

**CLAIM OF SURVIVING CHILDREN FOR MATERNITY BENEFIT****EMPLOYEES' STATE INSURANCE CORPORATION**

Employer's Code No. \_\_\_\_\_

Signature or thumb impression  
Of the Insured Woman

Insured Woman's Name \_\_\_\_\_

Insurance No. \_\_\_\_\_

Name &amp; Signature of Employer

Wife/Daughter of \_\_\_\_\_

I do hereby declare that as on date, I have the following surviving child / children.

Sl. No.	Name of IW	Gender	Date of Birth
First Child			
Second Child			
Third Child			
Fourth Child			

Further, I do hereby declare that information furnished above is true. Nothing has been concealed. Therefore, my claim for payment of Maternity for the first/second/third/forth child may be accepted for payment.

Date :

Signature or thumb impression  
of the Insured Woman

**IMPORTANT :** Any person who makes a false statement or representation for the purpose of obtaining benefit, whether for herself or for some other person commits an offense punishable with imprisonment for a term which may extend upto six months or with a fine upto Rs.2000/- or with both.