

Form 18A & 27 (Regulation 83-A & 107-A)
CLAIM FOR PERIODICAL PAYMENTS OF DEPENDANTS' BENEFIT
EMPLOYEES' STATE INSURANCE CORPORATION

Name of the deceased Insured Person _____ Insurance number _____
No. _____ I _____ being the _____
_____ of the above- named deceased (relationship) Insured Person,
and also being his/her dependant, do hereby claim Dependant's 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 declare that I have not married/remarried so far
I declare that I have attained the age of twentyfive but I continue to be infirm
I declare that I am dependant mother/father of the deceased
I have not married/remarried so far

Date: _____
Signature of the thumb impression _____
_____ of the dependant
..... Through
Name of th minor _____ Name of the Guardian _____
Present Address _____

LIFE CERTIFICATE

Certified that.....W/S/D/F/M
of..... is alive this day the day of
..... of 20.... and that the declarations made above are true to the best of
my knowledge and belief.

Date: _____ Signature and designation _____
Rubber Stamp or seal of the Attesting Authority _____

1) This declaration is to be given only be widow or female dependant of deceased insured person who is claiming dependant's benefit under the Act. li) This declaration is to be given only in respect of a legitimate son/legitimate or adopted unmarried daughter who is infirm, iii) This declaration is to be given only in respect of dependant mother/father of deceased IP

(Strike out which is not applicable)

Note: in the case of minor the guardian should sign the declaration on behalf of the minor and add the following words below his signature (name of the minor) through (Name of the Guardian)

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