



# EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM -16

## CLAIM FOR PERIODICAL PAYMENTS OF DEPENDANTS' BENEFIT

(Regulation 83-A)

Name of the deceased Insured Person ..... Ins. No. ....

I ..... being the ..... of the  
(relationship)  
above-named deceased Insured Person and also being his/ her dependant, do hereby claim Dependants' Benefit for the period from ..... to .....

The amount due may be paid to me \_\_\_\_\_ by money order  
In cash/by cheque at Branch Office

I also declare that –

- \*i) **I have not married\*/ re-married, so far**  
(Applicable only in case of a female dependant).
- \*ii) **I have not attained the age of 18 years**  
(Applicable in case of minor male/female dependant)
- \*iii) **I am still infirm.**  
(Applicable only in case of a legitimate/ adopted\* infirm son or a legitimate/adopted\* unmarried infirm daughter who has attained the 18 yrs. of age. The claim to be accompanied, if required, by a certificate of specified authority).

Date .....

**\*\*Signature or Thumb-impression of the Claimant**

Present Address .....

**Name in Block letter of Claimant/Guardian.**

or

**\*\*\*Signature/ Thumb-impression of the Guardian**

for .....  
(name of the minor Dependant)

through .....  
(name of the Guardian)

his/ her .....  
(relationship with the Minor)

\*Please strikeout whichever is not applicable.

\*\*Applicable in the case of a claim by a major Dependant.

\*\*\*Applicable in the case of a claim for a minor dependant.