rate of No. of Lives Covered under AABY



The enrolments under the AABY schemes started to decline after 2013-14. A series of events like the : (a) Change of government in 2014 at the centre; (b) launch of Jan Dhan Yojana (2014-15); (c) Launch of social insurance schemes – PMJJBY and PMSBY (2015-16), and finally (d) Convergence of AABY to PMJJBY, seem to have impacted the implementation of the scheme. These events may have resulted in the change of focus by the implementing (nodal) agencies. Other related ground-level issues arising out of changes in the implementation mechanism may have impacted the growth.

For the first time a negative growth was registered in enrolment in the year 2014-15, which coincided with launch of Jan Dhan Yojana. The second decline in growth was registered in the year 2017-18, when the scheme was converged with PMJJBY. The data indicates that there was a drastic fall in the coverage under the scheme after the convergence. In the year 2016-17 the total number of individuals enrolled was 4.37 crore, which declined to 1.79 crore in the year 2017-18 after convergence. The decrease was 59%.

Interviews with the state agencies disclosed that the drop in enrolment in the last two years after the convergence was due to changes in the enrolment procedure and compliance requirements. Post convergence, digitisation of data and Aadhaar seeding was made mandatory, which delayed the enrolment process. Discussions also revealed that a few state governments are struggling to allocate funds with the increased financial commitment after the convergence.

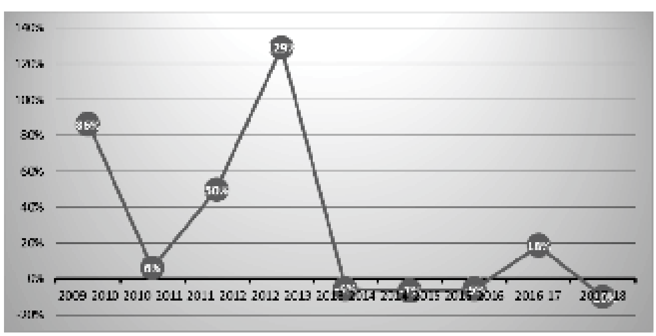
Claims Experience under AABY

The claims experience of AABY are examined in terms of: (i) the growth in the number of claims, (ii) the claim ratio, (iii) the total claim ratio and (iv) the average claim amount.

(i) Growth in Number of Claims

In the first three years (2009-10 to 2011-12) there was an average growth of 47% in the number of claims paid. In the year 2012-13, a phenomenal growth rate of 129 % was registered. This increase is commensurate with increase in the enrolment after the merger of the scheme with JBY. This rate substantially declined in the year 2013-14 and became negative. The deceleration continued with the exception in the year 2016 -17.

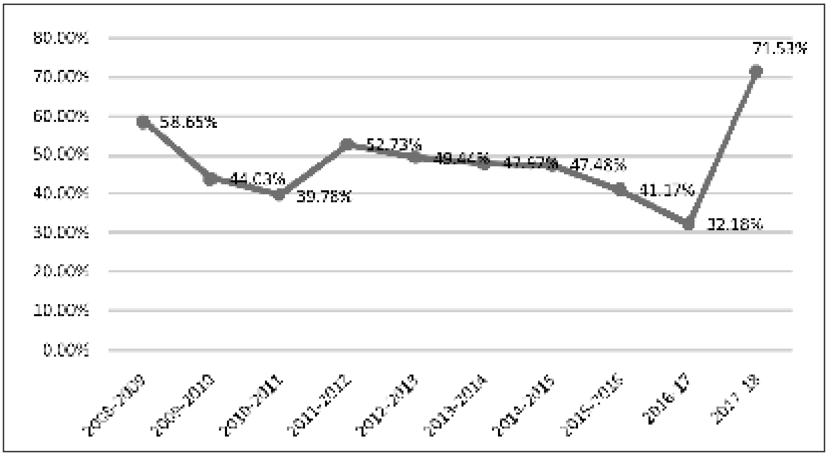
Figure 3: Year-on-Year Growth in Number of Claims



(ii) Claim Ratio

The claim ratio is the claim amounts paid in relation to the total premium received under the scheme in a particular year.

