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E. S. I. C.

मुख्यालय,  
कर्मचारी राज्य बीमा निगम  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)  
HEADQUARTERS OFFICE,  
EMPLOYEES' STATE INSURANCE CORPORATION  
(Ministry of Labour & Employment, Govt. of India)



सत्यमेव जयते

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No. P-11/14/11/ COVID-19 Relief Scheme/ 2021-Bft II

Dated 04.06.2021

To,

All Regional Directors/ SRO in-charges  
Regional Office/ Sub-Regional Office

Subject: - Instructions for implementation of the scheme ESIC COVID-19 Relief Scheme.

Sir,

Kindly refer to this office letter of even number dated 03.06.2021 through which the scheme document of ESIC COVID-19 Relief Scheme was forwarded for information and necessary action. IN this connection the detailed instructions for implementation of the scheme are given as under: -

**1. Scheme objective.**

The scheme is a welfare measure for IPs who are employees under section 2(9) of the ESI Act and it provides relief to the dependants of the IP in case of his/ her death due to COVID-19. In case of death of IP due to COVID-19, the eligible dependant family members of IP will be paid periodic payments directly to the bank account.

**2. Validity of Scheme**

The Scheme shall be effective for a period of two years w.e.f. 24.03.2020.

**3. Eligibility Conditions**

- (a) The IP who died due to COVID-19 disease must have been registered on the ESIC online portal at least three months prior to the date of diagnosis of COVID-19 disease resulting in his/ her death.
- (b) The deceased IP must have been in employment on the date of diagnosis of COVID-19 disease and contributions for at least 70 days should have been paid or payable in respect of him/ her during a period of maximum one year immediately preceding the diagnosis of COVID-19 disease resulting in death.

**4. "Dependents" to whom the relief is payable.**

In case of death of the IP due to COVID-19, the following relatives of the IP shall be eligible to receive periodical payments under the scheme: -

- i. spouse, a legitimate or adopted son who has not attained the age of twenty- five years, an unmarried legitimate or adopted daughter;
- ii. a widowed mother.

- iii. if wholly dependent on the earnings of the insured person at the time of his death, a legitimate or adopted son or daughter who has attained the age of twenty-five years and is infirm.
- iv. In case the deceased IP does not leave spouse or legitimate or adopted child or widowed mother then the following relatives, if wholly or in part dependant on the earnings of the Insured Person at the time of his death: -
  - a) a parent other than a widowed mother,
  - b) a minor illegitimate son, an unmarried illegitimate daughter or a daughter legitimate or adopted or illegitimate if married and a minor or if widowed and a minor,
  - c) a minor brother or an unmarried sister or a widowed sister if a minor,
  - d) a widowed daughter-in-law,
  - e) a minor child of a pre-deceased son,
  - f) a minor child of a pre-deceased daughter where no parent of the child is alive, or
  - g) a paternal grand-parent if no parent of the insured person is alive.

**5. Distribution of relief amongst the dependents.**

90 % of the average wages of the deceased IP, which will be called as full rate of the relief, will be paid to the dependants of the IP who died due to COVID-19 disease in the manner as under:-

- i. to the spouse during life, an amount equivalent to three-fifths of the full rate. If there are two or more widows, the amount payable to the spouse as aforesaid shall be divided equally between the widows;
- ii. to each legitimate or adopted son, an amount equivalent to two-fifths of the full rate until he attains the age of twenty-five years. In the case of a legitimate or adopted son who is infirm and is wholly dependent on the earnings of the insured person at the time of his death, the relief shall continue to be paid while the infirmity lasts;
- iii. to each legitimate or adopted unmarried daughter, an amount equivalent to two-fifths of the full rate. In the case of legitimate or adopted daughter who is infirm and is wholly dependant on the earnings of the insured person at the time of his death, the relief shall continue to be paid while the infirmity lasts.
- iv. to the widowed mother during life an amount equivalent to two-fifths of the full rate.
- v. If the total of the relief distributed under the scheme among the spouse, legitimate or adopted children and widowed mother of the deceased person as aforesaid exceeds at any time the full rate, the share of each of these dependants shall be proportionately reduced, so that the total amount payable to them does not exceed the amount of relief at the full rate.
- vi. In case the deceased person does not leave spouse or legitimate or adopted child or widowed mother the relief shall be payable to other dependants as follows: -
  - a) To a parent other than the widowed mother or grand-parent, for life, at an amount equivalent to three-tenths of the full rate and if there are two or more parents (other

*Handwritten signature*

than widowed mother) or grand-parents the amount payable to the parents (other than widowed mother) or grand-parents as aforesaid shall be equally divided between them.

