



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
(relationship)
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 married*/ 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 case of a claim by a major Dependand.
 ***Applicable in the case of a claim for a minor dependant.