

Cash Benefit Claim Request

Submission and Processing

For

SB and Other Benefits

Overview

Purpose of this document is to give a complete description about the process of successful Submission and processing of **Cash Benefit - Claim Request**, in case certificate has been issued by ESI IMO/IMP manually/physically. IP can submit the certificate manually by uploading scanned image of issued certificate.

Here IP can submit subsequent claim intimation request for SB and Other claims once earlier claim request is approved.

Cash Benefit Claim Request Submission



कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation
(Ministry of Labour and Employment, Government of India)



श्रम एवं रोजगार मंत्रालय
Ministry of Labour and Employment
भारत सरकार (Government of India)

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- TENDER
- DASHBOARD
- PUBLIC GRIEVANCE

All the employers are request



Health Passbook

User-friendly mechanism for beneficiary identification, recording of clinical findings and consultation advice by the Insurance Medical Practitioner(s)

Your Treatment Details at a Glance

- Small QR coded booklet with the credential of ESIC beneficiary having photograph affixed on the cover of the Health Passbook duly attested by the Employer/ESIC Branch Manager
- Every family member of the Insured Person is entitled for a Health Passbook
- The Health Passbook is issued to each dependent member of the IP's family
- All clinical findings and consultation advice of the treating Doctor to be recorded in the passbook.



कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation
Ministry of Labour & Employment, Government of India

Latest News & Events

Please download "UMANG- Chinta Se Mukti" Mobile App from Google Play Store/App Store to have the latest information regarding Benefit and Contribution.

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- Employer Login
- Insured Person / Beneficiary
- Insurance Medical Practitioner(IMP)
- mEUD
- ESIC Staff / Pensioner
- Lawyer

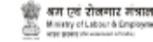
Click here

IP Portal Login



कर्मचारी
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

Insured Person/Beneficiary Portal



Language/भाषा: English

The Employees' State Insurance Act, 1948,

An Act to provide for certain benefits to employees in case of sickness, maternity and employment injury and to make provision for certain other matters in relation thereto.

Enter user name ,
Password and Captcha

Insured Person / Beneficiary Login

Insured Person ESI Staff

Username *

Password *

Captcha *
 Refresh

[Sign Up](#) [Forgot Password](#)

[IP Portal Secure Login Help File](#)

Click on Login

IP Portal Homepage

Insured Person Details

Language/भाषा: English 

Details

Insured Person Name	Subbu a	Insurance Number	1199900090
UHID Number	MHD1.000000001	Date of Birth	03/01/1992
Dispensary Name	Dispensary Azadpur	Disability Type	-- N.A --
Dispensary For Family	Kundaim, GO (ESIS Disp.)	Registration Date	12/05/2015
First Date Of Appointment	01/01/2015	Current Date of Appointment	14/07/2022
Mobile Number	*****3729	Account Number	*****5435
Email :	chereddy_venkata@oms.co.in	UAN :	101021213232

Insured Person

- [Insured Person Details](#)
- [Entitlement to Benefits](#)
- [Contribution Details](#)
- [Dhanwantri - Your e-Health Records](#)
- [Beneficiary Feedback Form](#)
- [Dispensary change Details](#)

Value Added Services

- [ABVKY Claim creation](#)
- [IP Claim Reimbursement](#)
- [Cash Benefit Claim Request Submission](#) 
- [Notifications - Status of Requests](#) 

Click here to initiate Claim
Intimation request

SB/ESB/TDB/MBSB(Claim Request)

SB/ESB/TDB/MBSB (Claim Request)			
Insured Person's Particulars			
IP Number:-	1199900090	IP Name:-	Subbu a
Father's Name:	Sivaiah A	Husband's Name	NA
UAN:-	101021213232	ABHA:	N/A
Gender:	Female	Name of Branch Office:-	BO - Ajmeri Gate
Mobile No:-	8058363729	UHID:	MH01.0000000001
BANK DETAILS OF THE INSURED PERSON AS PER RECORDS			
Bank Name:-	HDFC BANK	Account Number:-	345435435
Branch Name:-	BANJARA HILLS	IFSC Code:-	HDFC0000521

