



EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM- 19

CLAIM FOR MATERNITY BENEFIT & NOTICE OF WORK

(Reg. 88, 89 & 91)

**Signature or thumb impression
of the Insured Woman**

Employer's Code No.

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Book No.

Insured Woman's Name _____

Serial No.

Insurance No.

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Wife/Daughter of _____

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Stamp of the Dispensary

I, the above-mentioned Insured Woman hereby claim Maternity Benefit for expected confinement/Confinement*/miscarriage with effect from.

I further declare that I have ceased*/shall cease to work for remuneration with effect from the aforesaid date.

*I do hereby give notice that I have taken up/shall take up work for remuneration with effect from. I have drawn maternity benefit only upto.

Present Employer**

Deptt. shift & Occupation.

Present Address.

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Date.

**Signature/thumb impression
of the Insured Woman**

Name of the Branch Office.

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* Please delete whichever not applicable.

** If not in employment, mention the particulars of last employer.

IMPORTANT:-

1. No work for remuneration shall be taken up during the period for which Maternity Benefit is being claimed or is to be claimed.
2. Notice for resumption of work must be sent before any work is taken up.
3. 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 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.