



EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM – 22

FUNERAL EXPENSES CLAIM FORM

(Regulation 95E)

Claim arising out of death on of s/w/d of
....., aged years, having Insurance No. [] []
and last employed as by
M/s. Code No.

I s/w/d/ of aged
..... years declare: -

***i) that I am the eldest surviving member of the family of the deceased Insured Person, whose particulars are furnished here-in-above, and that I actually incurred an expenditure of Rs. (Rupees only) necessary for the funeral of the said deceased person.**

or

***ii) that the deceased Insured Person, whose particulars are furnished there-in-above, did not have a family/ was not living with his family at the time of his/ her death and that I actually incurred an expenditure of Rs. (Rupees only) on the funeral of the deceased Insured Person.**

Accordingly, I do hereby claim funeral expenses for the amount of Rs.
(Rupees only).

Date

Name in Block
Letters

Signature/ Thumb-impression
of the 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
Designation
Date

*Delete either (i) or (ii), which 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., Local committee/Regional Board or (vi) **any other authority considered as appropriate by the Branch Manager concerned.**

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

NOTE:- In the case of a minor, the guardian should sign the claim form on behalf of the minor and then add the following below his/ her signature : -

..... (Name of the Minor)
Through (Name of the Guardian)
his/ her (Relationship with the Minor)