



DEPENDENT BENEFIT CLAIM FOR THE FIRST TIME
EMPLOYEES' STATE INSURANCE CORPORATION
(Regulation 80)



Name of the deceased Insured Person _____ Ins. No. _____

S/W/D of _____ Date of Death _____

Last employed as _____ by _____

I /we the following, being dependants of the above deceased Insured Person, hereby claim 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 there is no other dependant entitled to claim Dependant's Benefit in r/o the death of the above deceased I.P., save and except those mentioned above.

Signature*

Signature* { 1. _____
2. _____
3. _____
4. _____

ATTESTATION**

*Certified that the declarations 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 Rs.2,000/-, or with both.