S.No	Select	Certificate Number	Benefit Type	SubType	Type of Certificate	Date of Certificate	View Certificate
Please Click Here to submit manual certificate(s)							

In case no online Certificate available Click here to upload Manual certificate

SB/ESB/TDB/MBSB Manual Certificate Details

SB/ESB/TDB/MBSB Manual Certificate Details			
Insured Person's Particulars			
IP Number:**	1199900090	IP Name:**	Subbu a
Father's Name:	Sivalah A	Husband's Name	NA
UAN:**	101021213232	ABHA:	N/A
Gender:	Female	Name of Branch Office:**	BO - Ajmeri Gate
Mobile No:**	8058363729	UHID:	MH01.0000000001
BANK DETAILS OF THE INSURED PERSON AS PER RECORDS			
Bank Name:**	HDFC BANK	Account Number:**	345435435
Branch Name:**	BANJARA HILLS	IFSC Code:**	HDFC0000521
1	Certificate Number	Date of Issue of Certificate	<input type="text" value="01/12/2022"/> <input type="button" value="Browse..."/> <input type="button" value="Upload"/>
	<input type="text" value="8j8j"/>		<input type="button" value="Add New Row"/>
<input type="button" value="Submit Certificate"/> <input type="button" value="Cancel"/>			

Click here

1. Enter Certificate number.
2. Enter Date of issue of certificate.
3. Browse file and Upload the same.
4. Click on Add new Row to upload more certificate

SB/ESB/TDB/MBSB Manual Certificate Details

SB/ESB/TDB/MBSB Manual Certificate Details					
Insured Person's Particulars					
IP Number:*	1199900090	IP Name:*	Subbu a		
Father's Name:	Sivalah A	Husband's Name	NA		
UAI#:*	101021213232	ABHA:	N/A		
Gender:	Female	Name of Branch Office:*	BO - Ajmeri Gate		
Mobile No:*	8058363729	UHID:	MH01.0000000001		
BANK DETAILS OF THE INSURED PERSON AS PER RECORDS					
Bank Name:*	HDFC BANK	Account Number:*	345435435		
Branch Name:*	BANJARA HILLS	IFSC Code:*	HDFC0000521		
1	Certificate Number	<input type="text" value="ajaj"/>	Date of Issue of Certificate	<input type="text" value="01/12/2022"/>	PDFAcknowledgment130120230524.pdf Note: Document type allowed pdf, jpg & jpeg. Max size of the documents should be 200KB.
2	Certificate Number	<input type="text" value="ajjsjs"/>	Date of Issue of Certificate	<input type="text" value="14/12/2022"/>	PDFAcknowledgment130120230524.pdf Note: Document type allowed pdf, jpg & jpeg. Max size of the documents should be 200KB.
3	Certificate Number	<input type="text"/>	Date of Issue of Certificate	<input type="text"/>	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Upload"/>
					Note: Document type allowed pdf, jpg & jpeg. Max size of the documents should be 200KB.
					<input type="button" value="Add New Row"/>
<input type="button" value="Submit Certificate"/> <input type="button" value="Cancel"/>					

Click here to Submit certificate for
Claim intimation Request submission

SB/ESB/TDB/MBSB Manual Certificate Details

SB/ESB/TDB/MBSB Manual Certificate Details

Insured Person's Particulars			
IP Number:*	1199900090	IP Name:*	Subbu a
Father's Name:	Sivalah A	Husband's Name	NA
UAN:*	101021213232	ABHA:	N/A
Gender:	Female	Name of Branch Office:*	BO - Ajmeri Gate
Mobile No:*	8058363729		MH01.0000000001
Bank Name:*	HDFC BANK		345435435
Branch Name:*	BANJARA HILLS		HDFC0000521

Sl No	Certificate Number	Date of Issue of Certificate	File Name	File Size	File Type
1	<input type="text" value="mms"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PDFAcknowledgment130120230524.pdf
Note: Document type allowed pdf, jpg & jpeg.
Max size of the documents should be 200KB.

