

**FORM 13**

**SICKNESS OR TEMPORARY DISABLEMENT OR MATERNITY**

**[Regulation 63 and 89 ]**

**CLAIM FOR BENEFIT**

I, ..... son/wife/daughter of .....Insurance

No..... declare that, because of sickness / temporary disablement, I have not been at work since the date mentioned in the first / last certificate sent to you.

1[ I have not been in receipt of wages on account of leave, holidays. I was not on strike during the period of certified abstention for which benefit is claimed.]

I claim benefit accordingly, I desire payment in cash at local office / by money order.

Date ..... Signature of thumb impression

Local Office .....

Present address (if changed) .....

**Notes:**

1. Any person who makes a false statement or representation for the purpose of obtaining benefit whether for himself or for some other person renders himself liable to prosecution.
2. This form should be completed and sent without delay to the appropriate local office.
3. The insured person should obtain a final certificate before resuming work.