SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

CODE OF STAFF INSTRUCTIONS

CONTRIBUTION & REGISTRATION DEPARTMENT

PREFACE

The codal instructions governing internal working of various sections of the Social Security Institution were drafted by foreign experts in 1966 i.e. before the inception of Social Security Scehme (1st March, 1967). Ever since then, radical changes have taken place in Social Security legislation (Ordinance, Rules and Regulations) which have rendered the codal instructions obsolete. Further, creation of some new departments and field offices in the Sind Employees' Social Security Institution have also warranted necessary amendments, alterations and additions to the Code.

A departmental committee was, therefore, constituted to go through various portions of the Code and suggest amendments after joint deliberations. The committee scrutinised each and every part of the Code and submitted its recommendations. Later, the amendments were scanned by the respective heads of departments. As a result of these concerted efforts, the Code of Staff Instructions has been revised for the first time during the past two decades.

The present book is the approved version of the revised Code of Staff Instructions. It deals with the working of Contribution and Registration Department. It is hoped that with the revision of the Code, the working of the Institution would become smoother as chances of lapses, duplication, confusion, etc. now stand obviated.

BRIG (RTD) S. M. BAQAR NAQVI
Commissioner

5th January, 1985

CONTRIBUTION CODE.

General

1. The success of Social Security largely depends upon the cooperation of the employers brought under it by Government Notification. At the same time, the Institution must be satisfied that all contributions due are being paid, and that all employees liable to be registered as secured persons, have in fact, been registered.

2. The Ordinance and Rules place the onus of deciding which employees are liable and how much is payable by way of Social Security Contribution on the employer in the first instance. Each employer will have his own wage register or pay rolls which will list all his employees and show their wages earned during the current period. If the lay-out of the form already in use by the employer is suitable, he may apply to have a carbon copy of the actual pay roll approved for use when paying contirbutions. If it is not suitable, then the contribution schedule (Form C-1) and Summary Form (C-2) must be used in tis place. As the contribution is a straight percntage of the wages earned, the calculation of the amount due is a simple one.

3. The actual payment will be made by handing cash or a cheque (preferably the latter) to the Cashier at the Local Directorate of the Institution where the employer is registered. The relevant contribution schedule, or a carbon copy of the approved pay rolls, must be submitted to the appropriate Local Directorate showing how the amount so deposited is made up.

4. It is the task of Contribution Section to be satisfied that the amount paid is correct, and has been paid intime. This will be done by comparison with the schedules of previous months and by actual visits to the establishments, factories, etc. by Social Security Officers of the Institution during which the employers' records will be examined.

5. The responsibility for initiating action to bring the amounts paid by employers as social security contribution to account rests with the Cashier who receives the money and issues the official receipt. At that time, he has to check that the amount so received agrees with the amount shown as due on the contribution schedule (or pay roll) and endorse it with a statement that the amount shown has been received and official receipt issued accordingly. The money will then be brought to account, and the contribution schedules (or pay roll) will be passed on to the Contribution Section of the Local Directorate for examination.

6. At this stage it will only be possible to make a very rough check that the amount paid is adequate. This can be done by examining the approximate number of employees liable to become secured persons as shown on the front of employers registration Form (R-1). This will have been filed in the Employers' File. The approximate number of employees, multiplied by 7% of the average wage pertaining to the establishment will give a rough figure to compare with the amount received.

7. At the earliest opportunity, the pay roll or contribution schedule (C-1) will be examined in some detail by the staff of the Contribution Section. The number of employees shown should be compared with the number shown on Form R-1; the amount of social security contribution paid should be checked for accuracy in both calculation and addition. A note should be made of any entry on the schedules which do not specify the social security numbers of any employees; these may be new employees.

8. The result of the examination of the schedules should be recorded on a Discrepancy Sheet (C-II)- setting out discrepancies under the headings:-

(a) Arithmetical:

Errors in addition, calculation of amounts due, differences

in "carry forward" figures, etc.

(b) Ommissions :

Names of employees shown in one month's schedule, not included in next month's schedule (unless it is clear that they have left the service). Omission of Social Security Nos. etc.

(c) Additions:
Names of Additional employees without Social Security Nos.

(d) Illegal Deductions:
No deductions on account of Social Security Contribution are permissible from the wages of secured workers.

(e) Miscellaneous:
Any other discrepancy or apparent errors. Such as underpayment of contribution.

9. The Discrepancy Sheet (C-11) should be despatched to the employer at the earliest and a copy should be tagged to the front of the contribution schedules. The office copy should be placed in the concerned employers' file. The Contribution Record Sheet (C-5) should be numbered serially. The entry for each month should show the percentage of the check made. This will vary according to the volume of work and the availability of the social security officers and examining staff. Any amount to be due from an employer will be notified to the Accounts Officer on Arrears Notification Form (C-4).

10. When an employee leaves his employment during the course of a contribution monfh, the employer should have entered the date on which the employment terminated in the "Remarks" column of the Contribution Schedule (C-1). In the same way, the employers should note "New employee" against the names of any worker who

starts during a contribution month. If the employee has been in the employment of an establishment covered by the Ordinance before starting for his present employer, he should, of course, have informed his new employer of his Social Security number. If he is entering secured employment for the first time, the employer should see that the employee completes a Registration Form (R-2) in order that a Registration Card may be prepared and issued to him through his employer. A small stock of forms R-2 may be left with the employer at the time of registration, and replenished, from time to time, in order that new entrants may be brought within the scheme without delay.

CLEARANCE OF DISCREPANCIES BY VISITS

11. Visits should be paid to the registered establishements by the Social Security Officers at regular intervals with the double aim of helping to establish good relations with the employers in their areas, and at the same time, ensuring that they are complying with requirements of the Ordinance.

12. Any discrepancies discovered should be brought to the notice of the employer and the person responsible for preparing the pay rolls or contribution schedules and if it is clear that an underpayment of contribution has resulted, employer should be requested to remit the amount to the Institution by crossed cheque, or alternatively, to pay the amount in cash to the cashier at the Local Directorate.

13. If it is clear after due investigation that the employer has paid excess contribution, a refund shall be authorised, after obtaining sanction from the Commissioner on a report to be furnished by Local Director provided that the employer concerned has filed a claim for refund within six months of the date on which excess contribution was paid. Refund shall be authorised by preparing a payment voucher (F-2) which, after examination by the Audit Officer, will be authority for the Cashier to make the payment to the employer.

14. The Social Security Officer will notify the results of his action to the Deputy Directors who shall decide further course of action, if need be, in consultation with the Local Director.

15. The Social Security Officers, in consultation with the Deputy Director, should record their daily programme of visits and its purpose every morning in Form C-3 to be kept in the custody of the latter. The Deputy Director shall decide if certain visits need to be given priority.

16. While examining Social Security Officer's weekly diaries C-7, the Deputy Director shall also cross check with corresponding C-3 if the programme of visits has been fully carried out. Remarks of Deputy Director shall be put up to the Director for further instruction. Diaries and C-3 examined and acted upon shall be filed in Contribution Section.

CONTROL OF SUBMISSION OF CONTRIBUTION SCHEDULES

17. A Contribution Record Sheet (C-5) will be set up for every employer registered under the Scheme, and the files will be kept in numerical order of the employers registration number. The Contribution schedules should be received within 30 days of end of each contribution month, unless a period of grace has been allowed specifically in writing to a particular employer on good cause being shown. As each batch of schedule is received, the contribution file of the employer should be removed for examintion. After the expiry of the specified period or after the allowed period of grace, a Reference to Inspectorate should be made on (Form C-6) in order that a visit may be arranged. However, before this form is actually handed over to the Social Security Officer for making the enquiry with employer, a last minute check should be made with the Cashier and the Dak Section to confirm that the schedules are still outstanding. If any other query is outstanding with this employer, details can be inserted in part (ii) of Form C-6 in order that the Social Security Officer may deal with it at the same time.

18. If exceptionally another month elapses and a second batch of schedules is outstanding, and the contributions unpaid, the matter should be brought to the Director's notice immediately on the expiration of the period of grace following the second month for which contributions are due.

19. The Director should then call for the reports of the Social Security Officer concerned, in order that he may consider what further action should be taken to secure compliance. The Contribution Department at Head Office should be consulted if he feels any doubt or difficulty.

20. Where a 'cheque for the contribution due is received without contribution schedules, the Cashier after accepting the cheque shall intimate the Contribution Section in writing of the amount and date of receipt of the cheque. The Contribution Section will make entry of the amount received in the appropriate column of Contribution Record sheet (C-5). Other columns will be filled in when the schedules are received and examined.

21. If the cheque for due amount of contribution has been received in time but not the contirbution schedules, the increase provided under section 23(1) of the Ordinance and Rule 6 of the Contribution Rules will not be imposed unless there is under payment of contribution. In such cases, action shall be taken in accordance with provisions of Section 66 (1) (f) of the Ordinance.

CORRESPONDENCE WITH EMPLOYERS

22. A number of discrepancies revealed by the examination of the contribution schedules may be trivial. A telephone call to the employer (Cashier or Wage Clerk) may be sufficient to clear many of them. Correspondence may be used in others. The letters should set out succintly the reasons why it is considered that the amount of contribution paid is insufficient and include a request for the amount due. A carbon copy should be filed on the Contribution File and a Diary

noted by Social Security Officer (C) Incharge Contribution Section so that a reminder may be sent after 10 days. At the same time Part II of form C-4 should be completed and sent to the Accounts Officer.

23. Great care should be taken not to get involved in an exchange of letters without tengible results. This situation is likely to arise if an employer is just playing for time.

24. Correspondence with employers should always be worded courteously and in a business like manner. No threats should be used. It would, for example, be embarrassing for the Institution if a Local Directorate had threatened an employer with presecution, and for policy reasons, the Commissioner decided against this course.

SCRUTINY OF CONTRIBUTION SCHEDULES TO CONFIRM ENTITLEMENT TO BENEFIT

25. The custody and safe-keeping of the contribution schedules and approved pay-rolls after they have been examined is the responsibility of the staff of the Contribution Section. They will take care to ensure that they are kept in order on the shelves, and that the bundles are replaced in the same order after they have been referred to. To facilitate this, only the staff of the Contribution Section should remove and replace them.

26. The Benefit Section will need on occasions to check the entitlement of a secured person to the benefit that is being claimed. The enquiry will be made by submitting a copy of Form B-27 duly completed. The form has a distinctive red colouring to act as a reminder that the enquiry must be treated as a matter or urgency. The form will always contain as much details as possible to facilitate tracing, but the fact that some items are missing should not delay the scrutiny, unless there is a risk of confusion between the records of two secured persons in which case reference back should be made to the Assistant originating the enquiry.

27. Upon receipt of a Form B-27, the Assistant in the Contribution Section responsible for the care of the schedules of the employer concerned will make the necessary examination, without delay, starting with the most recent schedules, and working backward until—

(i) the test specified is found to be satisfied; or
(ii) the full period has been covered, without success.

28. The wording of Form B-27 will be deleted to show clearly the test to be satisfied. If the test fails, the number of days for which contributions are paid should be recorded in the specified space provided. In all cases, the completed Forms B-27 will be taken by hand to the Benefits Section.

29. In all cases where additional amounts of Contribution are found to be due from an employer whether as a result of examination of pay rolls of contribution schedules in the Contribution Section, or as a result of a Social Security Officers' visits or otherwise, a form C-4 will be completed by Contribution Section and passed on to the Accounts Officer. Part II of the form will be used in the circumstances mentioned above.

30. Part 1 of form C-4 will be issued to indicate to the Accounts Officer that contributions have not been received from the employer within time. The amount to be notified to the Accounts Officer, as the form states, is to be "the approximate amount due, based on the amount payable in respect of the previous month adjusted in the light of any relevant information in possession of the Institution, and excluding any increase due under Section 23 (1) of the Ordinance" (that is excluding any increase for late payment).

31. The purpose of form C-4 is to ensure that amounts due from the employers, whether they are amounts in arrears or additinal amount found to be due by examination or otherwise, are at once debited against the employer in the "Employers in Arrears

Control Account" and the "Employers in Arrears Subsidiary Ledger". The amounts thus debited will remain outstanding until they are either paid or written off under proper authority, and this will be a safeguard against the outstanding debt being suppressed or forgotton.

INSPECTORATE (GENERAL)

32. The Inspectorate of the Institution will be the chief means by which a uniform standard of compliance by employer with the requirements of the Ordinance will be established, and maintained. In particular, this will be the case so far as the payment of Social Security Contribution is concerned. The post of Social Security Officer is a responsible one, requiring accurate knowledge of the Ordinance and related matters, courtesy and tact in dealing with employers, and yet firmness when dealing with someone who is not carrying out his obligations. He should always regard himself as being a representative of the Institution, and, therefore, be careful to leave behind a good impression after his visit.

33. He should ensure that an employer has adequate supplies of the necessary forms; Certificate of Contribution (Form B-2), Accident Report Form (Form B-3) and Employees Registration Form (Form R-2), in addition to blank contribution schedules (Form C-1), and summary, (Form C-2) unless the firm is using a copy of their own pay roll (with the approval of the Institution). At a visit, he should first deal with the query that caused him to call, and then make a check of the arrangements for paying Social Security Contribution, to confirm that all secured persons have been brought within the scheme, and that the rate-of contirbution paid have been correctly calculated; and discrepancies adjusted. Finally, the employer (or his representative) should be asked if he has any queries, and these should be answered.

ORGANISING INSPECTORATE'S WORK

34. The Social Security Officers will work directly under the Director of a Local Directorate unless, for any reason, they are too numerous for this to be done. In that case, the Deputy Director or a senior Social Security Officer will take his place.

35. As stated above the primary function of the Inspectorate is to endeavour to secure 100% compliance with the requirements of the Scheme relating to the payment of contribution and registration of employers and employees. It is not possible to rely on employers to observe them completely without supervision. It is, therefore, necessary to set up a systematic plan for visits of inspection to be paid to every employer who is liable to pay contributions within a definite period.

36. Genrally each Social Security Officer should be held responsible for a specified area to avoid waste of efforts by over-lapping and mis-understanding. Few things are more annoying to a busy employer than to have a variety of officials calling at his firm on what appears to him to be the same thing. At the same time, opportunity should be taken to move the field officers from one area to another, to broaden their experience. The whole area to be covered by Inspectorate should, therefore, be divided in such a way as to produce an even flow of work.

37. The area allotted to each Social Security Officer should be defined carefully, and depicted on a chart which will be displayed in the Social Security Officers room. In the larger towns, it may be necessary to use the main roads as boundaries; if necessary, the boundary can be regarded as being in the centre of the road,. each Social Security Officer taking one side of it.

38. As soon as the areas have been allocated, each Social Security Officer should make himself acquainted with the distribution of the establishment in his jurisdiction, and prepare a rota that

will enable him to cover the area within the desired time, which is at least once in a month. This rota should aim at avoiding waste of time in going from one employer to another. At the same time, it should be sufficiently flexible to avoid visits being made in strict rotation, which might give an employer advance warning of an intended visit, and also allow a special visit (e.g. benefit enquiry) to be fitted in. It will also be necessary for some employers, whose compliance recorded is not good, to be visited more frequently. It may be found helpful when visiting a certain area, to take details of other establishments known to be in that area, in the hope that there will be time for an inspection of one or more of them to be fitted in. Brief notes of all visits to establishments will be recorded on the Diary (Form C-7).

POWERS OF SOCIAL SECURITY OFFICERS

39. These are set out in the Certificate of Authorisation. They should be studied carefully. Obviously, such substantial powers must be exercised with due discretion, and only to the extent ncessary to secure the enforcement of the requirements of the Ordinance and Rules.

40. Difficulty may be found in operating Section 26 of the Ordinance which provides for an increase of contribution if safety rules or hygiene are found not to be observed. The Social Security Officer should not go out of his way to inspect the conditions of the factory; if he finds himself in it, he should make a note of anything that appears to him to be at fault. On his return, he should make a note of his obervations in the form of a minute, giving the name and address of the employer and what he observed, addressing it to the Director who will decide if the failure observed appears to merit further consideration, and if so, he will send details to the Factories Inspector for any action that he may wish to take. In turn, the Factories Inspectorate will advice the Institution if they regard th failure as sufficiently serious to merit a penalty by way of Section

CONDUCT OF ROUTINE INSPECTION.

