

FORM 1B
CHANGES IN FAMILY DECLARATION FORM
[Regulation 15B]

Name of the Insured Person
Insurance No.

I hereby declare that the person / persons whose particulars are given below has / have now become / ceased to be members of my family :

| Sl. No. | Name | Date of Birth | Relationship with insured person | * Whether residing with him / her or not | Reasons for change |
|---------|------|---------------|----------------------------------|--|--------------------|
| | | | | | |

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

.....
Signature /Thumb-impression of the insured person
Date
Countersigned
Date
Designation.....

Name, address and code No., of employer.....

¹**[Note :** According to Section 2, clause (11) of the Employees' State Insurance Act, 1948, "family" means all or any of the following relatives of an insured person, (i) a spouse, (ii) a minor legitimate or adopted child dependent upon the IP; (iii) a child who is wholly dependent on the earnings of the IP and who is – (a) receiving education, till he or she attains the age of 21 years, (b) an unmarried daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependent on the earning of the IP, so long as the infirmity continues; (v) dependent parents.]