No file selected.

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Do you really want to Submit Certificate?

Click here

SB/ESB/TDB/MBSB Manual Certificate Details

SB/ESB/TDB/MBSB Manual Certificate Details

Insured Person's Particulars			
IP Number:-	1199900090	IP Name:-	Subbu a
Father's Name:	Sivalah A	Husband's Name	NA
UAN:-	101021213232	ABHA:	N/A
Gender:	Female	Name of Branch Office:-	BO - Ajmeri Gate
Mobile No:-	8058363729		MHO1.0000000001
Bank Name:-	HDFC BANK		345435435
Branch Name:-	BANJARA HILLS		HDFC0000521

1	Certificate Number				
	mms				PDFAcknowledgment130120230524.pdf Note Document type allowed pdf, jpg & jpeg. Max size of the documents should be 200KB.
2		Date of Issue of Certificate			Browse... No file selected. Upload
					Note Document type allowed pdf, jpg & jpeg. Max size of the documents should be 200KB.

Submit Certificate Cancel Add New Row

lesic.in

Certificate Submitted Successfully !!!

OK

Click here

SB/ESB/TDB/MBSB(Claim Request)

ESIC IP Interface — Mozilla Firefox

https://esicstaging.esic.in/EmployeePortal/SB_Certificatelist.aspx?phase=JUGm1Rbj4gM=&pk=&ipNo=7rAeawld1AiLMgw67SQVQA==&RequestType=JUGm1Rbj4gM=

IP Number:*	1199900090	IP Name:*	Subbu a
Father's Name:	Sivalah A	Husband's Name	NA
UAN:*	101021213232	ABHA:	N/A
Gender:	Female	Name of Branch Office:*	BO - Ajmeri Gate
Mobile No:*	8058363729	UHID:	MH01.0000000001
BANK DETAILS OF THE INSURED PERSON AS PER RECORDS			
Bank Name:*	HDFC BANK	Account Number:*	345435435
Branch Name:*	BANJARA HILLS	IFSC Code:*	HDFC0000521

S.No	Select	Certificate Number	Benefit Type	SubType	Type of Certificate	Date of Certificate	View Certificate
1	<input type="checkbox"/>	mzmz	SB/ESB /TDB/MBSB	NA	Manual Certificate	01/12/2022	View <input type="button" value="Delete"/>
2	<input type="checkbox"/>	mkjj	SB/ESB /TDB/MBSB	NA	Manual Certificate	06/12/2022	View <input type="button" value="Delete"/>
3	<input type="checkbox"/>	dgh1335	SB/ESB /TDB/MBSB	NA	Manual Certificate	20/12/2022	View <input type="button" value="Delete"/>
4	<input checked="" type="checkbox"/>	mms	SB/ESB /TDB/MBSB	NA	Manual Certificate	01/01/2023	View <input type="button" value="Delete"/>

[Please Click Here to submit manual certificate\(s\)](#)

Claim Period From date To date

I hereby agree

1- I do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank Account.
2- That because of Sickness/temporary disablement/sickness due to pregnancy, I have not been at work for said period
3- I have not been in receipt of any wages for the day of leave/holiday(s).
4- I was not on strike during the period of certified abstinence on account of sickness/temporary disablement i.e., for which the benefit is claimed.