41. The Social Security Officer should ask to see the pay roll or wages sheets, and should check by comparison with the contribution scheduels (C-1) relevant to a previous month, that the wages and contribution shown on the documents submitted to the Local Directorate are correct. He should verify that new employees are brought within the scheme, that employees who have left during the current month will be noted in the Remarks cloumn and that the labour turn over report has been furnished to the Directorate.

42. Where the number of employees is large, the tests should be applied to a proportion only of the cases involved (say, 10 or 20 percent of the employees). If, however, the discrepancies revealed by the checks are numerous, the checks should be extended, if necessary, to the details relating to all the employees.

43. Further action depends on what has come to light. Minor adjustments can be cleared with the representative of the employer with whom the Social Security Officer has been dealing, but if there is any difficulty in obtaining clearance of the discrepancies, and especially if they are serious, he should ask to see the employer (Managing Director etc.) who may have been unaware that the task was not being done satisfactorily by his staff, and may, therefore, be grateful to the Social Security Officer for bringing the defects to his personal notice. His attention should be drawn to the more serious items, and he should be reminded of the penalties to which be may have made himself liable. If financial adjustment is necessary, employer should be requested to send to the Institution by corssed cheque any additional amount found to be due or pay the amount in cash to the Cashier at the Local Directorate. If the default is serious, the Director will consider whether the case should be referred to the Commissioner for consideration of prosecution. Similar action will be taken if the employer denies liability for payment of the amount that the Social Security Officer considers to be due, or if some other breach of the Regulations has been revealed. In all such cases Form C-4 will be completed and sent to the Accounts

Officer. It should be stated in the Inspection Report in all cases whether the failure to pay arises from a desire to avoid payment, as distinct from a genuine difference of opinion that the persons in respect of whom no contributions have been paid were not liable to pay them. In such cases, full notes should be made about the terms and conditions of employment, copies of any written contracts, statements regarding the rights of the employer and his staff to control the employees; whether that contorl was exercised and so on.

44. Where the employer agrees to the payment of outstanding contribution but contends the correctness of the amount as determined by the Social Security Officer, he will be given an opportunity to be heard by Local Director who after calling for the Social Security Officers report and considering evidence adduced by the employer, shall assess the amount of contribution payable by the employer. The amount so assessed will be reported with full facts of the case to the Commissioner.

45. Every Social Security Officer should form a habit of keeping a record of his visits in a note book. Every entry should be made at the time (or as soon as is paractical) and dated. The note books should be kept until it is clear that their contents are out of date. If a prosecution does arise, the Court may ask to see any document consulted by the Social Security Officer when giving his evidence. It is obviously preferable that its contents should be above reproach.

SURVEY OF ESTABLISHMENTS

46. One of the duties of the Social Security Officers is to conduct survey of establishments under Section 1 (3) of the Ordinance to explore possibilities of their coverage under the Social Security Scheme. Although the Ordinance does not specify any limit with regard to the number of employees in an establishment for coverage under Social Security Scheme, it is the policy of the Institution to cover only those establishments who have normally 10 employees on roll. There will be cases where the number of

employees is in the neighbour-hood of 10; these should be reviewed with as little delay as possible. Borderline cases should be reported fully i.e. where the number of employees is round about 10 - a report should be made of the actual numbers employed over a period of at least six months. It should also be mentioned whether any of the employees is a relative within the meaning of Section 2 (8) (d).

ROTATION OF SOCIAL SECURITY OFFICERS

47. Social Security Officers will operate in their allotted areas for a period to be determined by the Director. Although it is desireable that Social Security Officers should get to know their employers, unduly close relationships are undersirable and ordinarily a Social Security Officer should have a changed area in at least once every six months.

INSURABILITY QUESTIONS

48. It is hoped to avoid disputes as to the insurability of an employer by fixing the list of employers to be included at the commencement before the Notification under Section 1 (3) of the Ordinance is issued. The Notification will then simply say that the employers included in the Schedule to the Notification are to be within the scheme as from the date of commencement. All enquiries and disputes must therefore take place before the issue of the Notification.

49. The survey of establishments prior to the issue of the Notification will, therefore, be of the greatest importance. The person making the survey, usually a Social Security Officer, should have in mind:—

i) Whether the number of employees is normally 10 (apart from any "relatives");

ii) whether there is a contract of service i.e. the normal

relationship between employer and employee; right of control etc;

iii) Whether the establishment is part of the economic activity which the Institution desires to cover.

50. Full details should be obtained, including copies of any documents. If the liability to be secured is clear, the Social Security Officer should recommend notification of the employer under Section 1 (3) of the Ordinance.

51. The Social Security Officer should be careful not to use prosecution threats when dealing with a difficult employer. In the circumstances, he should limit his statement to the fact that he should have no alternative but to report facts for appropriate action as the Institution may think fit.

52. The Social Security Officers should, therefore, be most careful that the items they report as facts, are complete and true in all respects. Even if a point is unfavourable to the views held by the Institution, it must receive due consideration, and for this reason must be reported fully.

INVESTIGATION OF OTHER MATTERS

53. Cases of doubt connected with benefit claims will be referred to the Directorate at times. They should include a concise summary of the points for enquiry. Such work can be undertaken provided it does not impede the all important task of securing compliance. If there appears to be no time to make an enquiry of think kind, the case should be referred to the Director to decide whether a Social Security Officer should undertake the enquiry or whether it should be done by a member of the Benefit (or some other) section. The Social Security Officer should take a common sense view of the points involved in ascertaining and reporting all the relevant facts, together with his views. If appropriate, he should express his opinion of the veracity of the persons concerned.

SOCIAL SECURITY OFFICER'S DIARY

54. Every Social Security Officer will maintain a diary showing the work that he does, on Form (C-7).

55. Every Saturday morning, the Social Security Officer will complete and submit his diary for the week (Saturday-Thursday) to the Deputy Director who shall examine each diary with a view to find if any action on the matters reported is to be taken or any further details are to be obtained from the Social Security Officer. He shall take appropriate action immediately and ensure follow up until desired result is obtained. The Director should be kept informed of the actions taken by the Deputy Director.

56. As most of the Social Security Officer's work will be done outside the Local Directorate, he should reduce the amount of time that he spends in it to the minimum.

LIST OF RECORDS TO BE MAINTAINED WITHIN THE CONTRIBUTION SECTION OF LOCAL DIRECTORATE.

1. Contribution Schedules (Forms C-1,C-2 and also approved pay rolls).

These will be filed, after examination, in bundles, on racks, in

i) alphabetical order of employers.
ii) month order under name of employer.

Some planning will have to be done before the schedules are filed on the racks. The spaces will have to be clearly labelled with the name of the employer, so that tracing is facilitated. Sufficient space must be allowed for the schedules of each firm for at least 12 months to be together. If more than this number have to be filed, and the space in the filing room is not sufficient, the older schedules should be removed to another room.

2. Employers'Contribution File.

Appropriate number of Forms C-5 should be kept in employer's contribution file. This provides information about receipt of Contrubution and a summary of the results of examining the contribution schedules. It will be filed in cabinets, in numerical order of activity, and then according to the serial number allotted to employer within that activity.

3. Reports of results of Social Security Officer's visits.

The brief results of visits will be reported in Social Security Officer's diary (Form C-7). Nevertheless separate detailed reports

wherever warranted shall be furnished promptly by SSOs with their recommendations for the action to be taken. The reports must clearly and completely state all relevant facts to facilitate taking appropriate action by the Director.

4. Important Decisions Insurability, etc.

These may arise out of a Social Security Officer's visit, or from a query by an employer or on employer's representations or appeal lodged against Institution's claim for unpaid contributions. This will be on record in employer's contribution file. Although the other matters included on the file may only possess a fleeting interest, a decision by the Institution, given under Section 57, or by a Social Security Court under Section 62, or by the High Court under Section 64 (2) must be preserved, as the principles laid down therein must thereafter be followed by the Institution, and by other Social Security Courts.

This will be achieved in the following manners:—

i) The original decision under sections 57, 62 or 64 (2) shall first be received in Contribution Department of the Head Office either from the Commissioner or through its Legal Adviser. If the decision concerns principles of general application, its copies shall be circulated to all Local Directorates otherwise only the Local Directorate concerned shall be notified of the decisions.

ii) The original decision shall be kept in the relevant case file at the Head Office which will be marked "Not to be destroyed". A copy thereof shall be maintained in a master file of decision which shall have an index in losse leaf form of the brief legal points involved and a summary of the decision. The decision in the two files and the index should be properly cross-referenced. The master file be also marked "Not to be destroyed".

iii) Two copies of each decision shall be forwarded to Local Directorate where one copy shall be filed in relevant contribution file which dealt with the case leading to the decision and the other copy shall be filed in a master file not to be destroyed and maintained in similar manner as at para (ii) above.

5. Prosecution Files.

These will start on S.S.Os' Report or a detection by contribution, registration or Benefit Sections. When it appears evident that a prosecution may result, a tab marked prosecution with a distinctive colour, should be fastened to the cover of the file dealing with the report which should then be dealt with urgently at all stages. In addition, a book record should be kept, showing name of employer, offence, date referred, date of prosecution, result. This information will be required for the Annual Report.

6. Contribution Register.

A permanent register in book form shall be maintained in the Contribution Section for recording receipt of all contributions, increases and underpayments. The register will simultaneously indicate progressive balance of arrears from month to month. It will be the responsibility of the SSO, Incharge Contribution Section to see that the contribution register is correctly maintained and updated at the end of each month and that the receipts of contribution and arrears and the balance of arrears in respect of each employer duly tallies with the record of Accounts Section as well as the employer's contribution files.

7. Monthly Reconciliation of Arrears.

A statement of balance of arrears outstanding against each employer shall be prepared by the Contribution Section at the end of each month by ensuring that all arrears of contribution

and increase accruing as on the last day of the month are fully worked out and incorporated in the statement. The arrears thus worked out shall be reconciled with the arrears as appearing in the "Employer in Arrear Account" maintained in the Subsidiary and General Leadgers of the Accounts Section. Record of arrears so reconciled shall be maintained in Contribution Section endorsing copies thereof to the Contribution and Audit Departments of the Head Office.

APPENDIX–II

CERTAIN IMPORTANT TERMS DEFINED

i) Insurable Employees:

As per Section 2 (8) and 20 of the Ordinance, Social Security Contribution is payable in respect of any person working for wages not exceeding Rs. 1,500/- per month or Rs. 60/- per day, normally for at least 24 hours per week in or in connection with the work of any industry, business under-taking or establishment (notified under the Scheme) under any contract of service or apprenticeship whether written or oral, express or implied. Further, the Ordinance does not differentiate the workers by their designation, status or nature of work,. It would thus be noted that even part-time, casual, seasonal, probationary, temporary and "Badli" workers are liable to be covered under the Scheme provided that:

(a) They are employed in a notified establishment;

(b) They work for at least 24 hours per week; and

(c) They earn wages not exceeding Rs. 1500/- per mont or Rs. 60/- per day.

The Ordinance, howerver, excludes the following categories of employees from the purview of the Social Security Scheme:–

(a) Persons in the service of the state, including members of the Armed Forces, Police Force and Railway Servants;

(b) Persons employed in any undertaking under the control of any Defence Organisation or Railway administration;

(c) Persons in the service of a local council, a Munici-

pal Committee, a Cantonment Board or any other local authority;

(d) any person in the service of his father, mother, wife, son or daughter, or her husband;

(e) any person employed on wages exceeding one thousand and five hundred rupees per month or sixty rupees per day.

ii) Wages.

Section 2 (30) of the Ordinance defines "Wages". According to this Section, Wages means remuneration for service paid or payable in cash or in kind. Wages include Dearness Allowance, Cost of Living Allowance (C.L.A.), payment in respect of authorised leave, illegal lockout or legal strike. Payment, like leave encashment, House Rent, Service Charges (paid by some Hotels to their employees as part of salary), Conveyance Allowance, Uniform Allowance, Food Allowance, Heat Allowance, Night shift Allowance, Entertainment Allowance, Attendance Allowance, Efficiency Allowance, Production Bonus, and payment made under any statutory or contractual obligation are also included in wages and contribution thereon has to be paid by the employers. However, the Ordinance specifically excludes the following payments from the definition of wages:—

(a) Over Time;

(b) Gratuity payable on discharge;

(c) Bonus (payable on profit annually under Section 10·(C) of West Pakistan Industrial and Commercial Employment (Standing Orders) Ordinance;

(d) Any sum paid to the workers by the employer to defray special expenses entailed by the nature of his employment.

Where an employer pays wages to his workers less than the wages fixed by Minimum Wages Ordinance, 1961, contribution would be recovered on the minimum wages fixed by the said Ordinance and not on the actual salary paid by the employer to the workers.

iii) Accrual of Increases:

If any employer fails to pay the contribution in time (or by the such extended period not exceeding 45 days as the Institution may allow on good cause being shown for the extension), the amount of contribution will increase @ ½% per day till the actual date of payment subject to a maximum of 50% of the total amount in default. As a matter of procedure, ordinary recovery notices (C-9) should, in the first instance, be issued by the Local Directorates to the defaulters reminding them to deposit their Social Security Contribution alongwith the prescribed amount of increase. On payment of such delayed contribution by the employer, a prescribed receipt (F-5) will be issued by the Institution. Simultaneously, a Notice of Increase (C-10) shall be issued to the employer requiring him to deposit the accrued sum of money with the Local Directorate as increase for late payment of contribution.

iv) Recovery of Contribution by Coercive Methods.

The Local Directors have the delegated powers to act as Assistant Collector, Grade-I under the West Pakistan Land Revenue Act 1967 for effecting recovery of contribution as arrears of Land Revenue. In their absence, the Deputy Director will act as Assistant Collector, Grade-II.

Section 80 of the West Pakistan Land Revenue Act, 1967 provides that arrears of Land Revenue may be recovered by any one or more, of the following methods:—

(a) By service of a notice of demand on the defaulters (under Section 81);

(b) by arrest and detention of the defaulters (under Section 82);

(c) by distress and sale of his movable property and uncut or ungathered crops (under Section 83);

(d) by transfer of the holding in respect of which arrears are due (under Section 84):

(e) by attachment of the holding in respect of which the arrears are due (under Section 85);

(f) by annulment of the assessment of the holding (under Section 86);

(g) by sale of that holding (under Section 88);

(h) by proceeding against other immovable property of the defaulter (under Section 90).

The Institution should normally adopt the methods referred to against (a), (c) and (e) above. It should avoid, as far as possible, the process of recovery by arresting the defaulters because of its obvious adverse repercussions on the relations between the Institution and the employers.

For effecting recovery under the Land Revenue Act, a Demand Notice should be issued by the Local Directorate to the defaulter (under Section 81 of the Land Revenue Act) after the date when the arrears have occured. If after the lapse of the period specified in the notice, the arrears of contribution remain unpaid, the Local Director should in his capacity as Assistant Collector, Grade-I issue a Distraint Warrant against the defaulter (under Section 83 of the Land Revenue Act) by which the moveable property of the defaulter shall be attached if nesessary, through a Government auctioneer. A notice for auction will be published and on the appointed date, the attached property will be sold to the highest bidder and the arrears of contribution recovered from the sale proceeds.

Complete records of the action taken under the Land Revenue Act shall be maintained in the Contribution Section of the Local Directorate. Such records will include office copies of the notices issued to the defaulters, lists (inventories) of properties attached, copies of the auction notices, etc. In addition to these records, the Contribution files of the defaulters will also be helpful to complete details of the arrears and the efforts made by the Institution for recovery of the same.

Code — C

APPENDIX—III

LIST OF FORMS.

Form No.	Purpose
C—1	Contribution Schedule.
C—2	-do- Summary.
C—3	Summary of Social Security Officer's visits.
C—4	Notification to Accounts Officer of Arrears.
C—5	Contribution Records (Sheet).
C—6	Reference to Inspectorate.
C—7	Social Security Officer's Diary.
C—8	Travelling Claim.
C—9	First Notice for payment of contribution and increase.
C—10	Second Notice for payment of contribution and increase.
C—11	Discrepancy Sheet.

