



EMPLOYEES' STATE INSURANCE CORPORATION

SICKNESS OR TEMPORARY DISABLEMENT BENEFIT

[Regulation 63 read with Section 63]

CLAIM FOR BENEFIT

I.....son/wife/daughter of.....Insurance No. hereby state that because of sickness/ temporary disablement, I have not been at work since..... I have not been in receipt of wages for leave holidays.

FURTHER, I state that I was not on strike during the period of certified abstention on account of sickness / temporary disablement, i.e., from..... to for which benefit is claimed.

* I no longer claim to be sick / temporary disabled from..... and I shall / did not take up any work for remuneration before that date.

I claim, benefit, accordingly, I desire payment in cash at local office / by money order.

Present employer (if changed)..... department.....

Present address (if changed)

Date

Signature/ Thumb impression

Branch Office

Accident case only

Date, time and place of accident if a notice of the accident had not been given to the employer state briefly, on a separate paper how the accident happened.

Date

Signature/ Thumb Impression

* Delete which is not applicable.

Notes :

1. Any person who makes a false statement or representation for the purpose of obtaining benefit whether for himself or for some other person renders himself liable to prosecution.
2. This Form should be completed and sent without delay to the appropriate Branch Office.
3. A final certificate must be obtained before resuming work.