टिप्पणी:

- 1- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद नकद लाभ हस्तांतरित किया जा सकता है।
- 2- दावा अनुरोध प्रस्तुत करने के लिए ऑनलाइन आवेदन केवल तभी किया जा सकता है जब यूनिवर्सल अकाउंट नंबर (यूपएन) नियोजक द्वारा सीड किया गया हो और बैंक विवरण ईएसआईसी शाखा कार्यालय द्वारा सत्यापित किया गया हो। यह एक बार की गतिविधि है। सहायता के लिए कृपया शाखा कार्यालय से संपर्क करें

1. Select Certificate by selecting row.
2. Enter Claim period From Date and To date.
3. Read and Click on Declaration checkbox.
4. Click on Submit

SB/ESB/TDB/MBSB(Claim Request)

SB/ESB/TDB/MBSB (Claim Request)

Insured Person's Particulars

IP Number:*	1189900990	IP Name:*	Subbu a
Father's Name:	Sivalah A	Husband's Name	NA
UAN:*	101021213232	ABHA:	N/A
Gender:	Female	Name of Branch Office:*	BO - Ajmeri Gate
Mobile No:*	8058303729		MHO1.0000000001
Bank Name:*	HDFC BANK		345435435
Branch Name:*	BANJARA HILLS		HDFC0000521

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Certificate has been deleted successfully!!!

OK

S.No	Select	Certificate Number	Benefit type	Sub type	Type of Certificate	Date of Certificate	View Certificate
1	<input type="checkbox"/>	dkg	SB/ESB /TDB/MBSB	NA	Manual Certificate	01/12/2022	View Delete
2	<input type="checkbox"/>	dgh1335	SB/ESB /TDB/MBSB	NA	Manual Certificate	20/12/2022	View Delete
3	<input type="checkbox"/>	mms	SB/ESB /TDB/MBSB	NA	Manual Certificate	01/01/2023	View Delete
4	<input checked="" type="checkbox"/>	65556	SB/ESB /TDB/MBSB	NA	Manual Certificate	18/01/2023	View Delete

[Please Click Here to submit many certificate\(s\)](#)

Claim Period From To date

Click here

Click here to delete certificate

SB/ESB/TDB/MBSB(Claim Request)

SB/ESB/TDB/MBSB (Claim Request)

Insured Person's Particulars

IP Number:-	1199900090	IP Name:-	Subbu a
Father's Name:	Sivaiah A	Husband's Name	NA
UAN:-	101021213232	ABHA:	N/A
Gender:	Female	Name of Branch Office:-	BO - Ajmeri Gate
Mobile No:-	8058363729		MH01.000000001
Bank Name:-	HDFC BANK		345435435
Branch Name:-	BANJARA HILLS		HDFC0000521

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Please select the Check box

OK

S.No	View	Certificate Number	Benefit Type	Sub type	Type of Certificate	Date of Certificate	View Certificate
1	<input type="checkbox"/>	dlig	SB/ESB /TDB/MBSB	NA	Manual Certificate	01/12/2022	View Delete
2	<input type="checkbox"/>	dgh1335	SB/ESB /TDB/MBSB	NA	Manual Certificate	20/12/2022	View Delete
3	<input type="checkbox"/>	mms	SB/ESB /TDB/MBSB	NA	Manual Certificate	01/01/2023	View Delete
4	<input type="checkbox"/>	66556	SB/ESB /TDB/MBSB	NA	Manual Certificate	18/01/2023	View Delete

[Please Click Here to submit manual certificate\(s\)](#)

Claim Period From date 01/12/2022 To date 15/12/2022

Click here

SB/ESB/TDB/MBSB(Claim Request)

IP Number:*	1199900090	IP Name:*	Subbu a
Father's Name:	Sivalah A	Husband's Name	NA
UAID:*	101021213232	ABHA:	N/A
Gender:	Female	Name of Branch Office:*	BO - Ajmeri Gate
Mobile No:*	8058363729	UHID:	MH01.0000000001
BANK DETAILS OF THE INSURED PERSON AS PER RECORDS			
Bank Name:*	HDFC BANK	Account Number:*	345435435
Branch Name:*	BANJARA HILLS	IFSC Code:*	HDFC0000521

