



# EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM – 20

## CLAIM FOR MATERNITY BENEFIT AFTER THE DEATH OF AN INSURED WOMAN LEAVING BEHIND THE CHILD (Regulation 89A)

Claim arising from the death on ..... of Ms. ....  
..... wife/ daughter of ..... having Insurance No. ....  
..... and last employed by M/s. ....

I, ....., \*being related to the above-named deceased Insured Person as her  
..... and being her nominee/ being her legal representative (applicable  
if the I.W. dies leaving no nominee), hereby claim Maternity Benefit for the period from .....  
..... to .....

I also declare that –

- \*\*i) the deceased Insured Women died on ..... leaving behind the child who is still alive; or
- \*\*ii) the deceased Insured Women died on ..... leaving behind the child who also died on .....

The amount due may be paid to me by Money order/ in cash at Branch Office

I further declare that the particulars, as given here-in-above, are true to the best of my knowledge and belief.

Date .....

.....  
Signature/ Thumb-impression  
of the Claimant

Name in Block letter and. ....

Address of claimant. ....

### ATTESTATION

\*\*\*Certified that the declarations, as made here-in-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 with Date .....  
Designation .....

\*Strike out this line if not applicable.

\*\*Delete either (I) or (ii), as may not be applicable in the case.

\*\*\*This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Department; or (ii) a Municipal Commissioner; or (iii) a Workmen's Compensation Commissioner; or (iv) the Head of gram Panchayat under the official seal of the Panchayat, or M.L.A./M.P.; or (v) **A Gazetted Officer of the Central/ state Govt./ Member of the Local committee/Regional Board;** or (vi) **any other authority considered as appropriate by the Branch Manager concerned.**

- 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 24B, within 30 days of the death of the Insured Woman.
  2. 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 Rs.2,000/- or with both.