

FORM 1A

FAMILY DECLARATION FORM (Regulation 15A)

Name of the insured person

Insurance Number

Sl. No.	Name	Date of birth	Relationship with insured person	*Whether residing with him/her or not

I hereby declare that my parents' monthly income (from all the sources) does not exceed Rs 9000/-

I also hereby declare that the particulars above have been given by me and are true to the best of my knowledge and belief. I also undertake to intimate to the Corporation any changes in the membership of my family within 15 days of such changes having occurred.

Date

Signature / Thumb-impression of the insured person

Countersigned

Date

Designation

Name, Address and code no. of employer

Note : According to section 2, clause (11) of the Employees' State Insurance Act, 1948, "family" means all or any of the following relatives of an insured person, namely, (i) a spouse; (ii) minor legitimate or adopted child dependent upon the IP; (iii) a child who is wholly dependent on the earnings of the IP and who is – (a) receiving education, till he or she attains the age of 21 years, (b) an unmarried daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependent on the earnings of the IP, so long as the infirmity continues; (v) dependent parents.