- b) to any other — (i) male dependant, until he attains the age of eighteen years, (ii) female dependant, until she attains the age of eighteen years or until marriage, whichever is earlier or if widowed, until she attains eighteen years of age or re-marriage, whichever is earlier at an amount equivalent to two-tenths of the full rate and if there be more than one dependant under (b) the amount payable shall be distributed equally.

**6. Calculation of average daily wages: -**

Average daily wages will be calculated in the manner similar to that in case of Dependant's benefit under ESI Act 1948 except in cases where the contribution period April-September 2020 comes into play in determining the average daily wages and the contribution paid for the deceased IP in it is zero due to lock down. In such case the IP shall be treated as new entrant and average daily wages shall be determined accordingly.

**7. Minimum Relief under the Scheme.**

The minimum relief under the scheme shall be Rs 1800/- per month.

**8. Implementation of the scheme.**

- i. The claimant for the relief will be required to submit their claim for relief under the scheme in form CRS-I enclosing the COVID-19 positive report (in original or attested copy) and death certificate (in original) in nearest ESIC Branch Office.
- ii. If the ESIC Branch Office in which the claim has been filed by the claimant is not the designated Branch Office of the deceased IP then the Branch Manager shall forward this claim along with all documents to the designated ESIC Branch office of the deceased IP within three working days through e-mail and speed post after verification of the death certificate and Covid-19 positive report (if issued locally) either from the issuing authority or scanning the QR code marked on them and verification of the identity of the claimant(s) along with completed claim for payment in form CRS-III. A certificate of verification of death certificate and COVID-19 positive report shall be issued by the Branch Manager and enclosed with claim in CRS-I. A certificate of verification of Identity of the claimant shall be issued by the Branch Manager and attached with claim in CRS-III along with all documents. If the claimant(s) submits a request for shifting of all their records to the nearest branch office from the designated Branch office of the deceased IP the same shall also be enclosed.
- iii. If the death certificates and the COVID-19 certificates have been issued by an authority in any third city (other than city of Designated branch or of BO where the claim is filed) then the BM who received the claims shall forward it along with all documents to the designated Branch Office after verification of Identity of the claimants as in Sl. no i above, with a copy to the Branch office in or nearest to the city from where the certificates have been issued. The

verification of these certificates shall be done by the Branch Manager of this third BO and the same with verification report shall be forwarded to the Designated Branch office of the deceased IP within 3 days of its receipt.

- iv. If the claimants file the claim in the designated Branch Office of the IP itself, then the verification of the certificates and identification of the claimants (if issued locally) will be done by the Branch Manager of designated office. Claim for payment in CRS-III shall also be obtained from the dependants at the time of receiving claim for relief. Certificates issued by authority in any other city shall be got verified through nearest Branch Office.
- v. Proof of the age and identity of dependants shall be given by means of Aadhar or birth certificate issued by the competent authority.
- vi. For the IPs who were availing Maternity Benefit (MB) or Extended sickness benefit (ESB) or Temporary Disablement Benefit (TDB) and died due to COVID-19 and who fall short of the required 70 days of contribution due to being on MB, TDB or ESB, the number of days they were on MB, TDB or ESB during the period of one year prior to the diagnosis of COVID-19 will be counted for their eligibility for relief under the scheme.
- vii. There may be cases of death even after recovery from COVID-19 and discharge from hospital. In such cases, if the death results within 30 days of recovery and discharge from hospital, then the case shall be decided by Regional Director/ Sub-Regional Office in-charge on recommendation of a Medical board comprising of Medical Superintendent of nearest ESIC/ESIS Hospital, Specialist (Pulmonology/Chest diseases) and Specialist (Medicine), ESIC/ESIS hospital. In cases where the date of recovery cannot be ascertained for want of COVID-19 negative report, then Post COVID-19 death after 45 days of testing COVID-19 positive shall also be considered for relief under the scheme.
- viii. The power to decide the case shall be with the Regional Director/ Sub-regional office in-charge as the case may be.
- ix. The dependants other than spouse, a legitimate or adopted son who has not attained the age of twenty-five years, an unmarried legitimate or adopted daughter or a legitimate or adopted son or daughter who has attained the age of twenty-five years and is infirm, shall provide the certificate of dependency in form CRS-II duly attested by any one of the authorities mentioned there along with claim for relief in form CRS-I. The dependency of these dependents shall be ascertained as is done in case of dependent's benefit.
- x. The claim of the dependants for relief under the scheme shall be examined by the Branch Manager of the designated Branch office of the deceased IP on the basis of the record in respect of deceased IP available online. If the records regarding wages and contributions or employment of the IP are not available online, it will be obtained by visiting the employer's premises and the eligibility will be ascertained accordingly.
- xi. While processing the claim for relief, the actual date of registration, date of uploading wage details and other particulars in respect of the deceased IP shall be verified by the Branch Office