Demand notice under Section 81 of Land Revenue Act, 1967.

Distraint warrant under section 83 of Land Revenue Act, 1967.

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

CONTRIBUTION SCHEDULE No._____ Registered Number

Month of_____ 198____

Name of Employer_____

Serial No.	Social Security Number	Name of employee (Insert in numerical order of Social Security Number)	Designation	GROSS WAGES PER			TIME WORKED	Amount on which Contribution is payable		Employer's Social Security Contribution		Remarks
				Day	Week	Month	Number of days	Rs.	Ps.	Rs.	Ps.	
							Total					

CERTIFICATE

I CERTIFY that this Schedule includes the names of all insurable employees of this firm and all the information given regarding their employment and wages is correct.

Amount Payable Rs.

Signature _____

Position in firm_____

Date _____

Form C 1

Sind Employees' Social Security Insitution

CONTRIBUTION SCHEDULE SUMMARY

Month of _____ Name of Employer _____ Registered Number | | | |

Schedule No.	Amount Payable		Schedule No.	Amount Payable		Schedule No.	Amount Payable		Schedule No.	Amount Payable		Schedule No.	Amount Payable		Schedule No.	Amount Payable		Schedule No.	Amount Payable	
	Rs.	Ps.	B. F.	Rs.	Ps.	B. F.	Rs.	Ps.	B. F.	Rs.	Ps.	B. F.	Rs.	Ps.	B. F.	Rs.	Ps.	B. F.	Rs.	Ps.
C. F.			C. F.			C. F.			C. F.			C. F.			C. F.			C. F.		

I Certify that Schedules _____ to _____ No. _____ Summarised above include the names of all the employees of this firm who are liable to be insured under the provisions of Provincial Employees' Social Security Ordinance, 1965, and that all the information given regarding their employment and wages is correct.

Stamp of Firm

Signature _____

Position in Firm _____

Date _____

Form (C-2)

Form No. C.3

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

SUMMARY OF SOCIAL SECURITY OFFICERS' VISITS

Name of Firm _____ Tele: No. _____

Registration No: | | | |

Business

Date of Visit	Number employees	Remarks	Social Security officer's Initials

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

Serial No

NOTIFICATION TO ACCOUNTS OFFICERS OF ARREARS OF CONTRIBUTION

_____

_____ Local Directorate _____

_____

Name of Employer _____

Registered No. of Employer _____

The Accounts Officer

The following information relating to arrears of contribution due from the above mentioned employer is notified for accountiqg action :-

* I Contribution for the month of _____ 19 was not received within thirty days of the end of month.

\+ within the extend period of _____ days allowed on good cause having been shown for the extension.

The appropriate amount due, based on the amount payable in respect of the previous month adjusted in the light of any relevant information in the possession of the Institution, and excluding any increase due under Section 23 (1) of the Ordinance is Rs. _____

* II As a result of S. S. O's report referred to below, or examination in the Local Office of the employer's payroll or contribution schedule (form C-1) or by way of increase Section 23 (1) for late payment the amount stated below are due from the above mentioned employer in addition to the amounts already remitted by him.

S. S. O's Report		Period in respect of which amounts are due		Contribution due under Sec. 20 (1)	Increases accrued under Sec. 26	Increase accrued under Sec. 23 (1) to date in Col. (4)	Total Amount due
Date		From	To				

Date _____

Signature _____
SSO incharge Section Contribution

III Internal Audit Department

Accounting action is authorised on form F-9 No. _____ attached hereto

Date _____

Signature _____

* Delete or II if not required

\+ Delete whichever is inapplicable.

Form C-4

Year 198

Sind Employee's Social Security Instituion

EMPLOYER'S CONTRIBUTION RECORD SHEET.

Sheet No. _____

e of Establishment _____ Employer's Registration Number

ress _____ No. & date of notification _____

phone _____ Nature of business _____

Month Ending	Number of Secured Persons	Contributions received			Percentage Examined	Remarks	Initials of Assistant with date
		Amount Rs.	Ps.	Date			

rm C. 5.

SIND EMPLOYEES'S SOCIAL SECURITY INSTITUTION

REFERENCE TO INSPECTORATE

Registration Number | | | |

Employer's Name .....

Address .....

You are requested to visit the above-named employer and make the necessary enquiries to ascertain:-

(i) Why no contribution schedules (or payrolls), accompanied by a remittance in respect of the social security contributions due for the month of ..... have been received in this Office.

(ii)

Signed .....
S.S.O.(C), Incharge
Contribution Section

No..... Date.....

Form C-6.

DIARY

S.S.O._____ LOCAL DIRECTORATE_____

WEEK COMMENCING_____ 19_____

DATE	NAME OF ESTT./ PERSON VISITED	PURPOSE OF VISIT	RESULT ACHIEVED
1	2	3	4

NAME AND SIGNATURE
OF THE SOCIAL
SECURITY OFFICER_____
SECTOR NO._____

FORM C-7

SIND EMPLOYEES'S SOCIAL SECURITY INSTITUTION
DIRECTORATE

NAME _____ DESIGNATION _____ BASIC PAY RS. _____

TRAVELLING ALLOWANCE BILL _____

Purpose of journey	Total column 9&12	Daily Allowances			ARRIVAL			DEPARTURE		
		Amount	Rate	No. of days	Amount	No. of Tra-vel with Class if any	Mode of Tra-vel with Class if any	Hrs.	Date	Station

Total amount claimed Rs. _____
Less advance drawn Rs. _____
Net amount payable Rs. _____

Certificate

1. Certified that the amount claimed in this bill has not been claimed before.
2. Certified that the details of journey entered in this bill are correct.
3. Certified that an advance of Rs. _____ was drawn for this journey.

Counter signed by Controlling Authority Signature _____
Designation _____

Signature _____
Designation _____

Notice under section 20 & 23(1) of the Provincial Employees' Social Security Ordinance, 1965 and rules 5 and 6 of the P.E.S.S. (Contribution) Rules, 1966.

SIND EMPLOYEE'S SOCIAL SECURITY INSTITUTION
DIRECTORATE

No. dated.-

To,

M/s. _____

_____

_____

Sub:— NON-SUBMISSION OF SOCIAL SECURITY CONTRIBUTION AND SCHEDULES(C-1) FOR THE MONTH OF

Dear Sirs,

The social security contribution payable in respect of your employees alongwith contribution schedules for the month of _____ has not been received by the due date. In addition, an increase at the rate of half percent percent per day after expiry of the due date is accruing against you.

You are, therefore, requested to deposit with this Office the total sum of contribution due for the month of _____ alongwith corresponding amount of increase due within seven days of the receipt of this notice failing which the total dues payable will be assessed by the Directorate and recovery made through coercive measures. Please also furnish contribution schedules (C-1) in respect of contribution paid/payable by you.

Yours faithfully,

_____
DIRECTOR

Copy to:-

Mr. _____ SSO(C). He is directed to visit the above named establishment and ascertain the amount of contribution due for the month of _____ and reasons for non-payment. He should submit his report within _____ days of the issue of this notice.

DIRECTOR

FORM C-9.

NOTICE UNDER SECTION 20 & 23(1) OF THE PROVINCIAL EMPLOYEES' SOCIAL SECURITY ORDINANCE 1965 AND RULES 5 & 6 OF THE CONTRIBUTION RULES 1966.

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION
DIRECTORATE

No._____ Dated: _____

M/s._____
_____
_____

Dear Sirs,

The social security contribution payable in respect of your employees for the month of_____was not paid by the due date. The contribution payable has been assessed at Rs._____ which should be deposited with this office within_____days failing which recovery shall be effected as arrears of land revenue.

In addition, an amount of Rs._____as increase has already accrued against you upto _____ which should also be paid alongwith the above contribution.

The social security contribution and corresponding increase mentiooned above has been assessed on the basis of available information. Any additional amount, if found due, will be recoverable whenever so established as a result of inspection of your records.

Yours faithfully,

_____
DIRECTOR

Copy to:-

Mr._____,SSO(C). He should submit detailed report recommending appropriate action in case contribution alongwith increase due is not deposited by the employer within the sepcified period.

Form C-10

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

Ref. No. SDE/1 – / Cont

Date:_____198

To,
M/s. _____
_____

Dear Sir,

1. As a result of the examination of your Contribution Schedules for the month of_____the following discrepancies have come to light:

(a) Arthmetical mistakes (like) errors in additions calculations, and carry forwardof figures):–

(b) Employees without Social Security Numbers:–

(c) Miscellaneous errors:–

2. It is requested that the discrepancies pointed out above may be rectified at an early date.

Thanking you.

Yours faithfully

for Director

C.C to Mr._____ Social Security Officer (Contribution)

information and necessary action.

Form C-11

OFFICE OF THE ASSISTANT COLLECTOR (GRADE 1)
KARACHI _____

(Notice under Section 81, of Land Revenue Act: 1967 and Rule 118 of the Land Revenue Rules, 1921.)

M/s. _____

You are hereby required to take notice that a sum of Rs ..... due from you as arrears of Social Security Contribution as per following break up has not been paid. Unless it is paid within 10 days from the date of issue of this notice together with the sum of Re. 1.00 being the fee chargeable for this notice, compulsory proceedings will be taken according to law for the whole of the revenue (amount) still due from you.

NATURE OF ARREARS:	AMOUNT DUE:	PERIOD:
S.S. Contribution.		
Increase.		
Total.		

ASSISTANT COLLECTOR (GRADE 1)
KARACHI

No: AC/
Dated:_____

WARRANT UNDER SECTION 83 OF LAND REVENUE ACT, 1967 FOR THE DISTRAINT OF MOVEABLE PROPERTY

No. Case No.

Name and address of the defaulter	Details of arrears	Amount
	TOTAL	

Rupees (in words):_____

Mr. _____

Social Security Officer (Recoveries) of Assistant Collector's Office, Karachi is hereby authorised to attach the moveable property of the within named defaulter to recover the Government dues, incidental expenses and notice fee Re. 1/- only.

The concern of the defaulter be attached and sealed if he fails to pay the dues in a lump sum. The perishable articles be sold at the spot.

Karachi, dated_____ day_____ 197

ASSISTANT COLLECTOR GRADE 1

REGISTRATION OF EMPLOYERS

1. The planning of the registration of Employers and Employees will be the responsibility of the Director of Local Directorate. Registration should be completed immediately after the "Appointed Day".

2. As soon as the names of the establishments surveyed are notified, a letter (Form R–IA) should be sent to each employer by registered post, unless it is delivered by hand by an official of the Institution. The despatch of the letter should be noted on the file of the employer which would be maintained by the Local Directorate for facility of reference. Form R--IA should be accompanied with form R–1.

3. As each Form R–I is returned, it should be examined and any material omission should be cleared by telephone or a visit. When the form is duly completed, an entry should be made in the Employers' Register.

4. The Employers' Register referred to above may be maintained in a book form for each category of employers (as has been explain in Appendix–I. The registration number according to his activity shall be allotted to each Employer who has duly completed and returned Form R–I. The registration number when allotted would be stamped on Form R–I which would be filed in numerical order within the activity. Great care should be taken to avoid any error of transcription and, especially, to prevent the duplication of any registration number.

5. A file will be opened in respect of every registered Employer, in which all correspondence relating to his establishment will be filed. The files would be maintained in numerical order of

i) Activity and
ii) Serial number within that activity.

6. After the lapse of 10 days, urgent steps should be taken to secure the return of outstanding form R–I. The Social Security Officer or any official appointed by the Local Director for this purpose should politely but firmly insist upon the filling in of the form and also explain the obligations placed on the employers by the Ordinance, Rules and Regulations so far as registration is concerned. He should endeavour to collect form R-I duly completed during this visit.

7. When R--I is duly completed and registration number allotted, a copy of form R--IB should be prepared and the registration number allotted, be intimated to the employer alongwith sufficient copies of forms R--2, R--3 and R–3A, if not already sent with R–IA. Form R–I will show the appropriate number of secured persons to be registered and slightly more number of forms R–2 (say 10%) may be despatched to the employer by registered post or delivered by hand by a member of the Institution's Local Directorate staff. Copies of form R–3A to be despatched alongwith R--2 and R–3 should be sufficient enough to permit a list of all potential secured persons to be made in duplicate.

8. Where R-I has not been returned by the employer and efforts are made to collect it by personal visit, sufficient copies of forms R-2, R-3 and R-3A may be delivered to the employer during this visit to enable him to arrange for the registration of his employees. The employer may be informed that his registration number would be notified to him on the receipt of duly completed form R-I.

9. The fact that forms R-2, R-3 and R-3A have been issued and all other relevant information should be recorded on the employer's file and arrangements made, by the use of a diary etc., to have a file brought forward at the end of fifteen days. The officer concerned will be responsible to ensure that all aspects of registration have been properly attended to and the registration number, when allotted, is duly intimated to the employer within time.

REGISTRATION OF EMPLOYEES

10. At the end of 10 days' time, the Employer should have returned a completed form R-2 in respect of each of his employees liable to become secured person, accompanied by a summary (in duplicate) of their names on Forms R-3 and R-3A and three copies of the passport size photograph of every insurable employee. The receipt of the forms should be noted on the relevant file, and arrangements may be made for the preparation of the necessary documents. This will be a major task whenever the Scheme is extended to the employees of economic activities or areas not already covered under the Scheme. Director and his staff will be responsible for the organization of the work to secure the maximum speed that is compatible with accuracy and legibility, and for the avoidance of confusion between documents relating to one employer with those of another.

SOCIAL SECURITY NUMBER

11. It is necessary to keep in mind that the Social Security Scheme will apply, eventually to all industrial, commercial and agricultural workers. This means an ultimate membership of millions. It is essential that every one of these secured persons is distinguished from every other, and this will be achieved by the issue of individual Registration Cards (Form R-5), bearing a Social Security Number, to each secured person. This number must be simple in order that it may be remembered; at the same time the system adopted must be capable of expansion, and also it must be suitable for use with mechanised methods of sorting and possibly accounting.

12. Each number will consist of six figures preceded by a prefix letter. For example :–

A 000001 to A 999, 999 followed by
B 000001 to B 999, 999 and so on

13. When R-2, R-3 and continuation sheet i.e. R-3A have been received from one establishment together with the photographs of

the Employees, the registration numbers may be allotted to the employees by making entries in the appropriate column in forms R-3 and R-3A in duplicate. The registration number allotted on R-3 and R-3A shall be further incorporated on appropriate forms of R-2 and R-5.

14. The registration number allotted should then be incorporated in the first column of form R-4 in its numerical order on each line, using both sides of the page. The name of the secured person, number of dependents and other particulars as given on form R-2 will be entered in the appropriate columns of form R-4. If forms R-5 and face sheet of Medical History Books (M-4) have also been prepared and registration numbers allotted, the action sheet column should be initialled and dated as indicated on the form (R-4). The numbers should be entered by writing them clearly in ink or by the use of a mechanical numbering stamp.

15. A separate register in form R-4A should be maintained for each dispensary or retainer doctor's clinic to which a secured person is attached for treatment. Names and other particulars of the secured person and number of his dependents as given on R-2 form should be entered and numbered serially in the appropriate columns of respective attachment register (R-4A). The serial number of each secured person as appearing in dispensary attachment register should be entered against his name in the appropriate column of R-4. This will facilitate tracing name of any secured person in the dispensary attachment register using R-4 as reference.

COMPLETION OF REGISTRATION CARDS (FORM R–5)

16. The Social Security number should be written (or typed) neatly in the space provided on form R-5, one figure to each space. If the number is a low one, it should be preceded by the necessary number of noughts.

17. The name of the secured person and that of his dependents

should be as quoted on R-2, R-3 or R-3A. (The date of registration is the one when an employee entered in the service of an establishment covered under the Social Security Scheme. In the case of fresh coverage of an establishment the date of registration will be the date of coverage of the establishment under the Social Security Scheme or the date of appointment of an employee whichever is later). The address of the dispensary should be impressed on page 4 by a rubber stamp. The photograph of the secured person should be affixed at the specified page and should bear the rubber stamp of the Directorate and signature of Social Security Officer (Registration).

18. Care should be taken to keep the Registration Cards in the order in which they are written so that they will be automatically in numerical order ready for despatch to the Employer.

