

कार्यालय .....

\* कृपया जो भी लागू न हो उसे हटा दें

\*\* यदि रोजगार में नहीं है, पिछले नियोक्ता का विवरण दें।

\*\*\* उपर्युक्त घोषणा कमीशनिंग माता और गोद लेने वाली माता पर लागू नहीं है।

आवश्यक :

1. अवधि जिसके लिए मातृत्व हितलाभा का दावा किया जाता है अथवा दावा किया जाना है, के दौरान पारिश्रमिक के लिए कोई कार्य नहीं किया जाएगा।
2. कोई भी कार्य शुरू करने से पहले कार्य पुनः आरंभ करने की सूचना भेजनी होगी।
3. यदि कमीशनिंग माता एवं अन्य महिला दोनों वीमाकृत महिला हैं, तब दावे का भुगतान केवल कमीशनिंग माता को किया जाएगा।  
गर्भपात की स्थिति में कमीशनिंग माता के साथ-साथ अन्य महिला को भी दावा भुगतान देय नहीं होगा।
4. यदि न्यायालय द्वारा गोद लेने को अमान्य ठहराया जाता है तो वीमाकृत महिला, उसे भुगतान की गई मातृत्व हितलाभ की पूरी राशि वापस करेगी।
5. यदि वीमाकृत महिला जुड़वा बच्चों को जन्म देती है, तो ऐसा दावा एकल दावा माना जाएगा।
6. किसी व्यक्ति द्वारा स्वयं के लिए या किसी अन्य व्यक्ति के लिए हितलाभ प्राप्त करने के उद्देश्य से ज्ञाता व्यान अथवा अभ्यावेदन दंडनीय अपराध है जिसके लिए वह छह माह तक कारावास या रु. 2000/- का जुर्माना या दोनों से ही दंडित करने योग्य होगा।

## EMPLOYEES' STATE INSURANCE CORPORATION NOTIFICATION

New Delhi, the 20<sup>th</sup> March, 2020

**No. N-12/13/1/2016-P&D:**—Whereas draft Regulation further to amend the Employees' State Insurance (General) Regulations, 1950 was published as required under sub-section (1) of Section 97 of the Employees' State Insurance Act, 1948 (34 of 1948), in the Gazette of India (Extraordinary), Part-III – Section – 4 vide Sr. No.52 dated the 24th January, 2020 for inviting objections and suggestions from all persons likely to be affected thereby till the expiry of the period of Thirty days from the date on which this notification was published, are made available to the public :—

And whereas, the said Gazette Notification were made available to the public on 11.02.2020; And no objections or suggestions were received from any of the persons likely to be affected;

Now, therefore, in exercise of the powers conferred by Section 97 of the Employees' State Insurance Act, 1948 (34 of 1948), the Employees' State Insurance Corporation, do hereby makes the following Regulations further to amend the Employees' State Insurance (General) Regulations, 1950, namely :-

1. These Regulations may be called Employees' State Insurance (General) (First) Amendment Regulations, 2020.
2. In the Employees' State Insurance (General) Regulation, 1950, the following changes in Regulations and Regulation forms will be made.

### (i) **Insertion of Regulation 87 A : Notice of Commissioning Mother**

An Insured Woman who wishes to have a child and get embryo implanted in any other women shall give such notice in Form 17 amended to the appropriate branch office by post or otherwise and shall submit together with Agreement of embryo implantation executed between commissioning mother with the other woman.

### (ii) **Insertion of Regulation 88A: Declaration by Insured Women of her surviving child or children**

Insured Women claiming maternity benefit before confinement or after confinement or miscarriage shall submit the declaration of her surviving child or children. In case

Insured woman giving birth to more than one child such claim shall be treated a single claim, however, for the next confinement the number of surviving children should be counted as per the actual number of surviving children at the time of claiming maternity benefit.

**(iii) Insertion of 89 C : Claim for Maternity Benefit by Commissioning Mother**

Regulation 89 C Every Commissioning mother who as biological mother wishes to have a child and prefers to get embryo implanted in any other woman, claiming maternity benefit shall submit to the appropriate office by post or otherwise a claim for maternity benefit in Form 19 (Amended) together with copy of agreement on non-judicial stamp paper between commissioning mother and the other woman to whom embryo implantation is intended, copy of certificate issued by Assisted Reproductive Technology Clinic and copy of birth certificate issued by the authority under the Registration of Births & Deaths Act, 1969.

