



EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM- 16

**CLAIM FOR PERIODICAL PAYMENTS OF DEPENDANTS' BENEFIT
(Regulation 83-A)**

Name of the deceased Insured Person Ins. No.

I being the of the above – named deceased Insured Person and also being his/ her dependant, do hereby claim Dependants' 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 also declare that –

- *i) I have not matted*/ re-married, so far
(Applicable only in case of a female dependant).**
- *ii) I have not attained the age of 18 years
(Applicable in case of minor male/ female dependant)**
- *iii) I am still infirm.**

(Applicable only in case of a legitimate/ adopted* infirm son or a legitimate/ adopted* unmarried infirm daughter who has attained the 18 yrs. Of age. The claim to be accompanied, if required, by a certificate of specified authority).

Date

**** Signature or Thumb-impression
of the Claimant**

Present Address
.....

Name in Block letter of Claimant/Guardian.

or

***** Signature/ Thumb-impression
of the Guardian**

for
(name of the minor Dependant)
through
(name of the Guardian)
his/her
(relationship with the Minor)

* Please strikeout whichever is not applicable.

**Applicable in the of a claim by a major Dependant.

*** Applicable in the case of a claim for a minor dependant.