

**FORM 21**

**MATERNITY BENEFIT**

**[ Regulation 88]**

**CERTIFICATE OF EXPECTED CONFINEMENT**

1[ Signature or thumb impression of the insured woman

Employer's Code No.....

Book No..... Stamp of the dispensary

Serial No..... Insurance No.....

To .....

I certify that I have examined you today and that in my opinion you may expect to be confined on or about  
..... \*

Signature midwife, if any

Signature or counter-signature of Insurance Medical Officer

(Rubber stamp or name in block letters)

Any other remarks

\* This date should not be more than fifty days later than the date of examination.