FORM 20

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

EMPLOYEES' STATE INSURANCE CORPORATION

(Regulation 89-A)

having Inst	rrance No* and last empl * *being related to the and being her nominee/bein	ofs/w/d ofoyed by M/ss above - named deceased Insured Person as her g her legal representative (applicable if the I.W. rnity Benefit for the period from to
I also	declare that -	
**(i)	the deceased Insured Woman die is still alive; or	ed onleaving behind the child who
**(ii)	the deceased Insured Woman die also died on	ed onleaving behind the child who
The a		Money order / in cash at Branch Office.
		given here-in-above, are true to the best of my
knowledge	-	,
Date:		
		Signature / Thumb-impression of the Claimant
		Name in Block Letters and
		Address of claimant
	ATTE	SATION
*** Cer knowledge		de here-in-above, are true to the best of my
Name in Bl	ock Letters and Rubber Stamp	Signature with date
	ne Attesting Authority	Designation
	this line if not applicable.	11
	ther (i) or (ii), as may not be applic	
	· · · · · ·	of the Revenue, Judicial or Magisterial
-	* * *	r, or (iii) a Workmen's Compensation
		chayat under the official seal of the
		Officer of the Central/State Govt./Member vi) any other authority considered as
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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 24-B, within 30 days of the death of the Insured Woman.

appropriate by the Branch Manager concerned.

2. Any person who makes a false statement or misrepresentation 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.]