

**FORM 1A**  
**FAMILY DECLARATION FORM**  
*(Regulation 15A)*

Name of the insured person .....

Insurance Number .....

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

I 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.