

**FORM 24 A**

**MATERNITY BENEFIT AFTER THE DEATH OF AN INSURED WOMEN  
LEAVING BEHIND THE CHILD**

[ Regulation 89A]

**CLAIM FOR BENEFIT**

Claim arising from the death on ..... of (insured women) ..... wife / daughter of  
..... having Insurance No. .... and last employed by  
.....

I ..... ( state relationship if any with the deceased ..... of the above named  
insured person, being her nominee / her nominee / her legal representative ( she having left no nominee )  
claim maternity benefit for the period from ..... to .....

I declare that the deceased insured person died on ..... leaving behind the child who is still  
alive / who also died on .....

The amount due may be paid to me to money order or in cash at the Branch Office.

I declare that the particulars given above are true to the best of my knowledge and belief.

Signature or thumb impression of the claimant .....

Dated .....

Present address .....

\* Certified that the declarations made above are true to be best of my knowledge and belief.

Signature .....

Designation .....

( Rubber stamp or seal of the attesting authority )

- 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 Gram-Panchayat under the official seal of the Panchayat; or (v) the employer of the deceased insured person, or (vi) any other authority approved by the appropriate regional office.

Note : Any person who makes a false statement or representation for purpose of obtaining benefit whether for himself or for some other person renders himself liable to prosecution.