



उप-क्षेत्रीय कार्यालय, बैरकपुर

REG. FORM - 20

SUB-REGIONAL OFFICE, BARRACKPUR

Employees' State Insurance Corporation

**CLAIM FORM MATERNITY BENEFIT AFTER THE DEATH OF AN
INSURED WOMAN LEAVING BEHIND THE CHILD**

(Regulation 89A)

Claim arising from the death on _____ of Ms _____
wife/daughter of _____, having Insurance No. _____
and last employed by M/s. _____

I _____, *being related to the above-named deceased Insured Person as her _____ and being her nominee/being her/legal representative (applicable if the I.w. dies leaving no nominee), hereby claim maternity benefit for the period from _____ to _____.

I also declare that -

- ** i) the deceased Insured Women died on _____ leaving behind the child who is still alive; or
- ** ii) the deceased Insured Women died on _____ leaving behind the child who also died on _____

The amount due may be paid to me by Money order / in cash at Branch Office

I further declare that the particulars, as given here-in-above are true to the best of my knowledge and belief.

Date _____

Signature / Thumb-impression of the Claimant

Name in Block letter and _____

Address of claimant _____

ATTESTATION

***Certified that the declarations, as made here-in-above, are true to the best of my knowledge and belief.

Name in Block letter and Rubber Stamp
or Seal of the Attesting Authority

Signature with Date _____

Designation _____

*Strike out this line if not applicable

** Delete either (i) or (ii), as may not be applicable in the case.

*** This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Department, of (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 M.L.A./M.P.; or (v) A Gazetted Officer of the Central/State Govt./Member of the Local Committee/Regional Board; or (vi) any other authority considered as appropriate by the Branch Manager concerned.

- IMPORTANT :**
1. This claim form duly filled up, is required to be submitted to the appropriate Branch Office, together with a death certificate in Form 24B, within 30 days of the death of the Insured Woman.
 2. Any person who makes a false statement or representation for the purpose of obtaining benefit, whether for himself or for some other person, commits an offence punishable with imprisonment for a term which may extend up to six months or with a fine up to Rs. 2,000/- or with both.