Figure 4: Claim Ratio

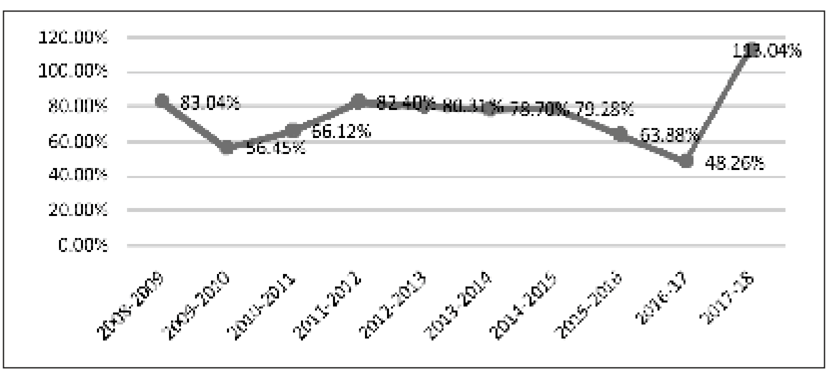


The claim ratio has remained positive varying in the range between 40% and 50% since the inception of the scheme, barring a few digressions in the years 2010-11, 2016-17. The claim ratio registered a peak at 52.73% in 2011-12 but showed a declining trend till 2016-17. However, after the merger of AABY with PMJJBY, the ra tio again rose to 71.51%.

(iii) Total Claim Outgo Ratio

The total claim/reimbursement under the scheme has two components: (a) the claim amount and (b) the scholarship amount. The data available about the claim amount is the total outgo in all the resources where data is available for AABT and JBY. The total Claim Outgo Ratio is the claim amount + the scholarship amount paid as against the total premium collected under the scheme in a particular year. Here, we are not taking into account the va rious administrative costs involved.

Figure 5: Total Claim Ratio Based on Total Claim Outgo (Claim + Scholarship)

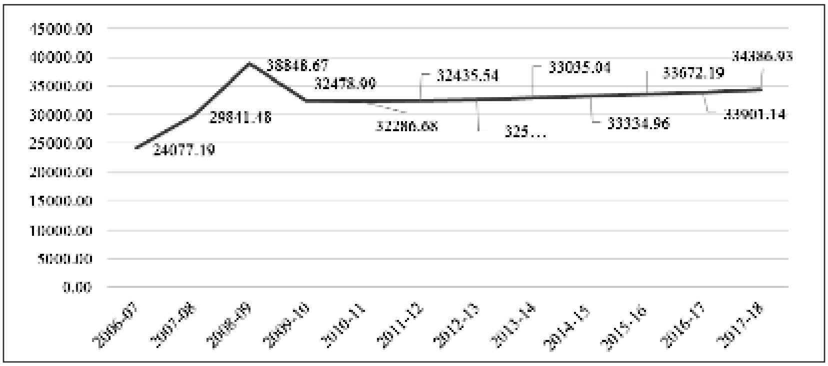


The total claim ratio registered a hike up to 82.47% in 2011-12 and remained at the same level till 2014-15. Thereafter it showed a decline during the years: 2015-16 and 2016-17. Subsequent to the merger of AABY with PMJJBY, it again increased up to 118%.

(iv) Average Claim Amount

The average claim amount is the total claim amount paid to the total number of claimants during a particular year. In totality, considering the performance of the earlier AABY and the now converged PMJJBY, during th e 10-year period: 2006-07 to 2017-18, the average claim amount has remained at Rs. 32,574. However, it has shown an upward trend since 2011-12. With the increase in the sum assured after the convergence of AABY, the average claim amount was bound to increase. In fact, the average claim amount was Rs. 34,387 in 2017-18.