- Manager from audit trail in each case to prevent any case of fraud. These details of date of registration, date of uploading wage details and other particulars in respect of the deceased IP shall be mentioned by the Branch Manager while forwarding the case to RD/SRO (I/c).
- xii. The Branch Manager shall forward the completed claim along with all documents and his recommendations in the case to the Regional Director/ SRO In-charge through e-mail and speed post.
- xiii. The claim of the claimants will be examined by the RO/ SRO which will satisfy itself about: -
- a. the relationship of the dependants claiming relief under the scheme with the deceased IP.
  - b. the guardian of the minor dependent of the deceased IP. The widow mother of the minor child shall be considered as natural guardian of the child even if she re-marries.
  - c. status of infirmity of the infirm dependent of the deceased IP.
  - d. the claim of an adopted child. In case of claim of relief under the scheme in respect of an adopted child, the certificate of adoption issued by competent authority/ competent court of law certifying the adoption by the deceased IP must be obtained.
  - e. the fact that the death certificate of the IP and the COVID-19 positive certificate have been verified by the Branch Manager.
- xiv. The claims by the dependents if found in order shall be accepted by the Regional Director / SRO in-Charge after obtaining financial concurrence by local finance and conveyed to the claimant(s) and Branch Office. The first payment if due shall be made in the bank account of the claimant by the designated BO within 15 days of receipt of the complete claim. Subsequently periodical payments of the relief shall be made by the designated Branch office of ESIC allotted to the deceased IP by batch process. If request from the dependent(s) is received the Branch Manager will transfer the record of relief sanctioned under ESIC COVID 19 Relief Scheme to the ESIC Branch Office nearest to the place of residence of dependant(s).
- xv. A claimant in receipt of relief under this scheme shall be required to submit a declaration in form CRS-IV along with life certificate duly signed by an authority specified in the form itself under his seal / rubber stamp once every year.
- xvi. The certificate of continuation of infirmity shall also be submitted in respect of the infirm child every year in the proforma in CRS-V.
- xvii. The rate of relief under the scheme shall be reviewed by the Regional Office/ Sub-Regional Office on following grounds: -
- a. Death of the any dependant;
  - b. Birth of posthumous child;
  - c. Marriage of the daughter;
  - d. Termination of infirmity of an infirm dependant by the medical referee of Corporation.
  - e. On attaining the age of 25 years by the male child of the deceased IP.

- xviii. All claims accepted for relief under the scheme and the payments made shall be audited by the local audit team.
- xix. Record of the cases sanctioned for relief under the scheme shall be maintained at the regional office or Sub-regional office as the case may be. Proforma given in ESIC-40 and ESIC-102 may be suitably modified for this purpose.
- xx. The payment for the relief under the scheme shall be booked under the head "Cash Benefits" with a distinct sub-head "ESIC Covid-19 relief scheme".
- xxi. The Branch Officer of the Benefit Branch in Regional Office/ Sub-Regional Office shall act as grievance redressal officer for the grievances received under the scheme and shall also strictly monitor progress on the claims made under the scheme.
- xxii. A help desk will be created at every Branch Office/ Regional office/ Sub-regional Office to provide information about the scheme and if needed to help the claimant(s) in filing their claim. The official manning the help desk must behave in a courteous manner with the persons/ claimants coming for information or for filing claim.
- xxiii. Wide publicity to the scheme be given through banner and pamphlets in the local language. The design of the publicity material shall be provided by the Public Relation division soon.
- xxiv. The actions on the claim received shall be taken very promptly by the Branch Office Staff. The claim belonging to other Branch offices shall be forwarded immediately by E-mail and Speed post and a copy of the same shall be retained. The record of the claims forwarded along with the name and address of the office to which the same were forwarded shall be maintained in a register at the Branch office.
- xxv. The spouse of the deceased IP shall be eligible for medical care as provided to the widow of a deceased IP who died due to employment injury on depositing Rs 120/- lump-sum for one year.
- xxvi. All claims will be settled within 15 days of receipt of complete claim.