S.No	Select	Certificate Number	Benefit Type	SubType	Type of Cetificate	Date of Certificate	View Certificate
1	<input type="checkbox"/>	mzmz	SB/ESB /TDB/MBSB	NA	Manual Certificate	01/12/2022	View <input type="button" value="Delete"/>
2	<input type="checkbox"/>	mkjj	SB/ESB			06/12/2022	View <input type="button" value="Delete"/>
3	<input type="checkbox"/>	dgh1335				20/12/2022	View <input type="button" value="Delete"/>
4	<input checked="" type="checkbox"/>	mms				01/01/2023	View <input type="button" value="Delete"/>

[Please Click Here to submit manual certificate\(s\)](#)

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Please click on the declaration checkbox to proceed further

Claim Period From date To date

I hereby agree

- 1- I, do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank Account.
- 2- That because of Sickness/temporary disablement/sickness due to pregnancy, I have not been at work for said period
- 3- I have not been in receipt of any wages for the day of leave/holiday(s).
- 4- I was not on strike during the period of certified abstinence on account of sickness/temporary disablement i.e., for which the benefit is claimed.

SB/ESB/TDB/MBSB(Claim Request)

Father's Name:	Shwaleh A	Husband's Name	NA
UAN:-	101021213232	ABHA:	N/A
Gender:	Female	Name of Branch Office:-	BO - Ajmer Gate
Mobile No:-	8058383729	UHID:	MH01 000000001

BANK DETAILS OF THE INSURED PERSON AS PER RECORDS

Bank Name:-	HDFC BANK	Account Number:-	345435438
Branch Name:-	BANJARA HILLS	IFSC Code:-	HDFC0000521

S.No	Select	Certificate Number	Benefit Type	SubType	Type of Certificate	Date of Certificate	View Certificate
1	<input type="checkbox"/>	mzmz	SB/ESB /TDB/MBSB	NA	Manual Certificate	01/12/2022	View Delete
2	<input type="checkbox"/>	mWj	SB/ESB /TDB/MBSB	NA	Manual Certificate	06/12/2022	View Delete
3	<input type="checkbox"/>	dgh1335	SB/ESB /TDB/MBSB	NA	Manual Certificate	20/12/2022	View Delete
4	<input checked="" type="checkbox"/>	mms	SB/ESB /TDB/MBSB	NA	Manual Certificate	01/01/2023	View Delete

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SB Benefit Claim Intimation Request is Submitted Successfully!!!

[OK](#)

[Click Here to submit manual certificate\(s\)](#)

Claim Period From date To date

I hereby agree

1- I, do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank Account.
2- That because of Sickness/temporary disablement/sickness due to pregnancy, I have not been at work for said period
3- I have not been in receipt of any wages for the day of leave/holiday(s)
4- I was not on strike during the period of certified abstinence on account of sickness/temporary disablement i.e., for which the benefit is claimed.

[Submit](#) [Cancel](#)

टिप्पणी:

- दावेदार प्रमाणित करेगा कि प्रदर्शित बैंक विवरण सही और वैध हैं जहां दावे के सफल सत्यापन के बाद नकद लाभ हस्तांतरित किया जा सकता है।
- दावा अनुरोध प्रस्तुत करने के लिए ऑनलाइन आवेदन केवल तभी किया जा सकता है जब यूनिवर्सल अकाउंट नंबर (यूएएन) नियोक्ता द्वारा सीड किया गया हो और बैंक विवरण ईएसआई प्रमाणित किया गया हो। गलत जानकारी के कारण दावा की गतिविधि है। सहायता के लिए कृपया शाखा कार्यालय से संपर्क करें
- दावा के अग्रसार प्रभावित किया जा सकता है। यदि पहले से अग्र तरीकों से जमा नहीं किया गया है।

