



EMPLOYEES' STATE INSURANCE CORPORATION

Benefit Payment Docket For the Branch Office:

Bill No :

Date :

Insurance Number :

Insured Person :

Claim Payable To :

Present Address of Claimant :

Payment For :

Payment Mode :

Claimed Days :

Total Benefit Amount :

Amount Recovered in Account
of Excess Payment (If Any):

Arrear Amount (If Any):

Net Payable :

Amount In Words:

Cashier Please Pay....

(This is a computer generated payment docket, no signature is required)

Branch Manager