This issues with approval of Director General

  
(M.K Sharma)

Insurance Commissioner (Rev./Bft.)

Distribution: -

1. All Regional Directors/ Sub-regional office In-charge, ESIC Regional Office/ Sub-regional office.
2. PPS to Director General/ Financial Commissioner/ Chief Vigilance officer, ESIC.
3. PPS to IC (Rev/Bft.)/IC (ICT)/IC(PMD)/ IC(P&A)/IC(NTA),, ESIC Heqadquarters.
4. Director (M) Delhi/ Noida/ KK Nagar.
5. All Medical Superintendent, ESIC Hospitals/ ESI Model Hospitals  
Dean, All Medical Institutions, ESIC.
6. JD(F)/DD (F)/AD(F), all Regional Office/ Sub-Regional Office ESIC, D(M) Delhi/ Noida/ KK Nagar/  
ESIC Hospitals/ ESI Model Hospitals.
7. Website content Manager for uploading on website.
8. Public Relation branch for information and necessary action.
9. Guard file.

**Employees' State Insurance Corporation****CLAIM FORM FOR RELIEF UNDER ESIC COVID-19 RELIEF SCHEME**

Name of the deceased IP \_\_\_\_\_

Ins. No. \_\_\_\_\_

S/W/D of \_\_\_\_\_

Date of Death \_\_\_\_\_

Last employed as \_\_\_\_\_ by \_\_\_\_\_

I /we the following, being dependants of the above named deceased Insured Person, hereby claim and accordingly apply for relief under the ESIC COVID-19 Relief Scheme on account of his/her death due to COVID-19:

Name of the dependant	Sex, age or year of birth	Aadhar Number (enclose photo copy)	Relationship with the deceased and Marital status	Present Address and mobile number (if available)	Name and Aadhar number of the guardian in case of a minor

I/we are enclosing the following documents in support of my/our claim: -

1. Death certificate (Original) of late Sh./Smt/Kum. \_\_\_\_\_ issued by \_\_\_\_\_
2. Covid-19 positive report (Original/Attested copy) of late Sh./ Smt/ Kum. \_\_\_\_\_ issued by \_\_\_\_\_
3. Proof of Identity of deceased IP (Aadhar/ Voter Id/ e-pehchan in original)
4. Copy of Aadhar of the claimant(s).
5. Birth Certificate of \_\_\_\_\_

I/We declare that the particulars given above are true to the best of my/our knowledge and belief.

I/we also declare that to the best of my/our knowledge & belief, there is no other dependant entitled to claim relief under the ESIC COVID-19 Relief Scheme in r/o the death of the above-noted deceased I.P., save and except those mentioned above.

Signature/ Thumb impression of  
dependant or guardian (in case of a minor)

1.  
(Name )
2.  
(Name )
3.  
(Name)
- 4  
(Name)

**ATTESTATION**

Certified that the declarations made above are true to the best of my knowledge and belief.

Signature of the attesting authority  
Seal with name and Designation

[(i)All major dependants should sign individually and the guardian to sign in case of a minor dependant.

(ii)This certificate is to be given by (i) an officer of the Revenue, Judicial or Magisterial Departments of Government; or (ii) a Municipal Commissioner; or (iii) a Workmen's Compensation Commissioner; or (iv) the Head of the Gram-Panchayat under the official seal of the Panchayat; or (v) M.L.A./M.P., (vi) Gazetted Officer, or (vii) a member of Local Committee/Regional Board of the ESI Corporation, or (viii) any other authority considered appropriate by the Branch Manager.]

**[IMPORTANT.-** Any person who makes a false statement or representation for the purpose of obtaining the relief under the scheme, 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.]

**Employees' State Insurance Corporation**  
**Certificate of dependency**  
**(To be submitted by dependant other than Spouse, son, daughter and widowed mother)**

Certified that I/we were wholly/partially dependent upon the earnings of the deceased Shri..... Insurance No..... at the time of his death due to COVID-19: -

Sl. No.	Name	Father's/ Husband's Name	Relationship to deceased	Address and Mobile Number	Signature/ Thumb impression	Aadhar Number
1	2	3	4	5	6	7

Certified that the above declaration is correct to my knowledge and belief.