Provided further that if commissioning mother and the other woman both are Insured Women, the claim will be provided only to the commissioning mother. Claim against miscarriage will not be payable to the commissioning as well as to the other woman.

**(iv) Insertion of 89 D Claim for Maternity Benefit by Adoptive Mother**

Regulation 89 D Every Insured woman, who legally Adopt a child of upto 3 months of age, claiming maternity benefit shall submit to the appropriate office by post or otherwise a claim for maternity benefit in (Form 19 Amended) together with copy of the court order/Certificate from Registrar and birth certificate issued by the Authority under the Registration of Births & Deaths Act, 1969 incorporating the name of adoptive parents or single Insured woman who legally adopts a child and copy of the Adoption Order issued by the Competent Court.

*In case of annulment of adoption approved by the court Insured Woman will refund maternity benefit received by her.*

**(v) Regulation Revised Form no. 17 and Form no. 19 as notified vide No. N-11/13/2/2003 – P&D dated 01.10.2004 and published in the Gazette of India (Part-III Section-4) dated 23rd October, 2004, shall be substituted by revised forms as annexed to this notification of Draft Regulations.**

3. They shall come into force on publication of final notification in the Gazette of India.

[ADVT.-III/4/Exty./31/2020-21]

A.K.SINHA, Insurance Commissioner

**[FORM 17]**

**CERTIFICATE/NOTICE OF PREGNANCY**

**MATERNITY BENEFIT**

**(Regulation 87& 87A)**

**EMPLOYEES' STATE INSURANCE CORPORATION**

Signature or thumb-impression

Of the Insured Woman

Employer's Code No. ....

Book No. ....

Insured Woman's Name.....

Serial No. ....

Insurance No. ....

Stamp of the Dispensary

Certified that I have examined the above mentioned Insured Woman and that in my opinion she is pregnant and her pregnancy appears to be.....weeks old.

Or {proposed to be incorporated)

*Certified that I have examined the original Agreement of embryo implantation executed between commissioning mother with the other woman. I have also examined certificate of embryo implantation issued by the Assisted Reproductive Technology Clinic recognized by Indian Council of Medical Research.*

Date.....

Signature of Counter-signature of Insurance Medical Officer

.....  
Name in Block Letter and

Rubber Stamp

Any other Remarks.....

I, ..... Insurance No. .....  
wife/daughter of ..... hereby give notice of pregnancy.

Or

I, ..... Insurance No. ..... wife/daughter of .....  
..... hereby submit the copy of agreement for commissioning.

Present address

.....

Present/last employer.....

Date.....

.....  
Signature or thumb-impression  
of the Insured Woman

### FORM 19

#### CLAIM FOR MATERNITY BENEFIT AND NOTICE OF WORK

[Existing Regulations {88 (ii), 89 & Regulation 91},

New Added Regulation {{88(iv), 89(C), and 89(D)}}

EMPLOYEES' STATE INSURANCE CORPORATION

.....  
Signature of thumb-impression

Of the Insured woman

Book No.....

Serial No.....

Employer's Code No.....

Insured Woman's Name.....

Insurance No.....

Wife/Daughter of .....

Stamp of the Dispensary

I, the above mentioned Insured Woman hereby claim Maternity Benefit for expected confinement or confinement\* or miscarriage of self or commissioning mother or Adopting mother 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 the .....I have drawn maternity benefit only upto.....

\*\*\* I hereby declare that as on date I have the following child/children and I do hereby declare that the information furnished is true and nothing has been concealed.

Sl. No.	Name of IW	Gender	Date of birth
First Child			
Second Child			
Third Child			
Forth Child			

Present/last employer\*\*.....

Department, shift and occupation.....

Present address.....

Signature or thumb-impression of the Insured Woman

Date.....

Name of the Branch

Office.....

\* Please delete whichever not applicable

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

\*\*\* The above declaration is not applicable for commissioning mother & adoptive mother.

**IMPORTANT:-**

1. No work for remuneration shall be taken up during the period for which Maternity Benefit is claimed or is to be claimed.
2. For resumption of work must be sent before any work is taken up.
3. If Commissioning mother and other woman both are Insured Woman then the claim will be provided only to the commissioning mother. Claim against miscarriage will also not be payable to the commissioning as well as to the other woman.
4. In case annulment of adoption approved by the Court, Insured Woman shall refund the entire amount of maternity benefit paid to her.
5. In case Insured woman gives birth of twin child such claim shall be treated a single claim.
6. A person who makes a false statement or representation for the purpose of obtaining benefit, whether for himself or for some other person, commits an offense 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.