COMPLETION OF MEDICAL HISTORY BOOKS (M–4)

19. Simultaneously with preparation of form R-5, the face sheet of Medical History Book (M-4) should be completed for each secured person by writing neatly particulars in each prescribed column as quoted in his form R-2. The photograph of the secured person should be affixed at the appropriate space. The rubber stamp of the Directorate should be so affixed that its impression appears on the photograph as well as on the face sheet of Medical History Book. Name and address of the dispensary to which a secured person is attached should be impressed by a rubber stamp against appropriate column.

20. After the prescribed particulars are entered on R-4 and R-4A, the Medical History Books (face sheets duly completed) should be sorted out in separate batches according to each dispensary of attachment. Each batch should then be arranged in consecutive serial order of Social Security number.

21. Each separate batch of Medical History Books accompanied with a list in duplicate should be promptly despatched to the Senior

Medical Officer for onward transmission to the concerned dispensary. The Medical History Books at each dispensary should be maintainted in the numerical order of Social Security numbers. However, separate index of Medical History Books should be maintained in respect of each Local Directorate. The Medical History Books for secured persons attached to a clinic of a retainer doctor should be despatched directlywithout routing than through the Senior Medical Officers.

DESPATCH OF REGISTRATION CARDS

22. It is essential that the preparation and distribution of Registration Cards is done with speed and efficiency. In the normal case the packets of Registration Cards should be despatched through the Social Security Officer In charge of the area or under prescribed letter R-6.

QUERIES:

23. Undoubtedly some queries will arise in the form of:—

(a) Undistributed Cards (R—5)
(b) Duplicates.
(c) Missing Cards.
(d) Cards incorrectly written.

Each must be dealt with on its merit and cleared by corresondence or by visit. The record of social security numbers (R-4), the Dispensary Attachment Register (R-4A), and the Registration Card itself (R-5) should be noted to show clearly the effect of any changes that have been made.

SUBSEQUENT REGISTRATION

24. Applications for registration under the Scheme will continue to be received, both from employers and from employees, as

new firms come into existence in social security areas, and as new employees arrive in them. Each should be dealt with as it is received on the lines of the preceding paragraphs. In addition, enquiry should be made why registration was not arranged previously. If an earlier membership comes to light, the earlier one should be re-established.

25. All R-2 forms received for registration after the appointed day may be particularly checked to ascertain the date of appointments of the employees. This would facilitate determination of date of registration as well as the date from which contribution is payable in respect of the new Employee.

LOST CARDS

26. If a secured person reports the loss of his Registration Card, he should be asked to produce evidence of identity, and that he actually works for the firm he states as his Employer. He should then be issued a new card after charging the requisite fee. No fee should be charged for the first duplicate Card. For every subsequent duplicate, a fee of Rs. 5/- shall be charged which the employee shall deposit with the Cashier and obtain an official receipt. The fact of issuing every duplicate card shall be entered in the Register (R-7) and the serial No. be incorporated in R-4.

DUPLICATE REGISTRATION

27. There is always the possibility of more than one social security number being issued to one secured person. If any case is encountered, it should be investigated, and if it is perfectly clear that the man has been registered twice, the earlier registration should be regarded as the effective one, and the subsequent one cancelled. The Registration Card (Form R-5) bearing the wrong number should be withdrawn from the secured person and destroyed. It should be made certain that the employer is aware of the correct number.

APPENDIX--I

REGISTRATION OF EMPLOYERS

1. A Registration number shall be issued to each Employer registered under the Scheme, consisting of three parts:—

(i) The Code Number of the Local Directorate of Registration.

(ii) The appropriate classification number of the economic activity involved as defined in the list.

(iii) A serial number.

2. For example, assuming that the Code Number of the SITE (West) Local Directorate is 1 , and that of the Hyderabad Local Directorate 2 , then the Employer's Registration numbers 1/23/3; and 2/30/2 would indicate the third registration at the SITE (West) Directorate in the Textile Industry and the second registration at the Hyderabad Local Directorate of manufacturer of rubber products.

3. Particulars of employers will be entered in Employers' Register to be maintained in the following proforma by allotting suitable number of pages for each economic activity:—

Name of Economic Activity .....

Registration number	Name & Address of Establishment	Name of Employer	No. and date of notification u/sec. 1/(3)
1.	2.	3.	4.

Notified date of coverage	Date of Registration	Initial of SSO incharge	
5.	6.	7.	

INTERNATIONAL STANDARD INDUSTRIAL CLASSIFICATION OF ALL ECONOMIC ACTIVITIES

LIST OF DIVISIONS AND MAJOR GROUPS

Division 0. Agriculture, Forestry, Hunting and Fishing:

01. Agriculture and livestock production.
02. Forestry and logging.
03. Hunting, trapping and game propagation.
04. Fishing.

Division 1. Mining and Quarrying:

11. Coal mining.
12. Metal Mining.
13. Crude petroleum and natural gas.
14. Stone quarrying, clay and sand pits.
19. Non-metallic mining and quarrying not elsewhere classified.

Division 2-3 Manufacturing:

20. Food manufacturing Industries, except beverage industries.
21. Beverage industries.
22. Tobacco manufactures.
23. Manufacture of textiles.
24. Manufacture of footwear, other wearing apparel and made-up textile goods.
25. Manufacture of wood and cork, except manufacture of furniture.
26. Manufacture of furniture and fixtures.
27. Manufacture of paper and paper products.
28. Printing, publishing and allied industries.
29. Manufacture of leather and leather products, except footwear.
30. Manufacture of rubber products.
31. Manufacture of chemicals and chemical products.
32. Manufacture of products of petroleum and coal.
33. Manufacture of non-metallic mineral products, except products of petroleum and coal.

34. Basic metal industries.
35. Manufacture of metal products, except machinery and trsnsport equipment.
36. Manufacture of machinery, except electrical machinery.
37. Manufacture of electrical machinery, apparatus, appliances and supplies.
38. Manufacture of transport equipment.
39. Miscellaneous manufacturing industries.

Division 4 Construction:

40. Construction.

Division 5 Electricity, Gas, Water and Sanitary Services:

51. Electricity, gas and steam.
52. Water and sanitary services.

Division 6 Commerce :

61. Wholesale and retail trade.
62. Banks and other financial Institutions.
63. Insurance.
64. Real Estate.

Division 7 Trasnsport, Storage and Communication:

71. Transport.
72. Storage and warehousing.
73. Communications.

Division 8 Services:

81. Government services.
82. Community and business services.
83. Recreation services.
84. Personal services.

Division 9 Activities not adequately described:

90. Activities not adequately described.

REGISTRATION OF EMPLOYERS AND EMPLOYEES

List of Forms mentioned in this Code

Form	Purpose served by Form
R-1A	Notification to employer that he is within the Scheme.
R-1	Employer's registration.
R-1B	Intimation of Employer's registration number.
R-2	Employee's registration, personal details.
R-3	Return of employees' Registration.
R-3A	Return of employees' registrations (Continuation sheet).
R-4	Control of issue of Social Security number and numerical index.
R-4A	Register of attachment to Dispensary.
R-5	Secured person's registration card.
R-6	Covering letter for bulk despatch of R-5 to employer.
R-7	Control of issue of duplicate R-5.

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

_____DIRECTORATE_____

No: Dated

The Managing Director,

_____

SUBJECT: REGISTRATION UNDER THE SOCIAL SECURITY SCHEME

Dear Sir,

The Government of Sind has decided to bring your Establishment under the Social Security Scheme from_____vide S. No. _____of Labour Department's Extraordinary Gazette Notification No._____Dated_____.It is, therefore, necessary to register your establishment within the scope of the Social Security Ordinance. After the completion and return of the enclosed Form (R-1) by you, a Registration Number will be allotted to your firm which you should please quote on all correspondence with the Institution. Regulation 3 of Registration of Employers and Secured Persons Regulations 1967 requires that Form R-1 should be completed and returned to the Local Directorate concerned within 10 days of the date of the Notification.

2. The Scheme aims at providing benefits to your insurable employees in the event of sickness, maternity, employment injury or death and for matters ancillary thereto as laid down in the Provincial Employees' Social Security Ordinance 1965 and the Rules and Regulations framed thereunder. With a view to facilitating the work relating to the registration of your employees payment of cash and non cash benefits and payment of Social Security Contribution, the following clarifications are offered :-

i) Only those of your employees will be covered under the Scheme who are earning wages upto Rs._____ per month.

Section 2 (8) of the Ordinance referred to above, defines an employee as "any person working normally for at least 24 hours per week, for wages, in or in connection with the work of any industry, business, undertaking or establishment, under any contract of service or apprenticeship, whether written or oral, express or implied. In accordance with this definition, not only the workers working in the factory or the main establishment are secured under the Scheme, but also all those workers employed in the Head Office, in Sales Depot and those engaged on casual, seasonal, probationary, temporary or "badli" basis are liable to be covered under the Scheme. Even part-time workers are insurable if they work normally for at least 24 hours in a week.

ii) In respect of all of your insurable employees, you have to pay seven percent of their wages to this Institution as Social Security Contribution. No deduction on this account shall be made from the employees' wages.

iii) Under Rule 5 of the Social Security (Contributions) Rules 1966, the employers are required to submit to the concerned Local Directorate of the Institution, Contribution Schedules (C-1) showing details of Social Security Contribution paid in respect of each employee, alongwith a cheque of contribution payable within 30 days of the end of each month. For example, the contribution for the month of_____will be payable by you to this office by the_____and for the month of_____will be payable by the_____. In case of failure to deposit the contribution (alongwith the schedule) within the time-limit specified, an increase upto 50% of the amount payable, may be levied under section 23 (1) of the Ordinance.

iv) A single schedule for the whole month, and not separate schedules for each for night or week must be submitted.

This will save not only stationery but time as well.

v) While preparing the contribution schedules, the names of registered employees should be inserted in the schedule in numerical order of the Social Security Numbers. For example, when a block of numbers beginning with 1 and ending 100 is allotted to your employees, the names of the employees who are allocated these numbers should be entered in the schedule in the numerical order of the block i.e. the name of number 1 should come first and thereafter names of 2, 3, and so on upto 100.

vi) No contribution is payable on the fraction of a rupee occurring in the wages of any secured worker. For example when a secured worker is getting Rs. 250.60 per month, contribution should be paid on Rs. 250.00 only and not on 60 paisa too.

vii) Where a secured person works for less than a month, the reason why he did so and where he remained during the rest of the month should be explained in the Remarks Column of the schedule. The cases of leave (with or without pay) should be noted in the remarks Column.

viii) Whenever a secured worker in your employment leaves his job, the relevant columns on page-2 of his Registration Card (R-5) should be completed and the card handed over to the leaving employee. Besides, the date of leaving should be mentioned against his name in the Contribution Schedule. A complete list of all those who left service during a particular month should be sent in duplicate separately by the 10th of the next month on the following proforma:—

PROFORMA

INFORMATION REGARDING MONTHLY TURN OVER OF WORKERS IN REGISTERED ESTABLISHMENTS

S. No.	Name of Employee	S.S.No.	Date of employment	Date of retrenchment/ discharge/ termination/ resignation etc.	Name of S.S. Dispensary to which the worker was attached for treatment	Remarks
1.	2.	3.	4.	5.	6.	7.

The list will enable us to keep a watch over the monthly turn-over of workers in your establishment.

ix) Only one Social Security Number will be allotted to a worker. This number will be valid wherever the worker goes and will not change with a change in employment. It is, therefore, essential for you that whenever a new worker joins your employment, please ascertain from him if he has any Social Security Card. If he has a previous Social Security Card (R-5), this will be continued and no fresh registration will be necessary.

x) Where the worker has got no previous Social Security Card, a R-2 form should be obtained from nim and sent to this Office duly filled in alongwith three passport size photographs of the worker concerned.

xi) Serial Number should please be given in the schedule against the name of each secured employee so that the total number of persons whose contribution has been paid be known. Each C-1 Form contains a certificate to be given by the employer about the authenticity of the information supplied by him. It is, requested that this certificate may

please be completed without fail. If it can not be given on each sheet of the schedule individually, it may please be given on the last page of the schedule in respect of all the sheets.

xii) The Institution will be providing Medical Care in case of illness to the secured persons and their dependents i.e. wife or wives or a needy invalid husband, and any children under the age of 16 years dependent on the secured person. Before a worker gets medical care, it has to be established that he is a secured worker. The identity of the worker will be established by his Registration Card (R-5) and a Certificate of Wages and Contribution (B-2) which he will take with him to the dispensary.

xiii) As a result of examination of your monthly contribution schedule, under-payments and other discrepancies wherever detected would be pointed out to you for necessary rectification. It is requested that whenever arrears of under-payment are payable by you, a separate cheque on account of arrears may please be sumitted alongwith a covering letter and in no case should the arrears be mixed up with the contribution of the current month, as it may cause unnecessary confusion.

xiv) Certain establishments pay Attendance Allowance, Conveyance Allowance, Heat Allowance, Food Allowance, Uniform Allowance, Night Shift Allowance, Entertainment Allowance, House Rent Allowance, Cost of Living Allowance, Dearness Allowance, Service Charges, payment in case of illegal lock-out or legal strike and cash payment in lieu of leave to their employees. Contribution is to be paid on all such allowances as laid down under Section 2 (30) of the Ordinance. No contribution is, however, payable on bonus (under Section 10 (C) of the Standing Orders Ordinance), gratuity and over-time.

xv) The secured workers of your establishment will be attached to the nearest Social Security dispensaries/clinics as per information provided in R-2 Forms. Ordinarily, cases of sickness, employment injury, etc. will be referred to the concerned dispensary/clinic. The attending Medical Officer at these centres will decide if the patient should be sent to the Social Security Hospital or to any specialist, if required. In serious cases, however, the patient may be sent by the employer direct to the Social Security Hospital by completing and signing a prescribed form M-15 (specimen attached) on behalf of the Medical Officer. Such direct referral should, however, be resorted to by the employers only in very serious cases of employment injury and an intimation to this effect be sent to the concerned Social Security Medical Centre immediately the next day.

xvi) For providing Cash Benefits to the secured workers, Pay Offices have been established by SESSI. A list of the Pay Offices of this Directorate is enclosed.

For the convenience and information of the registered establishments and their workers, the details of the documents required for the most frequent types of benefits are explained below:—

SICKNESS BENEFIT

a) Form B-2 showing interalia (i) the month-wise position of contribution of the concerned worker during the period of six months immediately preceding the date of incapacity (ii) correct last rate of wages and (iii) last date of work. In case of workers employed on contract basis, total wages earned by them during the last week, fortnight or month before falling ill should be mentioned alongwith the number of days worked during that period as illustrated below:—

Rs._____ for_____days during the week/ fortnight/month ending_____(Average shall be calculated by the Pay Office itself).

b) Medical Certificates (M-1, M-2 & M-3) duly filled in at the back and signed by the claimant containing signature and stamp of the employer.

INJURY BENEFIT

a) Form B-2 duly filled in. The columns of last date of work and rate of wages are to be filled in as explained above.

b) Medical Certificates duly filled in as explained above.

c) Accident Report (B-3).
There is no condition of contribution for payment of Injury Benefit.

MATERNITY BENEFIT

a) Form B-2 duly filled in as explained above. Month-wise position of contribution of the female workers during the period of 12 months immediately preceding the expected date of confinement should be distinctly shown.

b) B-6 duly filled in and signed by the Medical Officer concerned and the claimant, containing employer's stamp and signature.

("Each form B-2 should bear a stamp on its back to the effect". "The worker concerned has /has not previously claimed any cash benefit ").

xvii) Claims for Sickness Benefit and Injury Benefit should be sent to the Institution's Office within seven days of the date of First Certificate of Incapacity (M-1) as required under Time-Limit Rules framed by the Government. In the case of a claim for Maternity Benefit, the time limit is fifteen (15) days from the date of the Certificate of the Expected Date of Confinement issued by a Medical Officer of the Institution. In case of delay, an application stating the grounds for delay should be obtained from the claiment and sent alongwith the claim. It would, however, be at the discretion of the Institution to accept or reject any such claim which is not received in the Pay Office within the prescribed time limit.

xviii) Information regarding payment of other benefits (Death Grant, dissablement Pension and Survivors' Pension) may be obtained from the concerned Pay Office.

