



**EMPLOYEES' STATE INSURANCE CORPORATION**

REG. FORM- 15

**CLAIM FORM FOR DEPENDANT'S BENEFIT  
(Regulation 80)**

Name of the Insured Person ..... Insurance 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

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 s.2,000/-, or with both.