



EMPLOYEES' STATE INSURANCE CORPORATION

REG. FORM- 22

**FUNERAL EXPENSES CLAIM FORM
(Regulation 95E)**

Claim arising from the death on of S/W/D of
..... aged years, having Insurance
No..... and last employed as by
M/s..... Code No.....

I S/W/D of aged
.....years declare:-

- *i) that I am the eldest surviving member of the family of the deceased Insured Person, Whose particulars are furnished here-in-above, and that I actually incurred an expenditure of Rs..... (Rupees only) necessary for the funeral of the said deceased person.**

or

- *ii) that the deceased Insured Person, whose particulars are furnished there-in-above, did not have a family/ was not living with his family at the time of his/ her death and that I actually incurred an expenditure of Rs..... (Rupees..... only) on the funeral of the deceased Insured Person.**

Accordingly, I do hereby claim funeral expenses for the amount of Rs.....
(Rs.....only).

Date..... Name in Block

Letters Signature/Thumb-impression
Of the Claimant

ATTES5TATION

** Certified that the declarations, as made here-in-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 with Date

Designation

Date

* Delete either (i) or (ii), as may not be applicable in the case.

** This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Department; or (ii) a Municipal Commissioner; or (iii) a workmen's Compensation Commissioner; or (iv) the Head of gram Panchayat under the official seal of the Panchayat, or M.L.A/M.P; or (v) A Gazetted Officer of the central/ State Govt. / Member of the Local Committee/ Regional Board; or (vi) any other authority considered as appropriate by the Branch Manager concerned.

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.

NOTE: In the case of a minor, the guardian should sign the claim form on behalf of the minor and then add the following below his/her signature:-

..... (Name of the Minor)

Through (Name of the Guardian)

His/Her(Relationship with the Minor)