3. In case of any confusion with regard to the procedure to be followed, documents to be filled in or any other aspects of the Scheme, it is requested that the same may be got settled through verbal discussion with the SSO I/c of the area or by correspondence with this office.

DIRECTOR

R-1A.

Encl: (1) List of Pay Offices (2) R-1, M-15, C-1, R-2, R-3, R-3A, B-2, B-3 and B-6.

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION
EMPLOYER'S REGISTRATION FORM

Registration Number Allotted

(for Office use only)

Write Legibly Please

Name of Firm_____

Employer's name_____

Address of principal place of business_____

_____

Telephone Number_____

Nature of Business_____

Number of employees liable to become secured persons_____
(Approximate)

Signature of Employer_____

(Stamp of Firm)

Date_____198____

Form R–1–Front

FOR OFFICIAL USE ONLY

ACTION	ACTION TAREN	
	Initial of SSO (C)	Date
Registration form Checked		
Name of employer entered in register.		
Registration number allotted as shown overleaf.		
Forms R2 and R3 prepared and issued.		

Form–R–1–Reverse

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

No :–

Date _____

Messrs_____

_____

The receipt of Form R-1 sent by you is hereby acknowledged. Your name has been included in the list of employers covered under the Social Security Scheme and your Registration No. is_____ _____Please quote this Registration No. in all future correspondence with this Institution.

(DIRECTOR)

Form. R-1B

اِدارۂ سماجی تحفظ ملازمین (سندھ) (تحفظ یافتہ مزدور کے کوائف)

۱- نام _____

۲- پتہ _____ جنس | مرد | عورت |

۳- تاریخ پیدائش (اگر معلوم ہے) _____ دن _____ مہینہ _____ سال یا عمر _____ سال

۴- جائے پیدائش _____ پیشہ _____ ۵- والد کا نام _____

۶- تاریخ ملازمت _____ ۷- محنت کش کی ازدواجی حیثیت

*کنوارہ		شادی شدہ		*بیوہ		*رنڈوا	

* صحیح خانے میں X کا نشان لگا دیں

۸- اگر شادی شدہ ہے تو بیوی/بیویوں کے نام _____

فارم کی پشت پر لواحقین کی تفصیلات درج کریں _____

۹- شادی شدہ عورت کی صورت میں شوہر کا نام _____

۱۰- محنت کش اپنے علاج کیلئے اپنے گھر/ملازمت کے قریب واقع _____

سماجی تحفظ کے شفاخانے سے منسلک ہونا چاہتا ہے _____

۱۱- تحفظ یافتہ شخص کے دستخط _____

	آجر سے تصدیق شدہ تین پاسپورٹ سائز کی محنت کش کی تصاویر	

بائیں ہاتھ کا نشان انگوٹھا

آجر کی مہر

جاری کردہ سوشل سیکیورٹی نمبر — صرف دفتر کے استعمال کے لئے

Form R–2–Front

۱۲- لواحقین کے کوائف

نمبر شمار	نام	عمر	شناختی نشان	محنت کش سے رشتہ	دستخط یا بائیں ہاتھ کا نشانِ انگوٹھا	دستخط اور آجر کی مہر

Form R–2–(Back)

SIND EMPLOYEES' SECURITY INSTITUTION

Return of Employees Liable to Become Secured Persons

Name and address of Employer

Registration Number of Employer | | | |

I hereby declare that every person employed as an employee within the meanings of Section 2 (8) of the Provincial Employees' Social Security Ordinance X of 1965 as applicable to SIND in this establishment in receipt of a remuneration not exceeding Rs. 60.00 per day has been included in this list (excepting only those employees in respect of whom the registration form (R-2) have already been s ubmitted.)

Date_____ / 198 (Signature of Employer)

Designation and stamp

Serial Number (1)	Name of Employee (2)	Mill's Card Number (if any) (3)	Registration Number Alloted by the institution (for official use only) (4)

Enclosures.....Continuation Sheet (Forms R-3A)

Form R-2

Form R–3–Front

Serial Number (1)	Name of employee (2)	Mill's Card Number (if any) (3)	Registration Number allotted by the Institution (for official use only) (4)

Form R–3– Reverse

To be completed in DUPLICATE

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

Return of Employees Liable to Become Secured Person

Serial No. (1)	Name of Employee (2)	Mill's Card Number (if any) (3)	Registeration Number allotted by the Insitution (for official use only) (4)

Form R–3 A (Front & Back)

CONTROL OF ISSUE OF SOCIAL SECURITY NUMBER

S.S. No.	Name of Secured Worker	Name of Father/ husband	Date/year of birth
1.	2.	3.	4.

Number of dependents	Date of registration	Previous registration, if any		Dispensary allotted
		S.S. No.	Name of Employer	
5.	6.	7.	8.	9.

Dispensary Referal No.	No. in duplicate R-5 Register	Date of leaving employment	Remarks	Initial and date
10.	11.	12.	13.	14.

Form. R-4

REGISTER OF ATTACHMENT TO DISPENSARY

S. No.	Date of Attachment.	Name of Secured Person	Social Security Number
1.	2.	3.	4.

Name of Establishment	Number of dependents	Date of detachment.	Remarks	Initial and Date
5.	6.	7.	8.	9.

(Form R–4A)

ادارہ سماجی تحفظ ملازمین (سندھ) لانڈھی انڈسٹریل ایریا کراچی

او-پی ڈی نمبر _____

سوشل سیکورٹی نمبر | | | | | | | | | |

تصدیق کی جاتی ہے کہ مسمی _____

ملازم _____

پیالنشن _____

ادارہ سماجی تحفظ میں پروفیشنل ایمپلائمنٹ سوشل سیکوریٹی آرڈیننس ۲۷ بحریہ ۱۹۶۵ء کے تحت مورخہ _____ سے رجسٹرڈ ہے۔

دستخط _____ یا

بائیں ہاتھ کا نشان انگوٹھا _____

شناختی نشان _____

افسر مجاز _____

تاریخ اجراء _____

دستخط _____

انتباہ: جو شخص اس کارڈ کا ناجائز استعمال کریگا اسے زیادہ سے زیادہ تین ماہ قید یا ایک ہزار روپیہ جرمانہ یا دونوں سزائیں ایک ساتھ دی جاسکتی ہیں۔

گزشتہ سوشل سیکوریٹی نمبر _____

میڈیکل ہسٹری بک نمبر _____

ڈسپنسری برائے علاج

Form R–5–Front

ملازمت کی تفصیلات

نمبر شمار	برائے رجسٹریشن نمبر	سے ملازمت کی مدت تک		آجر کے دستخط اور
۱				
۲				
۳				
۴				
۵				
۶				
۷				
۸				
۹				

لواحقین کے کوائف

نمبر شمار	واجبات مزد کا نام	عمر	حفظ ماتقدم سے رشتہ	شناختی نشان
۱				
۲				
۳				
۴				
۵				
۶				
۷				
۸				
۹				

Form–R–5 Reverse

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

Registration of Employees

Name and Address of Establishment .....

.....

Employer's Registration Number .....

Registration Cards (Form R-5) have been prepared in respect of every one of your employees who completed recently an application on Form R-2. Accordingly, the cards are enclosed herewith, together with one copy of the List of Employees (Form R-3 and 3A), showing thereon the social security numbers which have been allocated to them. This List should be of assistance when completing the necessary documents relating to the payment of the social security contribution.

Please arrange for the cards to be distributed to the employees concerned, taking care to avoid any confusion of indentity. Each employee should be asked to authenticate his Registration Card as it is given to him by signing in the space provided, or by impressing his thumb-print thereon and affixing his photograph if not already affixed. Please communicate with this office if any difficulty is experienced.

An additional supply of Forms R-2, R-3 and 3A is enclosed to permit the speedy registration of any new employees who start working for you in the future, and do not already posses a Registration Card.

Yours Faithfully,

Signed

Director.

..... Directorate.

Date : : 198 .

Form R-6

CONTROL OF ISSUE OF DUPLICATE R–5

S.No.	Date	Name of Secured Worker	Social Security Number	Name of Establishment.
1.	2.	3.	4.	5.

Fee charged for duplicate R-5	F-6 No. and Date	initial of SSO (Regn).
6.	7.	8.

Form R-7

EDITED BY:

MR. S.M. MOIN QURESHI
Director public Relations,
Traning and Research

PUBLISHED BY:

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

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Benefit

Employees Social Security Institution
LIBRARY

PREFACE

The codal instructions governing internal working of various sections of the Social Security Institution were drafted by foreign experts in 1966 i.e. before the inception of Social Security Scheme (1st March, 1967). Ever since then, radical changes have taken place in Social Security legislation (Ordinance, Rules and Regulations) which have rendered the codal instructions obsolete. Further, creation of some new departments and field offices in the Sind Employees' Social Security Institution have also warranted necessary amendments, alterations and additions to the Code.

A departmental committee was, therefore, constituted to go through various portions of the Code and suggest amendments after joint deliberations. The committee scrutinised each and every part of the Code and submitted its recommendations. Later, the amendments were scanned by the respective heads of departments. As a result of these concerted efforts, the Code of Staff Instructions has been revised for the first time during the past two decades.

The present book is the approved version of the revised Code of Staff Instructions. It deals with the working of Benefits Department. It is hoped that with the revision of the Code, the working of the Institution would become smoother as chances of lapses, duplication, confusion, etc. now stand obviated.

BRIG (RTD) S. M. BAQAR NAQVI
Commissioner

5th January, 1985

1. The Code of Staff instructions relating to Cash Benefits provides details of Benefits admissible under the Provincial Employees' Social Security Ordinance 1965, the manner in which Benefits are to be calimed by the Secured Workers and the procedure regulating process, award and payment of Benefit claims. While complying with these instructions the staff of the Institution, and more particularly that of the Benefit Section and Pay Offices of a Local Directorate, should be courteous and helpful to the Secured Workers as majority of them, being illeterate, may be unaware of their rights and obligations under the Ordinance.

CLAIM WALLET (FORM B-1)

2. Claim Wallet (Form B-1) will be opened when a secured person makes a claim for any Cash Benefit for the first time, even if the claim is likely to succeed or not. At the conclusion of the action on the claim, a wallet will be filed in the filing cabinets in numerical order of their registration numbers. Only one wallet will be opened for one secured person, no matter how-many claims for benefit, he may make.

3. A wallet may normally last the life-time of a secured person and the documents supporting the claim and the action sheet etc. on which the claim payments are calculated should carefully be tagged in appropriate place and may be paged for facility of record and future reference.

4. Only one Claim Wallet should be dealt with at a time. The contents of the wallet can then be taken out for examination or necessary action without risk of confusion.

5. During action on a claim, the wallet may travel within the section i.e. from the Assistant to the Social Security Officer (Benefit) or the Audit Officer, as the case may be. After all actions have been completed, the wallet will be returned to the Benefit Assistant who will then file it. When wallets are in action, they form a 'live' run and when the action is completed and they are filed in their proper place, that is termed as 'main' run of wallets.

6. Whenever it is necessary for a wallet to be taken out of the Benefit Section, a Pencil note on its destination with the date should be left in the place from where the wallet is removed. This note should be removed as soon as the wallet returns to the Benefit Section and is filed in the main run.

7. The wallet may be retained by the Benefit Assistant while the calim is in action and should be kept in numerical order within any grouping under dates. The Benefit Assistant is free to arrange his claim wallets but will be held responsible for any failure to make awards at the proper time due to mis-filing. It is, therefore, essential that great care must be taken when placing wallets in the 'main' run and the Social Security Officer (Benefit) responsible, should satisfy himself by frequent intervals that filing is being done correctly.

RECEPTION OF PUBLIC

8. The appearance of the room at the Pay Office or the Local Directorate in which members of the public who may be claimants to benefit, representatives of the employers, or persons in need of advise are received, and the behaviour of the official they first encounter, will infulence the impression of the Institution that the caller receives. If the room is neat in appearance and the official courteous, the impression will be favourable. if the room is untidy, and the official brusque in his manner, an unfavourable image will be formed.

9. The room for reception should possess the following minimum requirements:—

(a) adequate space for waiting, with beneches or chairs on which a caller can sit while waiting for his claim to be actioned;

(b) a poster board on which posters relating to the work of the Institution can be displayed;

(c) ash-trays, spittons, etc. as considered necessary.

10. It will be the duty of the Deputy Director at the Local Directorate and of the Social Security Officer (Benefit) at the Pay

Office to check that there is no undue delay in dealing with the callers.

11. The proper person to see the caller is the Officer who will be dealing with the matter raised in the normal course of his work. If however, the caller is not satisfied with the action of the Officer concerned, the Deputy Director may be requested to see him.

12. If a secured person has no title to a benefit, this fact should be explained courteously but firmly. If the claimant is not satisfied by the explanation he should be told that he can have a decision in writing if he so desires, and that he can appeal against the decision to the Local Director initially. In case the secured worker is not satisfied with the decision of the Local Director, he can file an appeal before the Commissioner, SESSI.

13. The hours during which the public will be received will be specified on a notice-board outside the Pay Office or the Local Directorate.

CLAIMS FOR CASH BENEFITS: GENERAL

14. The aims of the Sind Employees' Social Security Institution, so far as the Cash Benefits are concerned, can be stated very simply, to pay maximum amount of Benefits, allowable as quickly as possible, with the minimum amount of what is usually known as 'red-tape'. As the work of the Institution is subject to a continuous Internal Audit as well as to investigation by the External Auditor, due regard must be paid to the effect of relevant Rules, Regulations and staff instructions, to ensure that a secured person is not over-paid. Nevertheless, secured person may not always be aware of their rights, and no advantage should be taken of their ignorance. If a secured person has omitted to claim for a benefit to which he appears to have a title, opportunity should be taken during his next visit to the Local Directorate to invite him to ammend his claim

15. Claims of benefits are received and processed at the Benefit Section of a Local Directorate or at the various Pay Offices set up in the Dispensaries of the Institution for convenience of the secured persons of that particular area.

16. While filing a benefit claim, the secured person or some one on his behalf may call at the Pay Office or at the Benefit Section. The Benefit Assistant who receives the claim documents should check immediately for any wanting requirement which should be pointed out. The Assistant should provide proper guidance and cooperation in completing the claim papers. The Social Security Officer (Benefit) should personally ensure that his staff is courteous and helpful while dealing with the claimants.

17. Documents produced by claimants in support of their claim should be date-stamped when received by the Benefit Assistant. Documents relating to one particular claim should be pinned (not clipped) together and placed in the appropriate trary for collection. While date-stamping, care should be taken to avoid obliterating any entries on the document.

18. If a caller is unable to sign his name, it will be necessary for him to make his thumb-print in the space for signature. An ordinary stamp-pad should be used for this purpose, but care should be taken not to flood it with ink, otherwise a clear impression will be impossible. The caller should be instructed to make the print by means of a rolling motion of his thumb, having first removed any surplus ink with a piece of blotting paper. Any thumb-prints made in this way should be noted by the Benefit Assistant "witnessed" together with his name and date.

19. Any claim for benefit of whatever kind should be traced against the 'main' run of wallets by one of the Assistants. If a wallet is found there, and it is clear that it refers, it should be removed and the fresh claim processed on it.

20. If there is no trace of wallet, the numerical index (R-4) should be examined to confirm that the Social Security Number quoted on the claim is correct or, in the event of a failure to quote a number, to confirm that the claimant is, in fact a secured person.

21. Awarding staff may be supplied with tables containing a deep drawer, sub-divided by stiff card-board into divisions in which the benefit Wallets (Form B-1) in action, can be arranged in any desired order.

22. One such division can be further divided by a batch of file covers stapled together, along the edges, to form pockets in which the forms in common use in the Benefit Section can be kept. Care should be taken not to keep quantities in excess of say., two weeks' requirements.

23. Entries on action sheets etc. should be made neatly in legible handwriting. Some of the forms may be referred to after a lapse of several years. It is essential, therefore, that the entires, though concise, should be sufficiently comprehensive to be intelligible when they can no longer be supported by the personal recollections of the Assistant who made them.