Figure 6: Average Claim Amount (in Rs)



Changes after Convergence of AABY to Pradhan Mantri Jeevan Jyoti Bima Yojana / Pradhan Mantri Suraksha Bima Yojana (PMJJBY / PMSBY)

The convergence brought about several changes in the scheme. The major change was the increase in the sum insured. The beneficiaries covered under AABY in the age group of 18 to 50 years are covered under the converged PMJJBY and PMSBY. The sum insured under the converged scheme is Rs. 4,00,000 (PMJJBY and PMSBY combined). The revised premium under the converged scheme is Rs. 342 (Rs. 330 for PMJJBY and Rs. 12 for PMSBY). The state governments have their own differential rates for the special groups they cover under the scheme. The criteria for eligibility for scholarship and the amount remain the same. The scholarship will be paid only through the National Scholarship Portal[1].

The premium subsidy will continue to be paid under the new arrangement, where 50% of the premium (Rs. 171) will be paid by the SSF, maintained by the LIC, and the balance 50% will be paid by the state governments/nodal agencies. Beneficiaries who are in the age group of 51 to 59

[1] *National Scholarships Portal is one-stop solution through which various services starting from student application, application receipt, processing, sanction and disbursal of various scholarships to Students are enabled. National Scholarships Portal is taken as Mission Mode Project under National e-Governance Plan (NeGP).*

years will continue to be covered under the earlier AABY scheme. This arrangement has been adopted to continue the benefits of AABY, which was available for the beneficiaries in the age group of 18 to 59 years.

Table 1: Change in Scheme after Convergence

Features	Particulars	Before Convergence	After Convergence
Scheme	Eligibility	One scheme for the age group 18 to 59 years	Two parts: ***Age group 18 to 50 years*** converged with PMJJBY/ PMSBY; and ***Age group 51 to 59 years*** converged with AABY along with previous benefits
	Premium	200	Rs. 342 : differential rates for other groups
	Benefit	Rs. 75000 / 37500 / 30000	Rs. 2,00,000 life cover Rs. 2,00,000 PA cover
Scholarship	Benefit Reimbursement	Same Through nodal agency	Same Through DBT
Role of Nodal Agency	Enrolment	Handing Over List of Beneficiaries to LIC	Handing Over Details of Beneficiaries to LIC
		Master Policyholder	Master Policyholder
	Claim	Claim Intimation Verification and Claim Papers Handing over to LIC	Claim Intimation Facilitating Claim Processing by LIC after verification
		Maintaining Nominees' Details	Handing over to LIC

The role of the nodal agencies has remained the same for enrolment of beneficiaries. The nodal agency continues to be the Master Policy holder. However, there is a change in the role of the nodal agency in maintaining the data of the beneficiaries and claim processing. Earlier, the nodal agency was the primary owner of beneficiaries' details. After the convergence, the nodal agency has to handover the details to the LIC. However, the nodal agency will continue to facilitate the claim processing by intimating the claims and verifying the identities of the claimants. A significant change that convergence has brought is in terms of maintaining the beneficiaries' details. Whereas the nodal agency used to furnish beneficiaries'/ nominees' details at the time of submitting claim under AABY, under the converged scheme, the nodal agency has only to collect the details at the time of enrolment and submit them to the LIC of India.

Coverage under the Scheme: Contribution to Insurance Inclusion

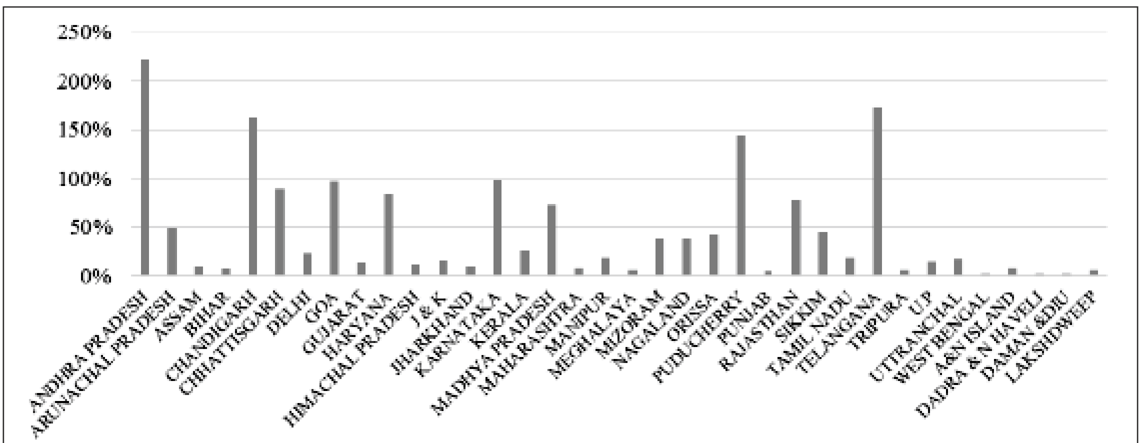
This section of the paper examines the impact of the scheme in providing financial security to the marginalised sections of society in terms of bringing insurance inclusion.

