

FORM 22
FEDERAL EXPENSES CLAIM FORM
EMPLOYEES' STATE INSURANCE CORPORATION
(Regulation 95-E)

Claim arising out of 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. (Rupees only)

Date : Name in Block Letters
Signature / Thumb-impression
of the Claimant

ATTESATION

******* Certified that the declarations, as made here-in-above, are true to the best of my knowledge and belief.

Name in Block Letters and Rubber Stamp Signature
or Seal of the Attesting Authority Designation
Date

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

******This certificate is to 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 misrepresentation 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)