Click here

IP Portal Homepage _ Claim intimation request status

Claim Intimation Request Status

S.No	Claim Intimation ID	Benefit Type	Date of Submission of Claim Intimation	Status of Claim Intimation	Remarks
1	202311000006	SB/ESB/TDB/MBSB	10/01/2023	Processed	test
2	202311000007	SB/ESB/TDB/MBSB	10/01/2023	Processed	testy
3	202312000007	SB/ESB/TDB/MBSB	20/01/2023	Pending with Branch office	

Close

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LDC/UDC Login

User Login through myesic.in/gateway.esic.in



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ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

Welcome to ESIC Employee Portal

We at ESIC commit to help our employees by ensuring availability of information and integrity of data.

Enter user name and Password

Login Instructions



Please use your user credentials to Sign In.

Best view at 1024 x 768 resolution (IE 7.0+ & Mozilla 3.0+)

Click on Log In Button

ESIC IT Service Desk Helpline



For related Issues Please contact IT Service Desk by using below m

Web Portal- ithelpdesk

Send mail to Centralservicedeskin@esic.in with Subject Line (New Incident)

Call to VoIP Helpline : 7001

Please Login with your credentials

Username:

Password:

[Forgot Password](#)

Property Management Department

ContractManager
Primaveraweb
DSRPRO

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Select Location & Facility



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation Welcome, SHAURYA KUMAR

English (United States) हिंदी (भारत)



Home	Applications	ERP Applications	Reports	Analytics	Change Password	LOGOUT
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- Insurance**

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Circulars

» Circulars from HQRS. Office

Industry News

» ESIC's PG institute from next year

Announcements

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» Annexures - X-XI.pdf

» Annexures.pdf

» JOB CARD OF ADMINISTRATIVE OFFICERS

» Circular.pdf

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Related Links

» <http://esic.nic.in>

» <http://india.gov.in>

» <http://mohfw.nic.in>

» <http://whoindia.org>

» <http://esicdelhi.org.in>

» [know more](#)

Reference Documents

» Dhanwantri

» Pragati-ERP

» Pragati-Insurance

» ESIC Manuals

» Information Security

» Digital Signature Installer

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Select Location & Role



क र बी नि
ESIC
कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

Location and Role Selection

User Location :

User Role :

Select Location

Select User Role

Click on Submit

Insurance Homepage



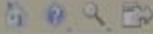
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Employees' State Insurance Corporation

Insurance

User Login

Superintendent Maman

0



My Work

Registration

Benefits

Revenue

Recovery

Others

REGISTRATION

This section has the Navigations through Different Phases of Employee / Employer Registration

BENEFITS

This section has the Navigations through all Medical and Cash Benefits

RECOVERY

This section has the N
Different Phases of Re

IP DUPLICATION

IP NUMBER ONCE GIVEN IS VALID FOR THE LIFETIME OF THE EMPLOYEE. HE NEED NOT REIGISTER HIMSELF AGAIN EVEN IF HE CHANGES LOCATION OR EMPLOYMENT. IT IS A UNIQUE NUMBER.

PLEASE ENSURE THAT YOU CONFIRM FROM THE EMPLOYEE THAT HE IS NOT HAVING ANY EARLIER NUMBER BEFORE REGISTERING HIM AS A NEW IP. THIS IS FOR THE BENEFIT OF THE EMPLOYEE.

IN CASE HE HAS ALREADY CONTRIBUTED IN A NUMBER, ALL THE BENEFITS HE IS DUE AS PER THE CONTRIBUTION WILL NOT BE AVAILABLE IF HE REGISTERS HIMSELF (NEW NUMBER) AGAIN.