SICKNESS BENEFIT

ENTITLEMENT

24. A Secured Person who is certified to be incapable for work by an authorised Medical Officer of the Institution, is entitled to receive sickness benefit, if contribution in his respect was paid or payable for at least 90 days during, six calendar months immediately preceding the date of his incapacity.

DOCUMENTS OF THE CLAIMS

25. While filing a claim for Sickness Benefit, the following should be produced:-

a) Medical Certificates (M-1, M-2 & M-3) issued by an Authorised Medical Officer of the Institution. Claim form onthe reverse of these certificates should be complete in all respects, signed or thumb impressioned by the claimant and counter-signed and stamped by his employer.

b) Certificate of contribution and wages (B-2) issued by the Employer.

c) Registration Card (R-5).

WAITING DAYS

26. Sickness Benefit shall not be payable for "waiting days" i.e. the first 2 days of the certified period of in-capacity.

The intention of the two unpaid "waiting days" is to reduce the number of trivial claims for sickness benefit. For example a secured person suffering from a simple cold may prefer to stay in bed for a couple of days rather than trouble his doctor.

28. Normally, the first day of incapacity of work will be the day following the one on which the Secured Person last attended his duty. This will be the first of the two waiting days. Friday and any National holiday will count as "Waiting Days", if included in the period of incapacity for work specified on the certificate.

29. The secured person shall not be entitled to receive sickenss benefit for the first two days of his sickness if such sickness does not, within fifteen days, follow the previous period of sickness for which he received or was entitled to receive sickness benefit (Proviso to Section 35(2) of the Ordinance).

RATE

30. Sickness Benefit shall be paid at the rate of 75% of the wages last received by the Secured Person and, 100% in case of cancer and Prolonged chest disease on the recommendation of the Medical Adviser.

DURATION

31. Sickness Benefit shall not be allowed for a period exceed

a) 180 days in case of T.B. and Cancer.
b) 121 days in other diseases.

TIME LIMIT

32. A claim for sickness benefit is required to be made within seven days of the date of the first certificate (M-1) as provided under Rule 3(a) of the Provincial Employees' Social Security (Time Limit for claiming Benefits) Rules 1966. If there are sufficient grounds for not submitting the claim within above specified period, such claim may be allowed by the Local Director, to be accepted within three months and, by the Commissioner, at any time after expiry of the specified period.

ACTION AT THE PAY OFFICE

33. It is probable that a Secured Person may claim a cash benefit by attending in person at the Local Directorate/Pay Office concerned or that some one will call on his behalf. The Benefit Assistant should render all the help that he can. He should see that the documents of Sickness Benefit claim i.e. Registration Card of the claimant (R-5), Certificate of Contribution and Wages (B-2) and Medical Certificate (M-1) and (M-2) are correct and establish the claim.

34. He should check that the name of Secured Person and his Social Security Number as given on his Registration Card are the same as shown onthe other forms. He should also verify that the card shows current employment after which the R-5 Card may be returned to the Claimant. He should make a brief note of important differences if any. If any document has not been produced, he should request the claimant to obtain it without delay.

35. He should then date-stamp all documents and pin them together. Care should be taken not to obliterate any entries.

36. The claim will be checked against the 'main' or the 'live" run of claim wallets maintained in numerical – order to ascertain whether there is a wallet (B-1) already in existence. If so, the fresh claim papers will be processed and kept in the same wallet. If there is no claim wallet, a new one will be opened.

37. After the claim documents have been examined in the above manner, the Assistant will work out the amount of cash benefit by making entires in the forms B-9, B-4 and B-5/F-3 and pass it on to the Social Security Officer (Benefit) for further action. At the same time, the Assistant should record the following particulars in a Register of Sickness Benefit to be maintained in the following proforma:-

Name of Secured Person	S.S. No.	Cause of Incapacity	Name of the Medical officer issuing certificates	Period of incapicity	Daily Rate of Wages
1.	2.	3.	4.	5.	6.

Daily Rate of Benefit	Period of Benefit Being authorised	Amount of Benefit authorised	Claim Finalised or not.	REMARKS
7.	8.	9.	10.	11.

38. The serial number of the register will be mentioned in the relevant column on form B-9 and form B-5. This will be the serial number of B-5 forms. The date on which the entries are being made in this register will be mentioned in the middle of page every day.

39. Certificates of incapacity should not be accepted unless they have been made on the official form (Form M-1, 2 or 3) by an approved medical practitioner. This restriction is necessary to secure that the standard of diagnosis is uniform. If a secured person submits a medical certificate in any other form, or one signed by a doctor who has not been approved by the Institution, he should be requested to obtain one from official sources in order that his claim receive further consideration.

40. If he fails to do this, the claim should be rejected for failure to comply with the requirements of Regulation 15 of the Benefit Regulations.

41. The cause of incapacity is normally expressed as a number which is one of those set out in the 'List of diseases'.

42. A number is shown against the names of certain common diseases in this list, under the heading "Medical Board". The number indicates, in weeks, the normal period during which the illness runs its course, and after which recovery can be expected. If a claimant is suffering from one of these diseases and does not submit a' ' "Final Certificate", (Form M-3) after the termination of the period shown in this column, he should be referred to a Medical Board for a second opinion on the question whether or not he is still incapable of work. Benefit should continue to be paid until either a 'Final' certificate is received, or the decision of the Medical Board indicates that he is capable of work.

43. When the claim-wallet containing the claim and prescribed documents prepared by the Assistant is received by the Social Security Officer (Benefit), he shall examine it to confirm:—

a) that contribution in respect of the claimant has been paid or payable for atleast 90 days during six calendar months immediately preceding the date of incapacity shown on first certificate of incapacity (M-1). This will be confirmed from the B-2 Form issued by the employer under his

signature and seal. In doubtful cases, the payment of 90 days contribution should be verified by completing a Form B-27 and sending it to the Contribution Section of the Local Directorate;

b) that the cause of incapacity is legibly written on the first certificate (M-1), there is no unaccounted gap between the periods of leave covered by certificates of incapacity (M-1, M2(s) and M-3) and they bear authentic signature and offical stamp of the Medical Officer concerned;

c) that the claim form on the reverse of the certificates of incapcity is duly filled in, bears signature or thumb impression of the secured person and is counter signed and stamped by the concerned employer. The signature/ thumb impression should tally with the one on the R-5 card of the secured person.

44. After confirming title of the claimant to sickness benefit, the Social Security Officer shall verify the correctness and completion of entries on forms B-9 and B-5/F-3. If satisfied, he shall authorise the claim for payment by signing the payment voucher B-5/F-3 and initialling the action sheet B-9 in the appropriate column.

45. It should also be confirmed (in case the claimant was paid sickness benefit previously) that the cumulative total (CUM-TOT) does not exceed 121 or 180 days, as the case may be, during a consecutive period of 365 days. The period of 365 days will be reckoned from the date of registration of the secured person as shown on his R-5 card.

46. Sickness benefit shall not be allowed for the waiting days. Payment will, therefore, be limited to the period extending from the third day of incapacity to the date of the last day covered by the certificate, both days included. If the Medical Officer has certified on a final certificate (M-3), that the claimant will be fit to return to work at a date in the future (upto maximum of 6 days), the payment may take account of this period.

47. The provision of waiting days shall not apply when the medical certificate is in respect of a period of incapacity which follows, within 15 days, of an earlier period of sickness for which benefit has been paid, In such a case, payment of sickness benefit can be made from the first day of certified incapacity of the second illness. For exam-

ple, secured person was paid sickness benefit from 5th to 14th March and returned to work on 15th March. He then files a fresh claim of sickness benefit for incapacity commencing from 26th March. The two waiting days i.e. 26th and 27th March will not be deducted and sickness benefit will be payable from the first day of incapacity i.e. 26th March.

48. After the claim has been authorised and if the amount payable exceed rupees 100/-, the claim wallet will be passed on to the Audit Officer for pre-audit. When the claim wallet is received back after pre-audit, either the Social Security Officer (Benefit) will himself make the payment to the claimant or, if so required, will pass on the B-5 to the Local Directorates' Cashier who will then make the payment to the claimant. In either case before making the payment, the identity of the claimant shall be confirmed from his R-5 card.

49 Care should be taken not to delay the payment of claims for want of pre-audit. All claims authorised for amounts exceeding Rs. 100/- should, therefore, be pre-audited and returned to the Social Security Officer (Benefit) the same day. The claims authorised for Rs. 100/- or less be paid to the claimant without pre-audit but these should be post-audited the next day.

50. After an authorised claim has been audited, the Audit Officer shall cross the accompanying certificates of incapacity and B-2 Form as a precaution against any chance of its re-utilization for an unwarranted claim.

51. Claims should be disposed of, as far as possible, the same day they are received.

52. No payment of cash benefits can be withheld for want of budgetary provisions (Section 31(6) of the Ordinance).

53. Certificates of Contribution (Form B-2)are completed by the Employer for the secured person on request. They show among other things, the period of employment and the rate of wages, details of contribution paid during the six months preceding the date of incapacity mentioned on Form (M-1), last date of work of the claimant before the date of incapacity etc. Normally, the information shown on B-2 may be taken, without verification, as correct unless there is some reason for not doing so. In a percentage of cases the Benefit Section will arrange for a test check through form B-27 to be made from the Contribution Schedules (Form C-1). Any discrepancy found will be referred to the Social Security Officer (Contribution) of the concerned area for investigation and report.

54. If an employer has furnished a false certificate of contribution in respect of any of his Employees, he shall be liable to repay to the Institution the value of the Benefit or the amount of such payment made on such certificates.

55. Benefit is not payable for the period for which the secured person has received wages from the Employer (Section 51).

56. M-1 and M2 Certificates are issued for or less than 7 days at a time. This Certificate may cover more,than 7 days period in case a secured person is hospitalised and the certificates are issued on the basis of the discharge certificate of the authorised hospital.

57. If the Social Security Officer (Benefit) feels any doubt about the correctness of any Medical Certificates so far as the certification is concerned, he should refer the case to the Senior Medical Officer of the concerned Circle.

58. Two types of claims are received in the Pay Offices:—

a) Claims for a complete period including M-1, M-2(s) and M-3 certificates which are finalised on the same day. These are called "Finalized" claims;

b) Claims of prolonged illness when the M-2 certificates are issued intermittently and. are accordingly paid. These are called "Running" claims.

The finalised claims are filed only in the "main-run" and the running ones in the "live-run".

59. The benefit Assistant, while processing a claim should be careful as to the number of days covered by a claim and entered in the "CUM TOT" column of Form B-9. This is abbraviation of 'CUMULATIVE TOTAL". The first entry in respect of any claim will be the actual number of days benefit has been authorised for. If the first payment covers 6 days and the second payment to be paid covers another 7 days benefit, the next CUMTOT entry will be 13 and so on. A second and third illness occuring within 365 days will all link together and the CUM-TOT will take account of all illnesses arising within that period. Sickness Benefit ceases to be payable as soon as 121 days benefit has been paid in any continuous period of 365 days in normal cases and 180 days in chronic chest disease and Cancer.

60. It is stressed that several periods of incapacity may connect for the purpose of determining the period during which benefit can be paid. Care must be taken to limit the benefit paid in respect of second and subsequent illness to the balance of 121 or 180 days, as the case may be, remaining after the expiration of any other periods that have fallen within 365 days.

61. If a secured person is too ill to receive payment of sickness benefit himself, he may authorise someone else to draw his benefit on his behalf. This is done by completing form B-18 which can be obtained from the Local Directorate. The agent must bring with him B-18 duly countersinged by the concerned employer and the R-5 card of the claimant.

62. If it is established that a secured person is not entitled to sickness benefit for any reason, the claim should be rejected by issuing form A-1 mentioning therein the reason/reasons for which the claim is being rejected.

63. A secured person is not entitled to payment for more than one of the following benefit at the same time:—

"Sickness Benefit.
Maternity Benefit.
Injury Benefit."

If entitlement to more than one benefits arises, that conferring the highest rate should be paid (Section 51(1) of the Ordinance).

64. Secured persons are obliged to conduct themselves in a reasonable manner while they are claiming benefit. They must not work at any occupation; they must not do anything to impede their recovery; and they must comply with the instructions of their medical practitioner.

65. The Institution is under an obligation to confirm that these conditions are being satisfied, and a sick visit should be arranged by preparing Form B-17. The visit will be made, without undue delay, by an SSO(B), who should, however, exercise due economy of time by grouping his visits in the most convenient manner in any case where there is reason for doubt.

SICK VISITING.

66. Cases in which sickness benefit has been paid for more than six weeks should be considered for sick visiting by the SSO(B) to the home of the claimant. Cases of serious incapacity where the secured person is clearly likely to be bed-ridden, or in hospital, or those, suffering from an infectious disease, should not be visited, but a proportion of the remainder should be listed for an early visit. Any cases where there is any suspicion of malingering, or of working while receiving benefit, should be included on the list, and should receive priority.

67. A sick visitor, who will normally be an SSO(B) or an Officer as designated by the Director, has the main duty of obtaining information in the form of a report on Form B-17 giving due attention to:—

a) Whether the circumstances suggest that the claimant is now capable of work.

b) Whether the rules of behaviour during sickness are being observed.

c) Whether the claimant is in fact doing some work e.g. house work, assisting in some other business etc.;

d) Whether the Institution can help in any other way. If possible, a sick woman should be visited by a female officer, especially in case of pregnancy, or if she is suffering from any of the diseases peculiar to women. If no female officer is available to make the visit, serious consideration should be given by the Benefit Section whether a visit is justified, or whether reference should be made to a Medical Board.

68. Sick visiting calls for much tact and discretion. The officer should explain that he is from the Institution and produce his letter of authority, signed by the Director, if required. He should remember he has no right of entry, and, if refused admission, should report the fact, and tell the person who refused to let him interview the claimant that he will do this. He should maintain a sympathetic and courteous manner towards the claimant, and should avoid doing

or saying any thing that might be construed as an unwarranted interference in the private affairs of the claimant. In particular, he should not interfere in the province of the medical practitioner, by appearing to criticise or comment on the treatment prescribed, or by giving advice, or instructions in conflict with those given by the doctor.

BEHAVIOUR DURING INCAPACITY FOR WORK SICKNESS BENEFIT.

69. A claimant should:—

a) remain under treatment at his dispensary or hospital, as long as it is considered necessary;

b) follow instructions given by his medical practitioner regarding diet and medicine, etc;

c) do nothing to retard his recovery;

d) submit himself for examination by a Medical Board as directed by the Institution;

e) attend a hospital for examination or treatment if this is considered necessary by his medical practitioner or a Medical Board.

70. The benefit Assistant should check the claims for benefits (running cases) and any under payment or over payment, if discovered, should be brought to the ntoice of the SSO(B) for necessary action. Under-payment should be included in the last payment and the reason for the adjustment explained to the claimant when he collects his benefit. For over-payments, the case should be referred to the Losses and Over-payment Committee for action. If the over-payment is due to the negligence of the Employer or the claimant the amount should be recovered from them.

71. The rates of benefits are reviewed by the Governing Body of the Institution in January of each year as provided under section 71 of the Ordinance in the light of any changes in wage levels or living cost. It submits a report alongwith its recommendations to the Provincial Government. The Government may enhance or reduce the rates of benefits payable through Gazette Notification after considering the said report and recommendations.

72. The right to receive any benefit is not transferrable or assignable. No cash benefit is liable to attachment or sale in execution of any decree or order of any court.

73. Payment of all benefits are exempted from stamp duty.

74. The Officer and staff of Benefit Section must study Sections 35, 49, 50, 51, 53, 54 and 55 of the Ordinance, Provincial Employees' Social Security (Benefit Regulations), 1967 and the Provincial Employees' Social Security (Time limit for claiming Benefits) Rules, 1966 carefully. It does not mean that they should not study the whole Ordinance Rules and Regulations.

EMPLOYMENT INJURY

ENTITLEMENT

75. The mere fact of being a secured person entitles one to Injury Benefit provided he sustains an injury caused by an accident or by an occupational disease arising out of and in the course of his employment. Section 2(25) defines "secured person" as a person in respect of whom contributions are or were payable under the Ordinance.

