

Maternity Leave Insurance Claim Form (For Government Employees)

This **maternity leave insurance claim form** sample is designed specifically for government employees to facilitate a smooth and efficient claim process. It includes all necessary fields to ensure proper documentation and timely reimbursement. Using this form helps employees comply with government regulations and receive their entitled benefits without hassle.

A. Employee Information

Full Name:

Employee ID Number:

Designation/Position:

Department/Agency:

Contact Number:

Email Address:

B. Maternity Leave Details

Maternity Leave Start Date:

Maternity Leave End Date:

Expected/Actual Date of Delivery:

Number of Days Claimed:

Type of Claim:

-- Select --

If Other, please specify:

C. Supporting Documents Checklist

Document	Attached
Medical Certificate/Birth Certificate	<input type="checkbox"/>
Proof of Employment (Appointment Order/ID)	<input type="checkbox"/>
Leave Application Approved by Supervisor	<input type="checkbox"/>
Latest Salary Slip	<input type="checkbox"/>
Other Relevant Documents	<input type="checkbox"/>

D. Bank Details for Claim Settlement

Bank Name:

Branch:

Account Number:

IFSC/Branch Code:

E. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I undertake to refund any excess payment made to me or any amount found to have been paid to me wrongly.

Signature of Applicant:

Date:

F. For Office Use Only

Verified by	<div></div>	Date	<div></div>
Remarks	<div></div>		
Approved By	<div></div>	Date	<div></div>