

EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM – 15

CLAIM FORM FOR DEPENDANT'S BENEFIT

(Regulation 80)

| Name of the deceased | Insured | Person | | | | Ins. No | |
|---------------------------------------|-----------|----------------------------|--|--------------------------------|--|--|------------------------------------|
| S/W/D of | | | Date | of Death | | | |
| Last employed as | | by . | | | | | |
| I/we the follow and accordingly apply | _ | • | | | | eased Insured Perso | n, hereby claim |
| Name of the dependant | Sex | Age or year of birth | Marital status | Relations with th deceas | e | Present Address | Name of guardian in cas of a minor |
| 1. | 2. | 3. | 4. | 5. | | 6. | 7. |
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| | clare the | hat to the Dependent | e best of t's Benefit | my/our kn | owled | st of my/our knowle ge & belief, ther of the above-noted | e is no other |
| • | Signar | | | | ure* \begin{cases} 1. \\ 2. \\ \\ 3. \\ \\ 4. \\ \\ \\ \end{cases}. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | | |
| | | | ATTEST | TATION** | | | |
| Certified that the decla | rations, | as made al | bove are tr | ue to the be | st of m | y knowledge and be | elief. |
| | | Rubb | Name in Block letter and Rubber Stamp or Seal of the Attesting Authority | | | Signature | |
| * All major dopondants | ' chould | cian indivi | dually and | the guardian | to cia | n in agas of a minor | donondont |

Important:

Any person who makes a false statement or representation for the purpose of obtaining benefit, whether for himself or for some other person, commits an offence punishable with imprisonment for a term which may extend up to six months, or with a fine up to Rs.2,000/-, or with both.

^{*} All major dependants' should sign individually and the guardian to sign in case of a minor dependant.

^{**}This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Departments of Government, or (ii) a Municipal Commissioner, or (iii) a Workmen's Compensation Commissioner, or (iv) the Head of the Gram Panchayat under the official seal of the Panchayat, or (v) M.L.A./ M.P., (vi) Gazetted Officer, or (vii) a member of Local Committee/Regional Board of the ESI Corporation, or (viii) any other authority considered appropriate by the Branch Manager.