Social insurance schemes are mandated to bring socially and economically marginalised sections of society to the mainstream of the insurance sector. Providing subsidy in premium to the economically weaker sections of society is one of the common methods of assistance adopted by governments. AABY is one such scheme that identifies vulnerable sections of the society, based on their occupations, and provides premium subsidy. Along with this, children of the beneficiaries studying in standards 9 to 12, are also eligible for scholarship under the scheme.

This study has attempted to gauge the coverage achieved by the scheme with reference to the target population. in order to estimate th e spread of target population across the states spread over the Indian peninsula, the number of vulnerable households was obtained from the Socio Economic Caste Census : 2011(SECC 2011). This data for the state-wise number of vulnerable households is arrived at by summing up the number of households under categories 2,3,4,5 and 6, namely;

- Manual casual labour;
- Part-time or full-time domestic service;
- Foraging/rag picking;
- Non-agricultural own account enterpri se;
- Begging/charity/ alms collection.

Figure 7: State-wise Coverage under AABY in 2016-17 (wrt SECC Data)



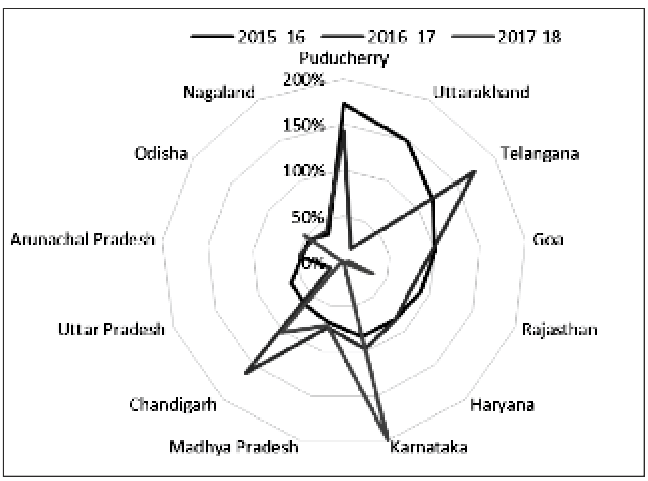
Taking SECC data of vulnerable rural households as proxy for the target population, Andhra Pradesh has covered 222% of the target population in the year 2016-17 and three States/UTs: Telangana, Pudducheri and Chandigarh have covered 100% of their population. Five States:

namely Karnataka, Goa, Chhattisgarh, Haryana and Rajasthan have covered more than 75% of the vulnerable population. In 20 states, less than 25% of the target population only has been covered under the scheme. The list of states indicating the extent of coverage in various states is presented in Table 2 below.

Table 2: Extent of Coverage in the States

Extent of Coverage	No. of States/UTs	Names of States/UTs
Less than 10%	10	Maharashtra, A&N Islands, Bihar, Meghalaya, Tripura, Lakshdweep, Punjab, West Bengal, Daman & Diu, Dadra & Nagar Haveli
Between 10 % to 25%	10	Delhi, Manipur, Tamil Nadu, Uttranchal, J & K, UP, Gujarat, Himachal Pradesh, Assam, Jharkhand
Between 25 % to 50%	6	Arunachal Pradesh, Orissa, Sikkim, Mizoram, Kerala, Nagaland
Between 50 % to 75%	1	Madhya Pradesh
Between 75% to 100%	5	Karnataka, Haryana, Goa, Chhattisgarh, Rajasthan
More than 100%	4	Andhra Pradesh, Telangana, Chandigarh, Puducherry

