



EMPLOYEES' STATE INSURANCE CORPORATION

MATERNITY BENEFIT FOR SICKNESS [Regulation 89B]

CLAIM FOR BENEFIT

I,wife / daughter of. Insurance No..... declare that, because of sickness due to pregnancy / confinement / premature birth of child / miscarriage, I have not been at work since the date of last / first certificate sent to you.

I no longer claim to be sick due to confinement fromday of.....20..... 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

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.