



EMPLOYEES' STATE INSURANCE CORPORATION

MATERNITY BENEFIT FOR SICKNESS

[Regulation 89B]

CLAIM FOR BENEFIT

I wife/daughter ofInsurance No..... hereby state that because of sickness due to pregnancy / confinement / premature birth of child / miscarriage, I have not been at work since.....

* I no longer claim to be sick due to confinement from..... and I shall / did not take up any work for remuneration before that day.

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

Present employer (if changed)department.....present address, (if changed).....

Date

Signature of thumb impression

Branch Office

* Delete whichever is not applicable.

Important

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 completed and sent without delay to the appropriate branch office.
3. A final certificate must be obtained before resuming work.