Figure 8: Performance of Top 16 States



During Last Three Policy Years (2015-16 to 2017-18) on the Basis of SECC Data

Comparison of the relative performance of states during last three years (2015-16 to 2017-18) indicates that only Chhattisgarh, Andhra Pradesh, Rajasthan, Karnataka, Madhya Pradesh and

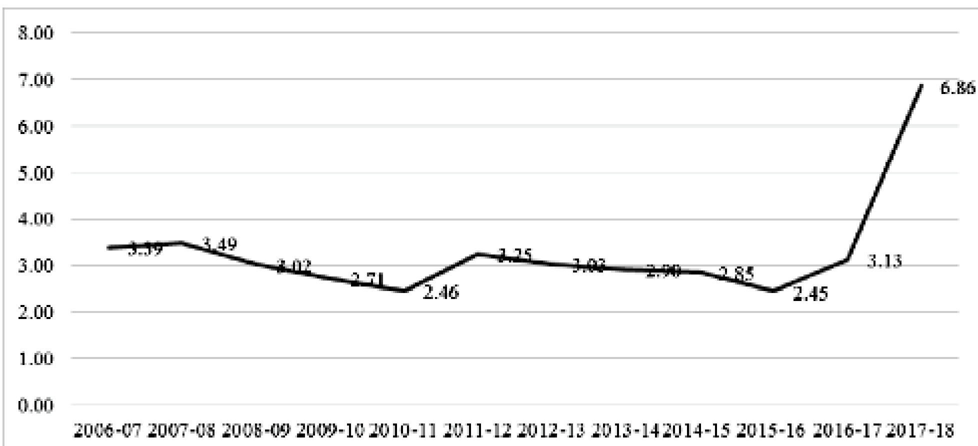
Chandigarh have been able to sustain a reasonable coverage. Figure 8 above depicts the relative performance of the states during last three years (Andhra Pradesh and Delhi are not included as the relative high coverage data was distorting the assessment.) Puducherry, Telangana, Haryana, Arunachal Pradesh and Nagaland have lost the momentum since the convergence of the schemes.

Impact of Convergence on Claim Experience and Future Implications

As per the data available for the three financial years: 2015-16 to 2017-18, the claim ratio had remained below 100%, indicating the financial non-viability of the scheme.

The scenario may drastically change in the coming years. The claim ratio may become adverse since the claims (amount) have increased by 6.7 times (Rs 2 lacs vis-a-vis to Rs 30 thousand), whereas the premium has increased only 1.65 times (Rs 330 vis-a-vis Rs 200). At the same time, per thousand number of claims has increased from 3.13 to 6.86 in 2017-18. It is to be noted that the average number of claims settled from 2006-07 to 2016-17 was below 3.5 per 1000 enrolments (Figure 9). The final outgo under the scheme will also depend on the number of claims submitted in the coming years.

Figure 9: Number of Claims Reported per 1000 Enrolment



As on May 14, 2018, nearly 5.35 crore individuals had enrolled under PMJJBY and the total number of claims received till that date was 1,02,849 (Economic Times). According to this data, per thousand claims under PMJJBY is 1.9.

If we use this claim number to extrapolate the future claim ratio under the converged PMJJBY, the expected claim ratio will be 115%. This ratio may increase in reality, because the target group of converged PMJJBY is the vulnerable sections of society, where mortality rate is expected to be high compared to the general population. It is to be noted that the PMJJBY is open to the general public. The PMJJBY scheme risk pool is better than the converged PMJJBY considering the economic conditions and the associated mortality rate. Hence, the number of claims reported under converged PMJJBY may be more than 1.9 and the claim ratio could be more than 115%.

A simulation of the claim experience with variable number of claims per one thousand (1.9 and 3.3), cover (Rs. 1,00,000 and Rs. 2,00,000) and premium is presented in Table 3. When the number of claims per thousand is taken as 3.3, the claim ratio increased to 200%. The claim ratio at this level becomes viable when the cover (the sum assured) is taken as Rs. 1,00,000. The scheme becomes viable keeping the sum assured at 2,00,000, if the premium is increased.