DOCUMENTS OF CLAIM

76. While filing a claim for Injury benefit, the following should be provided:—

a) Employer's report of a serious accident (Form B-3)..

b) B-2 Form issued by the employer showing secured person's last day of work and wages.

c) Medical certificates (M-1, M-2 & M-3) issued by an Authorised Medical Officer of the Institution. Claim form on the reverse of these certificates should be complete in all respects, signed and thumb-impressioned by the claimant and counter signed and stamped by the employer.

d) Registration Card (R-5).

WAITING DAYS

77. Injury benefit shall not be payable for 'waiting days' i.e. the first three days of the certified period of incapacity.

RATE

78. Injury benefit shall be paid at the rate of 100% of the wages last drawn by a secured person.

DURATION

79. Injury benefit shall not be allowed for a period exceeding 180 days.

TIME LIMIT

80. A claim for injury benefit is required to be made within seven days of the date of the first certificate of incapacity (M-1) as provided under Rule 3(d) of the Provincial Employees' Social Security (Time Limit for Claiming Benefits) Rules, 1966. If there are sufficient grounds for not submitting the claim within above specified period, such claim may be allowed to be accepted, by the Local Director within three months and by the Commissioner at any time after expiry of the specified period.

81. There are several important differences between the cash Benefit arising from employment injury and other benefits.

i) There are no Contribution Conditions.

ii) Injury benefit can be paid for 180 days (if incapacity continues).

iii) Lumpsum payments can be made (Disablement Gratutity).

iv) A Pension can be awarded (Total or Partial disablement).

v) Pensions can be awarded to the Survivors of a deceased Secured Person in case the Secured Person dies as a result of employment Injury. Each benefit is to be considered separately.

82. The absence of contribution condition means that a successful claim could therefore arise on the first day of scheme became effective.

83. Employment injury may take the form of:

i) Personal injury caused by an accident or

ii) Such occupational diseases as specified in the Regulations.

Provided that either arises "out of and in the course of his Employment".

84. It is not possible in these instructions even to attempt to list all the problems that can, and will, arise from this definition. All that can be laid down as a general rule is that if doubt is felt in any particular case, full details should be obtained of the accident, and of the way in which the man was required to do his work, in order that the question may be considered. If the view of the Institution is challenged by the claimant, it will have to be referred to the Social Security Court to decide. It would be advisable to compile and maintain an index of such decisions for the sake of uniformity.

"ARISING OUT OF AND IN THE COURSE OF"

85. This expression means that the accident must arise from something that secured person was required to do by his employer, either by explicity or by implication, or from something so closely incidental to the employment that it was reasonably necessary and proper for him to do it. Some examples can be given, however, of the kind of query that can arise under different headings:

a) a man is riding in one of the lorries on his way to work when it overturns and he is injured.

COMMENT:

Points requiring determination and consideration are:

i) was he in the lorry with the knowledge and approval of his Employer?

ii) was any other form of transport available? If the answer to (i) is 'Yes' and to ii) is 'NO', the Institution might well hold that the accident resulted in an Employment Injury.

b) A man is run over crossing a main road to get to a restaurant during his lunch hour.

COMMENT:

Unless he was required by his Employer to use this particular restaurant, it could be decided that being run over has nothing to do with his employment but was merely one of the risks of life to which every-one is exposed.

c) A workman tampers with the guard on his machine and is injured.

COMMENT:

The Ordinance and regulations do not provide penalties for foolish actions of this kind, and injury benefit would be payable.

d) A workman is injured by being pushed against a machine during a quarrel with another workman.

COMMENT:

This is a personal matter and does not arise out of his Employment. He is not paid to querrel with other workers.

86. In brief, the doubtful cases are likely to arise in the beginning and end of the day's work, or during break periods. Doubtful cases should be cleared, if possible by enquiry, by phone or by a S.S.O's visit. It should not be over looked that the regulations require an Employer to furnish a special report of serious accident, on Form B-B-3, (within 24 hours after the occurence of each serious accident).

OCCUPATIONAL DISEASES:

87. 'Occupational Disease' means one which arises from the conditions in which a man has to work. These diseases as specified in the Provincial E.S.S. (Occupational Diseases) Regulations 1967 are:

NAME OF DISEASE	ABBREVIATION
i) ANTHRAX	(A X)
ii) TWISTER'S CRAMP	(TWIST C)
iii) BYSSINOSIS	(BYS)

It is important to note that in addition to a worker having to prove by means of a medical certificate that he is suffering from one of the diseases mentioned above, it must also be proved that he contracted it by virtue of being employed in an occupation which involved the risk of contracting one of those diseases.

For example: "Anthrax", a disease often contracted as a result of handling wool or animal skins might conceivably be contracted by an office-worker in a factory which handled skins. Unless he could show that his occupation required him to be in contact with sources of infection e.g. by frequent visits to the place where the skins were kept, his claim would fail.

88. The diagnosis of occupational disease is not a simple task, and a specialist's opinion will be desirable. Various diseases of the chest can arise from exposure to dust and fluff, and it will be necessary to ensure that tuberculosis is not diagnosed as an employment injury. Cases of doubt should be referred to a Medical Board.

89. A claim based on a certificate that the secured Person is suffeing from an occupational disease should be examined with care. The disease must be one of those specified in the Regulations. In addition, the claimant is required to prove that he has been required, by the nature of his employment, to have exposed himself to the risk of contracting it. As some of the diseases have a long period of development, it may be necessary to establish that the Secured Person has been employed under conditions of risk for a substantial period. Information of this kind, is sufficient details to permit either the award, or rejection, of the claim should be obtained promptly

and thoroughly by a S.S.O. The right way to ascertain whether or not a Secured Person is suffering from an occupational disease, is to refer him to a Medical Board headed by a specialist of that field.

90. If it is found that the beneficiary is suffering from an occupational disease, he would be entitled to injury benefit and other allied benefits including, if admissible, Disablement Pension.

ACTION BY BENEFIT ASSISTANT

91. The Benefit Assistant can do much to facilitate the handling of claims for injury benefit, by ensuring that evidence of all the facts is produced by the claimant as soon as possible. In addition to the normal check, he should check that the correct claim has been completed on the reverse of Form M-1.

92. He should keep in mind, however, that there may be a tendency of attempt to claim injury benefit because of the absence of contribution conditions. In cases of doubt, he should enquire whether the alleged accident was reported to any-one at the place of employment and whether any-one witnessed it. A brief note of the replies should be attached to the rest of the documents.

93. After examination of the claim papers i.e. Medical Certificates, B-2, B-3 and Registration Card, the benefit assistant will check if any claim wallet of the claimant exists in the main run. If not, he will open a new one, complete entries on form B-10, B-4 and B-5/F-3 and will pass on the wallet to the SSO(B) for authorisation of the payment. CUM TOT figure should take account of number of days of injury benefit awarded. It should not be over looked that the waiting days in injury benefit are three as compared to 2 days in sickness benefit. The day on which the accident took place may be included in the 3 waiting days. Injury benefit is payable upto 180 days if incapacity continues.

94. Item 12 of Form B-10 should be clearly noted with the date on which 160 days of injury benefit will have been paid if the claim continues in payment. 20 days are thereby provided in which to arrange for the claimant to be seen by a Medical Board.

95. When the review day is reached steps should be taken to arrange for the claimant to be examined by a Medical Board to determine the degree of desablement, if any. Injury benefit will continue in

payment subject to the production of Medical Certificates upto the limit of 180 days. The result of the examination will be recorded on the reverse of Form B-10.

96. Injury Benefit is paid through B-5/F-3 Form authorised by the S.S.O(B). The code number of injury Benefit is "2".

97. Care should be taken that the recipient of injury benefit is produced before a Medical Board as recommended by the concerned Medical Officer with the least possible delay and he may be awarded the Benefit like Disablement Gratuity or Disablement Pension in accordance with the degree of disablement assessed by the Medical Board.

98. All claims of injury benefit are processed and awarded in the same manner as the Sickness Benefit claims mentioned earlier. The Benefit Section/Pay Office should maintain a separate register for Scheduling claims of injury benefit received and disposed of every day. This register will contain the same columns as are in the Sickness Benefit Register.

99. Form B-3 is a pre-requisite for claiming injury benefit by which a registered Employer certifies his employee to have sustained an employment injury. Where, according to the finding of a Court, an employment injury was sustained by a Secured Worker due to a wrongful act of his employer, the employer shall be liable to reimburse to the Institution the actuarial present value of any periodical or lump sum payment which the Institution is liable to make to the Secured Worker. (Section 53).

100. Sections 39 to 55 should be read carefully by the Benefit Section staff including the Social Security Officer (Benefit).

101. In the payment registers of Sickness and Injury Benefits, a column shows the name of the Medical Officer or retainer Doctor issuing the certificates of incapacity. This column has been devised with a view to controlling indiscriminate issue of incapacity certificates and resultant expenditure on cash benefits. Specimen signatures of all the doctors of the Institution are provided by the concerned Senior Medical Officer to all the Directorates to facilitate the indentification of the Medical Officer issuing the certificates. At the end of every month a list of the Medical Officers, showing the number of days for which the certificates of incapacity have been issued by

them during that particular month, is forwarded to the concerned S.M.O. with a copy to the Medical Adviser and the Commissioner for action, where necessary.

102. It should be noted, however, that if the Secured person has a title to Sickness Benefit, as well as to injury benefit, and if the only matter in dispute is the technical point whether or not the incapacity is the result of an employment injury, sickness benefit should be put into payment without delay, while enquiries are continued to settle the query, the result of which might become important at the end of the Sickeness benefit period.

MATERNITY BENEFIT

103. In accordnace with the provisions of Seciton 36 of the Social Security Ordinance and Benefit Regulations No. 18, a Secured Woman is entitled to receive Maternity Benefit if contributions in respect of her were paid or payable for not less than 180 days during the 12 calendar months immediately preceding the expected date of her confinement as certified by an authorised Medical Officer of the Institution. The rate of Maternity Benefit is 100% of the last wages received by the Secured Woman.

104. The duration of this benefit is 12 weeks, of which not more than 6 weeks payable befor the delivery takes place.

105. The claim for maternity benefit is required to be made within 15 days of the date of certificate of the expected date of confinement (B-6) as provided under rule 3(b) of the Time limit Rules, 1966.

106. While filing a claim formaternity benefit, a secured woman should produce the following documents:-

a) Form B-2 showing details of paid or payable contribution of 12 months immediately preceding the expected date of her confinement, rate of wages and last date of work.

b) Form B-6 showing the expected date of her confinement given by the Medical Officer (Not earlier than eight weeks before that date). Part II of Form B-6 contains claim form to be filled in by the Secured Woman, claiming maternity Benefit.

c) M-9 (Certificate of date of delivery).

d) B-20 (Certificate that the claimant has not worked for remuneration during the period of her maternity leave (Maternity benefit is payable for 12 weeks if the Secured woman does not return to work).

107. In case the claimant received maternity benefit for 4 weeks and the delivery takes place, she may receive maternity benefit for the remaining 8 weeks if she does not resume her duty.

108. A Secured Woman may claim her maternity benefit through an agent. The benefit Assistant should check the claim documents i.e. B-6, B-2 and R-5 carefully. Any discrepancy, if found, should be pointed out to the claimant or to her agent courteously and the way to get it removed. Generally maternity benefit is paid through the authorised agents of the claimants on Form B-18. The authority form (B-18) should, therefore, be examined carefully to ensure that the payment is being made to the right person. B-6 and B-18 should not be accepted if they are not countersigned and stamped by the Employer of the claimant.

109. After satisfying himself that the claim-papers are correct, the Benefit Assistant will complete the entries on Form B-8 (Action Sheet) B-4, B-5/F-3 and the payment Register of Maternity Benefit. He will then pass on the claim to the S.S.O.(B) for authorisation of payment.

110. The Maternity Benefit Register shall be maintained in the following proforma:-

S. No.	Date	Name of Secured Woman	S.S. No.	Name of Establishment
1.	2.	3.	4.	5.

Weekly Rate of Benefit	Period for which Payment Authorised	Amount Authorised	Case Finalized or Running
6.	7.	8.	9.

111. The S.S.O(B) will examine the case in all respects and authorise the payment by signing B-5/F-3 and initialling B-8. He will also mark the claim-papers in any desired manner to show their having been seen by him. If need be, he can get the entitlement to benefit checked

from the Countribution Branch on Form B-27. The claim wallet then will be sent to the Audit Officer for pre-audit if the payment exceeds Rs. 100/-.

112. Maternity Benefit is usually paid on weekly intervals on production of Form B-20 (duly signed by the claimant and countersigned by her employer), R-5 and B-18 (if the payment is made to the agent).

113. If payment continues till the sixth week before the date of expected confinement and form M-9 is not received, payment should be suspended as section 36 restricts payment of maternity benefit to six weeks before the delivery takes place. Maternity benefit shall however, be paid after the date of delivery is certified on M-9 by the authorised Medical Officer but the payment shall be effective from the date of delivery till 12 weeks of total payment are completed, if the secured woman does not return to work.

114. If a claimant fails to satisfy the condition of 180 days Contribution, the S.S.O(B) should not ignore the possiblity of claimants' having title to sickness benefit.

DEATH GRANT

115. If a Secured Person dies while in receipt of or entitled to receive injury benefit, sickenss benefit or Medical care at the time of his death or while he is in receipt of a total disablement Pension, claim for death grant may be made on Form B-7 by any of the following persons, the first name or second name taking precedent from the third:-

a) widow or widows; or

b) the needy widower, provided, he can show to the satisfaction of the Institution, that he was mainly dependant for his liveli-hood on the earnings of late wife; or

c) the person who provided for the funeral.

116. The rate of Death Grant is daily rate of sickness benefit multiplied by 30, or Rs. 500.00 whichever is more.

117. The documents required for claiming this benefit in addition to claim form B-7, are:-

a) Death certificate of deceased Secured Person.

b) R-5 Card of the deceased secured person.

c) B-2 Form from the Employer.

d) Marriage certificate or other acceptable evidence of marriage (in case the widow claims death grant).

e) Evidence of cost of funeral, incurred by the claimant.

f) Any other evidence and identity of the claimant required by the Institution.

118. Time limit: claim for death grant is required to be filed within 15 days of the death of the Secured Person.

119. The claim documents should be examined by the Benefit Assistant and after satisfying himself, he should complete the entries on form B-11 and then prepare authority of death grant on B-5/F-3.

120. S.S.O(B), after examining the claim papers will authorise the payment of death grant on B-11 and B-5/F-3 and will pass it on to the Audit Officer who, after scrutiny of the claim, will pass it for payment. Death grant should be paid by the S.S.O(C) concerned at the residence of the claimant, particularly to the widow, in presence of a representative of the employer of the deceased Secured Person. Claims of death grant are to be disposed of within 24 hours after the claims have been received as per prevailing instructions of the Institution. Every possible help should be extended by the Benefit Section to the claimant and a sympathetic but objective view should be taken while processing this claim. The Registration Branch of the Directorate should be informed of the death of the concerned Secured Person so that the name of the deceased may be detached from the Dispensary at which he had been registered for treatment. The code number of Death Grant is '4'.

121. If death is the result of an employment injury, claim for Survivor's Pension should be processed and kept in the same wallet.

Separate Register for Scheduling payments of death grant should be maintained at the Benefit Section having following columns:-

S. No.	Date	Name of deceased secured person	S.S. No.	Name of Establishment	Name & Address of the claimant
(1)	(2)	(3)	(4)	(5)	(6)

Relationship	Date of Death	Was the death a result of Employment injury?	Rate of Wages	Daily rate of sickness benefit
(7)	(8)	(9)	(10)	(11)

Amount of death grant Awarded	Date of Payment
(12)	(13)

122. After satisfying that claim-papers are complete in all respect and claim is admissible, the claimant should be given the date and time on which the payment would be made. This may be done by issuing Form B-13. As already mentioned, payment of death grant without valid reasons should not be delayed beyond 24 hours of the receipt of the claim.

DISABLEMENT GRATUITY

123. Disalement, as defined in the Ordinance, is a condition caused by an employment injury (or occupational disease) which, as certified by a Medical Board constituted for the purpose, has permanently reduced or is likely to reduce permannently a Secured Person's earning capacity. Disablement shall be 'Minor' where the loss of earning capacity ranges from 1% to 20%, 'Partial' where it ranges from 21% to 66% and 'Total' where the loss of earning capacity ranges from 67% to 100%.