Signature :

Designation :

Rubber stamp :

[(i) In case of minor, signature/Thumb Impression of guardian should be appended in Column (6)  
(ii) This form may be got attested from any one of the following authorities:- An officer of revenue, judicial or magisterial department of Government, or (ii) Municipal Commissioner or (iii) a Workmen's Compensation Commissioner or (iv) the head of gram panchayat under the official seal of the panchayat; or (v) a Member of Parliament; or (vi) a Member of Legislative Assembly; or (vii) a Member of Standing Committee or the Employees' State Insurance Corporation or (viii) a Member of Regional Board or Local Committee of the Corporation.

**IMPORTANT.** - Any person who makes a false statement or representation for the purpose of obtaining the relief under the scheme, 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.]

*AKP*



## Employees' State Insurance Corporation

**CLAIM FORM FOR RELIEF UNDER ESIC COVID-19 RELIEF SCHEME****(Form for requesting for payment under the Scheme)**

Name of the deceased IP \_\_\_\_\_

Ins. No. \_\_\_\_\_

Recent  
Photo of the  
claimant

I \_\_\_\_\_ being the \_\_\_\_\_ (relationship) of the above named deceased Insured Person, do hereby claim the relief under the ESIC COVID-19 Relief Scheme and request that the relief be paid to me electronically in my Bank Account details of which are given below.

Name of the Bank \_\_\_\_\_

Branch address \_\_\_\_\_

Bank Account number \_\_\_\_\_

MICR number \_\_\_\_\_

IFSC Code number \_\_\_\_\_

I also declare that: -

- i. I have not married so far (Applicable only in case of daughter of the deceased IP)
- ii. I have not attained the age of 18 years (Applicable in case of minor male/ female dependant)
- iii. I am still infirm (applicable in case of a legitimate/ adopted infirm son or a legitimate/ adopted Unmarried infirm daughter who has attained the age of 25 years. The claim may be accompanied by a certificate from the Medical Referee)

Signature/ thumb impression of the claimant

Name \_\_\_\_\_

Present address \_\_\_\_\_

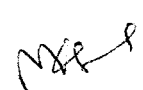
Mobile Number \_\_\_\_\_

Signature/ thumb impression of the guardian

Name \_\_\_\_\_

Present address \_\_\_\_\_

Mobile Number \_\_\_\_\_



## Employees' State Insurance Corporation

**DECLARATION & CERTIFICATE FOR DEPENDANTS' BENEFIT EMPLOYEES STATE INSURANCE CORPORATION**

Name of the deceased Insured Person \_\_\_\_\_

Ins. No. \_\_\_\_\_

I, \_\_\_\_\_, being the \_\_\_\_\_ of the above-named deceased Insured Person and also being his dependant, do hereby solemnly declare:-

(i) that I have not married so far. (to be given only by a daughter of the deceased IP)

(ii) that I have not yet attained the age of eighteen years. (to be given only in respect of a minor male or female dependant)

(iii) that I have attained the age of twenty-five years but continue to be infirm. (to be given by a legitimate/adopted infirm son or by a legitimate/adopted infirm daughter. Certificate as specified, to be attached, if required)

Present Address: \_\_\_\_\_

Mobile Number:- \_\_\_\_\_

Date.....

\_\_\_\_\_  
Signature or thumb impression of the dependant\_\_\_\_\_  
Name in Block letters of signing claimant

Signature or thumb impression of Guardian of a minor dependant.....

Name of the minor dependant .....

Relation with the dependant .....

**CERTIFICATE**

Certified that Shri/ Smt. Kumari \_\_\_\_\_ w/s/d/ of \_\_\_\_\_ is alive this day the \_\_\_\_\_ day of \_\_\_\_\_ 20 and that the declarations made above are true to the best of my knowledge and belief.

Signature.....

Seal with designation and name .....

[This certificate is to be 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 (v) an M.L.A./M.P.; or (vi) A Gazetted officer of the Central / state Govt. or (vii) a member of the Regional Board/Local Committee of the ESIC; or (viii) any other authority considered appropriate by the Branch Manager concerned.]

**Employees' State Insurance Corporation**

**CRS-V**

**CERTIFICATE OF INFIRMITY**

This is to certify that Shri/Km..... date of  
birth/aged .....S/d of late Sh./Smt..... (IP/IW), Ins.  
No..... has been examined by me today and that in my opinion  
he/she is/has continued to be infirm by reason of which he/she was wholly dependent on the  
earnings of his/her father/mother and in my opinion his/her infirmity prevents him/her from  
making a living. Nature of infirmity .....

MEDICAL REFEREE

ESI Corporation.....

Dated:

Name:

Seal

*Handwritten signature*