

THE EMPLOYEES' STATE INSURANCE ACT, 1948

Coverage of Employee - Nomination:

- Filled-in Declaration in Form-1 is required from eligible employees along with two post-card size photographs (with light back-ground and clearly visible face) of the employee.
- If the Family members' details are filled-in at the space provided at (D) and the Employee requires ESI benefits to be extended to the Family member of the Employee, then the said members of the Family of the employee should also mandatorily figure in the same post-card size photograph. No other persons should figure in the said photographs.
- Family Members would mean
 - (i) Spouse,
 - (ii) a minor legitimate or adopted child dependant on the Employee,
 - (iii) a child who is wholly dependant on the earnings of the Employee and is
 - (a) receiving education, till he / she attains the age of 21 years,
 - (b) an unmarried daughter
 - (iv) a child who is inform by reason of any physical or mental abnormality or injury and is wholly dependant on the earnings of the Employee so long as the infirmity continues,
 - (iv) Dependant parents

Filling up Declaration Forms:

To be filled-in by Employee

- (A) Insured Persons' Particulars:
 - 2. Name (in Block Letters)
 - 3. Father's / Husband's Name (in the case of woman employee, if married, Husband's Name to be entered)
 - 4. Date of Birth
 - 5. Marital Status
 - 6. Gender
 - 7. Present Address
 - 8. Permanent Address
- (B) Employer's Particulars:
 - 10. Date of Appointment (*to be filled-in either by Employee or if details are provided to us, the same would be filled-in by us*)
- (C) Details of Nominee:
 - Nominee to receive any cash benefits in the event of death – generally Mother or spouse, if married.
- (D) Family Particulars of Insured Person:
 - Only Family members, as listed in description above, are eligible to be mentioned. They could also avail any medical benefits from the ESI.

- However it should be noted that, all the members mentioned in this part of the Form should mandatorily figure in the same photograph submitted by the Employee, else the Form would be rejected by the ESI Office.
- The same detail should also be reproduced in similar portion appearing at the bottom of the second page of the Form.

Signature of the Employee:

- The Employee is required to affix signature at two places in the Form:
 - (i) in the space appearing above the note "Signature / TI of IP" at the bottom of the first page, and
 - (ii) in the space appearing above the note "Signature / TI of IP" the first half of the second page.