Table 3: Expected Claim Experience (Simulated Results)

Scheme	**Claims (per 1000 Enrolments)**	**Premium**	**Claim Amount (Rs)**	**Expected Claim Ratio**	**Remarks**
Base Scenario: Actual Result AABY	3.3	Rs 200	35,000	58%	Avg. Claim Rs. 34,386 (2017-18)
***Scenario 1:* Variable: No. of Claims per 1000 Enrolment**					
Converged PMJJBY	1.9	Rs 330	2,00,000	115%	Taking no. of claims of PMJJBY
Converged PMJJBY	3.3	Rs 330	2,00,000	200%	Taking historical no. of claims
***Scenario 2:* Variable - Cover**					
Converged PMJJBY	1.9	Rs 330	1,00,000	58%	Reducing cover to Rs 100,000
Converged PMJJBY	3.3	Rs 330	1,00,000	100%	Reducing cover to Rs 1,00,000
***Scenario 3:* Variable - Premium**					
Converged PMJJBY	1.9	Rs 380	200000	100%	Converged PMJJBY
Converged PMJJBY	3.3	Rs 660	200000	100%	Converged PMJJBY

Thus, we can conclude that at the present premium rate and the amount of claims paid, the scheme may be unviable in future. The scheme may become viable under the said conditions if cover under the scheme is reduced to Rs 100,000. This sum seems to be an adequate amount commensurate with the economic levels of the households. Also, this amount will be augmented with the claim amount under PMSBY. The other way of making the scheme viable is revising the present premium payable under the scheme.

Issues Involved in Implementation of Converged PMJJBY/PMSBY and Converged AABY, and, Ways to Overcome the Issues

Apart from financial viability, the scheme is facing various constraints arising in its implementation. The scheme AABY was facing problems like: (i) Identification of target population, (ii) Multiplicity of nodal agencies, (iii) Delay in claim settlement and (iv) lack of focus of nodal agencies. These issues have persisted even after the convergence. In addition, convergence has brought in fresh issues related with Adhaar seeding and lack of funds.

This section of the paper discusses the issues identified in the implementation of AABY, especially after the convergence, and, also presents views on how to deal with these bottlenecks.

(a) Lack of Clarity about Criteria for Target Population

AABY mandates coverage of rural landless people employed under listed occupations falling under informal sector and marginally above poverty-line households. The listed occupations/vocations have few categories such as: primary milk producers, hilly area women, agriculturists, rural poor, women associated with Self Help Groups (SHGs) and overseas Indian workers (for whom the criteria for identification is not available). This situation makes the identification of beneficiaries ambiguous and difficult for the nodal agencies. This has also resulted in the disproportionate coverage of the scheme in states like Andhra Pradesh and Telangana.

A common identification criteria like the use of SECC data will make the process transparent and easy to implement. Since the data for rural households is available and is being used for Ayushman Bharat, the same may be readily available to use. However, the availability of data and ease of use should be examined before taking any decision in this direction.

(b) Multiplicity of Nodal Agencies and Lack of a Standardized Process for Identification of Beneficiaries

Different states have different departments/agencies identified as nodal agencies. Their mandate and working styles differ from state to state. A common and standardised process flow may help in the efficient and smooth implementation of the scheme.

(c) Maintenance of Data and Records of Beneficiaries

In AABY the data of beneficiaries were being maintained by the nodal Agencies that are required to send the list of beneficiaries to LIC. At the time of claim settlement, the nodal agency was required to verify the documents and furnish the details to LIC. However, the documents required for verification of eligibility and claim filing was not being maintained by the nodal agencies. Obviously, this lacuna contributed to the long turn-around time for settlement of claims.

In the converged AABY, the nodal agencies have to provide all the details of the beneficiaries and their nominees to the LIC. This process takes considerable time to complete the requirements; this sort of rigmarole is impacts the enrolment process.

Accessibility to and adaptation of SECC data can ease out this process and streamline the work of nodal agencies.

