



EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM – 15

CLAIM FORM FOR DEPENDANT'S BENEFIT

(Regulation 80)

Name of the deceased Insured Person Ins. No.

S/W/D of Date of Death

Last employed as by

I/we the following, being dependants of the above named deceased Insured Person, hereby claim and accordingly apply for dependant's benefit on account of his/ her death:

Name of the dependant	Sex	Age or year of birth	Marital status	Relationship with the deceased	Present Address	Name of guardian in case of a minor
1.	2.	3.	4.	5.	6.	7.

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

I/We also declare that to the best of my/our knowledge & belief, there is no other dependant entitled to claim Dependent's Benefit in r/o the death of the above-noted deceased I.P., save and except those mentioned above.

Signature* {

1.

2.

3.

4.

ATTESTATION**

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

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

Designation

* All major dependants' should sign individually and the guardian to sign in case of a minor dependant.

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 the Gram Panchayat under the official seal of the Panchayat, or (v) **M.L.A./ M.P., (vi) **Gazetted Officer**, or (vii) **a member of Local Committee/Regional Board of the ESI Corporation**, or (viii) **any other authority considered appropriate by the Branch Manager.**

Important: 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.