REQUEST YOUR SUPPORT IN FOLLOWING THIS AND ALSO EDUCATING THE EMPLOYEES ON THE BENEFITS OF HAVING THE SAME NUMBER ACROSS LOCATIONS AND EMPLOYMENT

Close

Click on Ok

Insurance Homepage _Benefits

The screenshot shows a navigation bar with the following tabs: **My Work**, **Registration**, **Benefits**, **Revenue**, **Recovery**, and **Others**. The **Benefits** dropdown menu is open, listing the following options: Create a New Claim or Request, Process a Claim or Request, Upload Certificates, Initiate Abstention Verification, Upload Reply From VRC/AVTI, Ledger Sheet, Super Specialty Check, Claim Acknowledgement, IP Conflict Resolution, Citizen's Charter Reports, Update Bank Details, View Children Details, Claim Deletion Screen, Certificate Deletion Screen, **Cash Benefit Claim Requests**, and CovidAcknowledgement. A blue callout box with the text "Click here" points to the "Cash Benefit Claim Requests" option.

REGISTRATION
This section has the Navigations through Different Phases of Employee / Employer Registration

RECOVERY
This section has the Navigations through Different Phases of Recovery Process and Issue of CPs

Revenue section has the Navigations through all Fiscal and Cash Benefits

Revenue section has the Navigations through Different Phases in Revenue

Claim request list

My Work

Registration ▼

Benefits ▼

Revenue ▼

Recovery

Others ▼

Cash Benefit Claim Requests

Claim Request List

[Maternity Benefit Claim Request](#)

[SB and Other Benefits](#)



Click here

Claim request list

SB/ESB/TDB/MBSB View Claim Intimation Requests

IP Number :

Claim Request Submission From Date :

Claim Request Submission To Date :

Search

Reset

Sr.No.	IP Number	IP Name	Request Id	Certificate Type	Claim Request Submission Date	View Certificate
1	1115104359	Female IP 2	20231200006	SB/ESB/TDB/MBSB	20/01/2023	View
2	1199900090	Subbu a	20231200007	SB/ESB/TDB/MBSB	20/01/2023	View

Click here

Click here to View available
certificate in system

Claim request

Insured Person's Particulars

IP Number:*	1199900090	IP Name:*	Subbu a
Father's Name:	Sivaiah A	Husband's Name	NA
UAN:*	101021213232	ABHA:	NA
Name of Branch Office:*	BO - Ajmeri Gate	Address of Branch Office:	Branch Office ESI Corporation, Opposite Mori Gate Bus Terminal
Hospital/Disp. Name:*	Dispensary Azadpur	Hospital/Disp. Address:	Azadpur,pincode-520007
BANK DETAILS OF THE INSURED PERSON AS PER RECORDS			
Bank Name:*	HDFC BANK	Account Number:*	345435435
Branch Name:*	BANJARA HILLS	IFSC Code:*	HDFC0000521

S.No	Attached Certificate
1	Download

Declaration of Insured Person:

I hereby agree for the following-

- 1- I, do hereby certify that my Bank & other details displayed above are valid, active and correct in all respect and I consent to receive Cash Benefit in this Bank Account.
- 2- Because of Sickness/temporary disablement/sickness due to pregnancy, I have not been at work for said period
- 3- I have not been in receipt of any wages for the day of leave/holiday(s).
- 4- I was not on strike during the period of certified abstention on account of sickness/temporary disablement i.e., for which the benefit is claimed.

Claim Period From date To date

Remarks*

test

Proceed for Claim Creation

Reject Claim Request

Cancel

Click here to download and View Uploaded certificate

Click here to Proceed for Claim Creation

Click here to reject this request Claim Creation

If Clicked on Reject Claim Request , intimation request will be cancelled and IP can further raise request once again.

Claim creation

My Work Registration ▼ Benefits ▼ Revenue ▼ Recovery Others ▼

Claim / Request Details		* Required Fields
Insurance Number: *	<input type="text" value="1115103876"/>	
Insured Person:	TESTEEE	
Type of Claim / Request: *	<input type="text" value="SB / ESB / TDB / MBSB"/>	
<input type="button" value="Submit"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>		

Thank You