

**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.....

<sup>1</sup>[**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.]