



HEADQUARTER OFFICE
EMPLOYEES STATE INSURANCE CORPORATION
PANCHDEEP BHAWAN: CIG MARG NEW DELHI

No.R/14/13/99-Bft.II

Dated: 18.07.2017

To,

All Regional Directors/Director (I/Cs)/Jt. Dir.(I/Cs)
SSMCs/SMCs
MS ESI Model Hospitals
Regional Offices/Sub-Regional Offices,
ESI Corporation,

Sub: Amendment in Employees State Insurance (Central) Rules, 1950 relating to Maternity Benefits under ESI Scheme.

Sir/Madam,

Please refer to this office letter of even No. dated 06.02.2017 whereby instructions regarding Maternity Benefit was issued.

In view of the amendment in Employees State Insurance (Central) Rules 1950, for the first two maternity benefits Insured Woman shall be entitled to receive Maternity Benefit for 26 weeks of which not more than 8 weeks shall precede the expected date of confinement. For having two or more than two surviving children, IW shall be entitled to receive maternity benefit during the 12 weeks of which not more than 6 weeks shall precede the expected date of confinement.

Instances have come to notice of Hqrs. that the family particulars of IP/IW vary from those available in the IP Portal which lead to undue benefit. In order to obviate this issue, it has been decided to obtain a self declaration from the IW for number of her surviving children as on date of presenting the maternity benefit claim. The requisite Self-Declaration form is enclosed herewith.

It has also been decided that on the basis of Self-Declaration given by the IW, if found varying from family particulars available on IP Portal, the Branch Manager will ensure payment of total 12 week of maternity benefit immediately. Remaining payment, if any, shall be made to IW within 14 days subject to verification of the records of the employer etc.

Contd....

You are requested to bring it to the notice of all branch offices under your control and ask them to obtain Self-Declaration Form alongwith claim form No.19 from IW for settlement of Maternity Benefit claim.

This issues with the approval of Insurance Commissioner.

Yours faithfully,

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(S.S.Srivastava)
Deputy Director (Bft.)

Copy to:

1. All Officers and Branches of Hqrs. Office.
2. Joint Director, Official Language for translation.
3. ✓ Web Content Manager for uploading on ESIC Website.
4. Director, ICT (Hqrs. Office) to make necessary changes in system module.
5. Guard file.


Deputy Director (Bft.)

• SELF DECLARATION OF IW FOR SURVIVING CHILDREN FOR MATERNITY BENEFIT CLAIM

EMPLOYEES STATE INSURANCE CORPORATION

Employer's Code No. _____

Signature or thumb impression
of the Insured Woman

Insured Woman's Name _____

Insurance No. _____

Name & 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.