

# **EMPLOYEES' STATE INSURANCE CORPORATION**

# <u>e-Pehchan Card</u>

Insured Person :Anil Sitaram PolkeInsurance No. :2504383884Date of Registration :27/06/2022

| YOUR REGISTRATION DETAILS                      |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
| Employee Name:                                 | Anil Sitaram Polke   | Type of Disability :                           | None                                      |  |  |  |
| Name of Father / Husband:                      | SITARAM  | Date of Birth :                                | 26/05/1993                                |  |  |  |
| Marital Status :                               | Married  | Gender :                                       | Male                                      |  |  |  |
| Present Address :                              | MUKUNWADI,Dist:Aurangabad,Maharashtra  | Permanent Address :                            | MUKUNWADI,Dist:Aurangabad,Maharas<br>htra |  |  |  |
| Dispensary / IMP for IP :                      | D 4 Chikalthana, Aurangabad, MH (ESIS  | Dispensary / IMP for Family:                   | D 4 Chikalthana, Aurangabad, MH (ESIS     |  |  |  |
| UHID   | Disp.)<br>MH01.0014436899  | i  | H Disp.)                                  |  |  |  |
| С  | urrent Employer Details  | First  | Employer Details                          |  |  |  |
| Employer's Code No. :                          | 25000077330000699  | Employer's Code No. :                          | None                                      |  |  |  |
| Sub Unit's Code No. :<br>Date of Appointment : | None<br>18/06/2022   | Sub Unit's Code No. :<br>First Insurance No. : | None<br>None                              |  |  |  |
| Name of Employer :                             | YASHRAJ MULTI SERVICES   | Name of Employer :                             | None                                      |  |  |  |
| Address of Employer :                          | PLOT NO 20 MIDC<br>CHIKALTHANA,CHIKALTHANA,AURANGA<br>BAD.Dist:AurangabadMaharashtra431210 | Address of Employer :                          | None                                      |  |  |  |

### Family Details:

| Name | Relationship<br>with the<br>Employee | Date of Birth | UHID | Whether Residing with Insured Person | State | District |
|------|--------------------------------------|---------------|------|--------------------------------------|-------|----------|
|      |                                      |               |      |                                      |       |          |

#### Nominee Details:

| Name of Nominee | Relationship with IP | Percentage | Address of Nominee                       |
|-----------------|----------------------|------------|--|
| SITARAM         | Dependant father     | 100        | SAME AS<br>IP,MaharashtraDist:Aurangabad |

### **Documents Uploaded:**

none

Signature / LTI of Registered Employee / IP :

Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)

Mobile Number : 9595954894

#### NOTE:

- 1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
- 2. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer

Employees' State Insurance Corporation is a premier organization providing Social Security to workforce in the form of Medical and Cash Benefits in the contingencies of Sickness, Maternity, Disablement or death due to employment injury.

| SI.No | Benefits   | Entitlement   | Duration  | Rate of Benefit  |  |
|-------|--|---|---|--|--|
| 1     | Medical Benefit  | From day one of entering into   |   | Reasonable medical care, Super<br>Speciality treatment, comprehensive<br>medical care & clinical investigation   |  |
| 2(a)  | Sickness Benefit   | 78 days in relevant Contribution Up to 91 days in two<br>Period consecutive Benefit Period  |   | 70% of average Daily wages   |  |
| 2(b)  | Enhanced<br>Sickness Benefit   | 78 days in one Contribution Period  | 7 days/ 14 days for male/female<br>insured person respectively for<br>undergoing sterilization operation  | 100% of average Daily wages  |  |
| 3     | Extended<br>Sickness Benefit   | 156 days in 4 consecutive<br>Contribution Period  | 124 to 309 days may be<br>extended to 730 days in case of<br>specified long term diseases   | 80% of average Daily wages   |  |
| 4(a)  | Temporary<br>Disablement<br>Benefit  | From day one of entering<br>Insurable employment  | As long as temporary disablement lasts  | 90% of average Daily wages   |  |
| 4(b)  | Permanent<br>Disablement<br>Benefit  | From day one of entering<br>Insurable employment  | For whole life  | Depending upon loss of<br>earning capacity of Insured  |  |
| 5     | Dependents<br>Benefit  | From day one of entering<br>Insurable employment  | Paid to the dependents of the<br>Insured Person. Who dies as a<br>result of employment injury, in<br>manner as detailed in Rule 58  | 90% of average Daily wages.<br>Shareable in fixed proportion.  |  |
| 6     | Maternity Benefit  | 70 days in immediately<br>preceding 1 or 2 consecutive<br>Contribution Periods  | 26 weeks in case of normal<br>delivery for 1st two surviving child<br>thereafter 12 weeks. 6 weeks in<br>case of miscarriage. 12 weeks<br>for commissioning/adopting<br>mother. | 100% of average Daily wages  |  |
| 7     | Rajiv Gandhi<br>Shramik Kalyana<br>Yojana  | Insurable employment for the last 2<br>years with 78 days contribution paid/<br>payable in each Contribution Period,<br>Involuntary Unemployment due to<br>closure of factory, retrenchment or<br>permanent disablement due to<br>non-employment injury>40% | For a maximum period of 24<br>months. Vocational training of up<br>to 1 year for upgrading skill of<br>Insured Persons receiving<br>unemployment allowance.                     | <ul> <li>I. Unemployment allowance<br/>at the rates of <ol> <li>50% of last avg. daily</li> <li>wages - 0 to 12 Months.</li> <li>25% of last avg. daily</li> <li>wages - 13 to 24 Months</li> </ol> </li> <li>2. Medical care for self and<br/>family during receipt of<br/>unemployment allowance.</li> </ul> |  |
| 8     | Funeral Expenses   | From day one of entering<br>Insurable employment  | For defraying expenses on<br>funeral of an Insured Person   |  |  |
| 9     | Confinement<br>expenses  | No condition other than insurable employment.   | Up to two confinements  | Rs. 5000/- per case of confinement<br>to an Insured Women or an Insured<br>person in respect of his wife in case<br>facilities for confinement are not<br>available in ESI institutions.   |  |
| 10    | Medical Care toSuperannuated/permanentlyretired Insuredretired/retired under VRS /Pre-maturePersonsretirement/ permanently retired due toemployment injury after being ininsurable employment for 5years/spouses of such deceasedInsured Persons/spouses receivingDependent Benefit. |   | On yearly basis.  | Medical facility within ESIC<br>on payment of Rs. 120/- for<br>self  |  |

• For detailed information on benefits you are requested to visit website www.esic.nic.in or call toll free number 1800112526