(d) Long Route for Claim Filing

Claim reporting and filing is a long-drawn out process in many states, as it has to originate form the village functionary and pass through several departments/ intermediate offices before it reaches nodal agency and eventually at the designated LIC office. This leads to unnecessary delay in claim settlement.

Improvement in the process and setting up a standard IT-based process will improve the response time. Methods and processes successfully implemented in this regard in states like Andhra Pradesh and Telangana or other states, which are performing better in this direction, can be studied and adapted.

(e) Lack of Dedicated Human Resource with Nodal Agencies

Implementation of AABY is one of the many activities undertaken by the nodal agencies. It may not be apparent in the primary objectives of the nodal agency. Because of this, there is a lack of earmarked finances resources, as well as limited human resource employed for the implementation of the scheme. Being a non-primary activity for the nodal agency, it causes lack of focus and priority leading to further delay in implementation.

(f) Issues Related with Aadhaar Seeding

Seeding of the Aadhaar number is a precondition for enrolment under PMJJBY for the purpose of streamlining the processes and avoiding duplication. The various Indian states are in different phases of Aadhaar implementation and digitisation of the data. This whole process has resulted in delay in the enrolment of beneficiaries under PMJJBY.

(g) Personal Information Required in Converged PMJJBY by the Insurer

Originally AABY was conceived as a group insurance scheme and the nodal agency was the master policy holder. Whereas now the converged PMJJBY is an individual scheme for all practical purposes and every relevant information about a member has to be shared with the insurer. This is resulting into delay in the processing of an individual's membership form.

(h) Lack of Clarity among State Governments Regarding Fund Allocation

Initially, the state's premium contribution under AABY was Rs. 100. This was increased to Rs 171 under the converged PMJJBY. The state governments are facing issues of allocation of extra funds required for the enrolment because of the increased premium under the converged AABY; this is further delaying/dis-incentivising the enrolment of beneficiaries under the scheme.

Summary

AABY has a special place under the social insurance schemes because of its focus on socially and economically marginalised sections of the society. However, the impact of scheme is limited as the state-wise coverage under the scheme is skewed. Whereas only very few states have performed well consistently, many of the states have remained unengaged under the scheme. It can become advantageous for PMJJBY as the convergence of the scheme may bring the focus back to the marginalised community. It has also the advantage of increased benefits under the scheme which was long being demanded. But convergence has also posed challenges of financial viability of the scheme. There is a clear impact of convergence on sustainability of the scheme, as the claim experience may become negative in the near future. Necessary measures like revision of the sum assured or premium or both will be required by the government to keep the scheme viable in future as well. Also, adequate measures are required to improve the implementation of the scheme by the increased use of the Information and Communication Technology solutions now readily available.

References

- Accad, Mel Lorenzo (2013), Does Convergence of 4Ps and PhilHealth Sponsored Program Induce Outpatient Care Utilization for Illness/Injury? World Bank Washington, DC,
- Social Security Administration (2000), "A Brief History of Social Security", Issued on Social Security's 65thAnniversary, SSA Publication No. 21-059.
- Singh, Archana (2011), "Impact of Social Schemes on Awareness about Insurance among Low Income Households", Bima Quest: The Journal of Insurance, Pension and Management, Vol 11, Issue 2.
- Mehrotra, Santosh (2008), "Social Insurance System for India's Unorganised Sector Workers: The Case and the Cost, The Indian Journal of Labour Economics, Vol. 51, No. 2.
- Department of Financial Services, Government of India (2015), https://financialservices.gov.in/insurance-divisions/Government-Sponsored-Socially-Oriented-Insurance-Schemes/Pradhan-Mantri-Jeevan-Jyoti-Bima-Yojana(PMJJBY)
- http://secc.gov.in, – accessed on 15 Nov 2018
- http://www.licindia.in – accessed on 15 Nov 2018
- www.Indiastat.com – accessed on 15 Nov 2018
- https://www.pmjdy.gov.in/about – accessed on 15 Nov 2018
- http://www.jansuraksha.gov.in/ – accessed on 15 Nov 2018