



EMPLOYEES' STATE INSURANCE CORPORATION

SICKNESS OR TEMPORARY DISABLEMENT OR MATERNITY BENEFIT FOR SICKNESS

[Regulation 63 & 89B]

CLAIM FOR BENEFIT

I,son /wife / daughter of Insurance No..... declare that, because of sickness / temporary disablement, I have not been at work since the date mentioned in the first / last certificate sent to you.

[I have not been in receipt of wages on account of leave / holidays. I was not on strike during the period of certified abstention for which benefit is claimed.]

I no longer claim to be sick / temporarily disabled, 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.

Date

Signature or thumb impression

Present address (if changed)

Branch Office

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 be completed and sent without delay to the appropriate branch office.