124. A secured person who is or has been in receipt of injury benefit shall be referred to a Medical Board on the recommendation of the treating Medical Officer, by the Institution in order to assess the

degree of disablement, if any. Generally the secured persons are referred to a Medical Board at the end of injury benefit period or cessation of Medical Treatment but cases, where the disablement is apparent and the treatment is likely to continue after 160 days of payment of injury benefit, should be referred to the Medical Board as soon as the review date (on Form B-10) is reached, so that disablement gratuity or pension may be awarded immediately after the payment of injury benefit is stopped.

125. No formal claim for disablement gratuity or pension need be made by a secured person already in receipt of injury benefit. The Medical Board gives its findings on Form M-8 assessing the loss of earning capacity of a secured person.

126. If the degree of disablement is 20% or less as assessed by the Medical Board, concerned secured person will be entitled to disablement gratuity which is paid in lump sum and is calculated by the formula:-

$$\frac{A \times B \times 910}{67}$$

In the above formula 'A' stands for 75% of the daily rate of wages last received by the worker and 'B' for degree of disablement.

ACTION BY THE BENEFIT SECTION

127. After receipt of reports on M-8 from the Medical Board the benefit Assistant should ascertain award of Disablement Gratuity and Disablement Pensions (Partial or Total). The cases where Disablement Gratuity is to be awarded should be separate from others and payment of gratuity be calculated on the basis of th formula given above. After calculating the gratuity, relevant columns of form B-10 should be filled-in and B-5/F-3 be prepared and the documents passed on to the SSO(B) who, in turn, will scrutinize it and authorise payment of disablement gratuity. After pre-audit, the payment of disablement gratuity will be made by an SSO(C) to the secured person concerned at his place of duty and in presence of the Employer. Care should be taken that payments are made without delay and is witnessed by signature of the employer.

128. When the examination by a Medical Board is over, a convenient date for award of disablement gratuity or disablement pensions as

the case may be, should he given to the secured persons so that the awards are completed by that date. The code number of disablement gratuity is '7'.

129. Separate Register for award of disablement gratuity should be opened and maintained in the following proforma:-

S. No.	Date	Name of Secured person	S.S. No.	Name of Establishment	Degree of Disablement
1.	2.	3.	4.	5.	6.

Rate of Wages	Amount of Gratuity	Remarks
7.	8.	9.

MULTIPLE GRATUITY AWARDS

130. Experience has shown that certain workers are accident prone. It is likely that such persons will have more than one employment injury for which a disablement gratuity can be awarded, and that they will return to work after-wards. This is in order, as neither the Ordinance nor the Regulations place a limit on the number of gratuities that may be awarded to any one person who has suffered several injuries, each resulting in 'Minor' disablement.

DISABLEMENT PENSION

131. The award of disablement pension is always preceded by payment of injury benefit. If a medical officer of the Institution is of the opinion that the employment injury has resulted in some disability to the secured person, he will issue a M-3 and recommend that the secured person should be produced before a Medical Board to be constituted by the Institution for assessment of degree of disability.

132. If the degree of disablement, in accordance with the verdict of the Medical Board, is between 21% to 66%, the secured person will be entitled to a partial disablement pension which is calculated on the basis of the following formula:-

$$\frac{A \times B \times 30}{67}$$

'A' and 'B' stand for 75% of daily rate of wages and percentage of disablement respectively as in the case of disablement gratuity.

133. After calculating a partial disablement pension, appropriate entires should be made by the Benefit Assistant in the relevant columns of form B-10. He should than prepare form B-16. The payment of partial disablement pension will start from the date on which the injury benefit had ceased.

134. The SSO(B) will issue a certificate of award of disablment pension to the pensioner concerned mentioning therein amount and date of award of the pension.

135. If the degree of disablement is 50% or more, the receipient of a partial disablement pension will be entitled to Medical Care even if he ceases to be in the secured employment. Payment of disablement pensions will be made preferably on the first day of each month.

136. Once a disablement pension has been put into payment, it continues until the degree of disablement has been altered by a Medical Board, or, until the death of the secured person, without production of evidence of incapacity.

137. If a disablement pension has been in payment for a period of 5 years, it remains payable for life. The code number of partial disablement pension is '6'.

TOTAL DISABLEMENT PENSION

138. If the Medical Board decides that a secured person has lost his earning capacity at the degree of 67% or above, then secured person will be entitled to a total disablement pension from the date injury benefit ceased to be paid to him. The rate of total disablement pension is equal to 75% of the wages last received by the secured person at the time he had sustained the employment injury. The procedure of award of total disablement pension is the same as that of a partial disablement pension explained in the preceding paragraphs. The code number of total disablement pension is '5'.

139. Disablement pensions can be sent by post to the beneficiaries on their request. In such cases a money order of the amount of the pension will be sent to the pensioner at the address given by him to the concerned Local Directorate of the Institution for this purpose. Any payment so made will be at the risk of the Pensioner and in the event of non receipt of pension by him, the Institution shall not be liable to replace the amount not received. The money order commission will be borne by the Institution.

140. Every pensioner should be issued a certificate of award of pension which he should produce every month at the Benefit Section/ Pay Office to receive the Pension. The certificate will show, among other things, rate of pension, date of award and the dispensary to which he has been attached for his Medical treatment as admissible under Section 44(2) of the Ordinance.

141. If amount of pension is remitted to the pensioner at his native place, it is obligatory on his part to attend the concerned Directorate once a year or to send his life certificates twice a year in June and December to prove his being alive, failing which the Institution may with hold remittance of pension.

142. The award of partial and total disablement pensions should be scheduled in separate registers containing the following columns:-

S. No.	Name of secured person	S.S. No.	Name of Employer
1.	2.	3.	4.

Rate of Wages	Degree of Disablement	Rate of Monthly Pension	Period for which Pension is Awarded	Remarks
5.	6.	7.	8.	9.

143. Besides, two permanent registers should be maintained by the Benefit Section for partial and total disablement pensions separately. In these registers 2 or 3 pages should be reserved for each pensioner giving Serial No. and Name. The Register should show the following information about each pensioner:

Name	S.S. No.	Name of employer	Date of Accident	Nature Injury	Degree of Disablement
1.	2.	3.	4.	5.	6.

Rate of Pension	Date of pension commenced	Name of Dispensary to which attached for treatment. (If Desablement Exceeds 49%)
7.	8.	9.

Present Address	Address where Pension is being Paid through Money Order	Date of Annual Visit
10.	11.	12.

Has the Life Certificate been Received		If not, Reminder Issued on
In June	In December	
13.	14.	15.

144. The Benefit Section should prepare duplicate copies of all the documents of a pension and should place them in separate files for each pensioner. The original documents, filed in a separate file, should be kept under lock and key under the custody of the Deputy Director of the Directorate concerned. The duplicate set be kept in files under the charge of SSO(B) for montly award of pensions. This record too should be kept in a separate cabinet under lock and key.

SURVIVOR'S PENSION

145. Features of Survivors' Pension are :—

i) RATE: 75% of the wages last received by the deceased secured person.

ii) CONDITION: Death of the secured person should be the result of an employment injury.

iii) CLAIMANTS: Widow or widows, needy widower, children under the age of 16 years or dependent father or mother in case there is no widow or needy invalid widower.

iv) TIME LIMIT: Within 15 days of the Death of Secured Person.

v) DOCUMENTS REQUIRED: R-5, B-2, B-3, Death Certificate, Marriage Certificate, and any-other documents required by the Institution.

GENERAL

146. This is a valuable Benefit, conferred by Section 42 of the Ordinance, and governed by the Benefit Regulations. Several unusual features are introduced by this Benefit:—

i) It can be payable to more than one payee at the same time.

ii) It can be paid in respect of several persons provided they are dependents of a deceased secured person.

iii) There is a limit to the amount of Survivor's Pensions that can be awarded in respect of any one claim,and if that limit is exceeded, then all the pensions so awardable must be reduced proportonately.

iv) The amounts awarded may be affected by the age of the younger dependents.

v) Title of Medical Benefit is given to receipients of survivor's pension as long so it is payable, even though they may not be secured persons.

147. Because of these complications, separate combined claim forms and action sheets have been devised — Forms B-12 A, B, C and D. The circumstances in which each of these forms is to be used will be considered separately.

148. It should be noted that survivors' pensions are not awarded in respect of the death of every secured person, but only in respect of the very limited class of those whose deaths can be proved to be the result of an employment injury. (e.g. no survivors pension is payable if a man, in receipt of total disablement pension, is killed in a street accident. His death is not the result of an employment injury, but from one of the hazards of life, common to all).

149. The question whether a death is, or is not, the result of an employment injury is one of the facts, to be determined by the Institution after consideration of all the evidence. The simplest case would be where a secured person is killed at his place of employment as the result of an accident. Almost certainly, there would be a number of witnesses, and the medical evidence would be conclusive. Difficulties will arise, however, if it is not clear that an accident has taken place, or if there has been an appreciable interval between the time that the employment injury occured and the date of death. Each case will have to be decided on its merits, and it should be kept in mind that it is greatly to claimant's advantage if the claim succeeds. If, therefore there is any doubt as to the truth of any statement, or any gap in the evidence, the claim should receive thorough examination, and if necessary, be referred to an SSO for investigation,. In cases of this kind, every assistance should be given to claimants, but words should not be put into their mouths. The statement incorporate the evidence of the doctor who examined the man at the time of death - or immediately before - and the statements of the employer and the workmates of the deceased. When it is clear that death was not the result of an employment injury, the claim should be rejected by the issue of Form A-1.

ACTION BY THE BENEFIT SECTION

150. When it becomes evident that a caller wishes to make a claim for a survivor's pension, the Benefit Section should point out:

i) that the benefit is only payable if the death of the secured person has resulted from an employment injury;

ii) that it will be necessary for the truth of all the statements to be verified;

iii) that full enquiries will be made by the Institution and;

iv) that severe penalties can be incurred by persons who make unture statements. A copy of Form B-12 A, B, C or D should be issued, as appropriate, and the caller (if the claimant) should be given any desired help in completing the claim form.

If several widows of the same secured person desire to make a claim, each should sign the form or affix their thumbprints in the space provided. If they prefer, each may complete her own claim.

151. Every advantage should be taken while the claimant is in the office to extract all the information that is available, and to make a request for all other evidence that may be required e.g., certificates of marriage, birth, death, statements by the doctor dealing with the deceased (even if he is not an approved medical practitioner). This will save both time and correspondence.

152. All documents in support of the claim should then be passed to the officer concerned without dealy for usual appropiate action.

TITLE TO MEDICAL CARE BY RECIPIENTS OF SURVIVOR'S PENSION.

153. Section 44(2) entitles all persons in receipt of survivor's pension to medical care, as long as it is in payment. For the purpose of administering this Section, any person who is entitled to be classed as a dependent of the deceased secured person for the purpose of awarding a survivor's pension, will be regarded as being in receipt of a survivor's pension, even if the actual payee is someone else. It is, therefore, necessary to notify the dispensaries without fail, when a right to medical care has been established in this way, and also when the right terminates. Control over the notifications will be effected on Form B-15A, which should be completed by the SSO (B) as soon as he is ready to make the award. The SSO(B) should write his initials, with the date pf his action, in the appropriate column, the names of the children in descending order of age, in column-6 and the dates on which they attain the age of 16, in column 7. If only the age is known, the birth day should be deemed to be Ist January of the year in which age 16 is attained. Every effort should be made to get the full details of the dependents of the secured person. If there is more than one wife, it should be verified whether they live at the same address. If not, steps should be taken to ensure that all the parties are aware that a claim is being made, so that any supplementary claims are also completed.

154. It is possible that the dependent children will be in the care of more than one family. If so, full particulars should be obtained and recorded on Form B-15. It should never be forgotten that, no matter how complex and involved the situation of the dependents may be, all the dependents link together as parts of one claim, and any change in the circumstances of one dependent may affect the payment of the remainder.

155. As soon as it is clear that the death of the secured person was the result of an Employment Injury, steps can be taken to determine what Survivors' Pensions if any, are payable.

REJECTION DUE TO LATE CLAIM

156. If a claim for Survivor's Pension has not been submitted within 15 days of the death of the secured person, and if good cause for delay has not been shown, the claim should be rejected by despatching Form A-1.

CALCULATION OF PROVISIONAL AND ACTUAL PENSIONS:

157. The limit of Survivor's Pensions payable in respect of any one death is easily ascertainable. It is equal to the total disablement Pension to which the Secured Person would have been entitled. This will be 75% of the last rate of wages of the deceased.

158. The total amount available for Survivor's Pensions in any one case, falls to be distributed by the Provisions of Section 42(1) & 42(2) as follows:—

3/5 to the Widow(s) or needy Widower.
1/5 to each dependant child, (but
2/5 if the child is a full orphan).
1/5 to dependant parents.

The action to be taken if this calculation results in more than five fifths is explained in the following paras:—

159. The Second Proviso to Section 42(1) states:

"if and so long as the total of the Survivor's Pension

would otherwise exceed the rate of such total disablement Pension, the Pension of each of the Survivors shall be reduced proportionately so that the total of pensions payable to them does not exceed the rate of the said total disablement Pension."

The desired result is achieved by a formula which is set out on each action sheet (B--12, A.B.C.D). A few examples will make the position clear:—

(1)	SURVIVORS:	1 Widow 1 Child
	TOTAL DISABLEMENT PENSION PAYABLE.	Rs. 400.00 Per Month.
	3/5 OF Rs. 400.00 PAYABLE TO WIDOW	3/5 X 400/1 = Rs. 240.00
	1/5 OF Rs. 400.00 PAYABLE TO CHILD.	1/5 X 400/1 = Rs. 80.00
	THE TOTAL OF SURVIVORS' PENSION PAYABLE.	Rs. 240 + 80 = Rs. 320.00

As this amount is within the limit, there is no need to reduce any Pension proportionately.

(2)	SURVIVORS:—	3 Widows 3 Children.
	TOTAL DISABLEMENT PENSION PAYABLE	= Rs. 400.00 PER MONTH.
	3/5 OF Rs. 400/- IS THE SHARE OF ALL WIDOWS.	=3/5 X 400/1. Rs. 240.00
	1/5 OF Rs. 400/- IS PAYABLE IN RESPECT OF EACH CHILD.	= 1/5 X 400/1 X 3/1 = Rs. 240.00

TOTAL SURVIVOR'S PENSION PAYABLE (WHERE IT NOT FOR THE PROVISO)	= Rs. 480.00

Since the above amount exceeds the amount of Pension payable, the pension of each must, therefore, be reduced proportionately:

TOTAL PENSION PAYABLE	Rs. 400.00
CALL THE TOTAL DISABLEMENT PENSION PAYABLE	A
CALL THE WIDOWS' SHARE (3/5).	B
CALL THE CHILDREN'S SHARE (1/5 X NUMBER OF CHILDREN).	C
CALL THE PROVISIONAL TOTAL (B + C)	D

The revised shares will be found by calculating according to the formulas:—

WIDOWS SHARE $\frac{B \times A}{D} = \frac{240 \times 400}{480}$ = Rs. 200/-

CHILDREN'S SHARE $\frac{C \times A}{D} = \frac{240 \times 400}{480}$ = Rs. 200/-

Therefore, the three widows are entitled to Rs. 200/- and the three children also are entitled to Rs. 200.00 Per Month, in all Rs. 400.00

(3)	SURVIVORS	No Widow, therefore, children are full orphans. 5 Children.

TOTAL DISABLEMENT PENSION PAYABLE. = Rs. 400/- PER MONTH

2/5 OF Rs. 400/- IS PAYABLE TO EACH CHILD. = 400/1 X 2/5 X 5 = Rs. 800.00

160. The total Provisional Survivor's Pension is, therefore, Rs. 800/- which is greatly in excess of the limit. Each share must be reduced proportionately:

The formula is now:—

TOTAL DISABLEMENT PENSION = A
CHILDREN'S SHARE (1/5 X NUMBER OF CHILDREN) = B

PROVISIONAL TOTAL = C

THEREFORE CHILDREN'S SHARE $\frac{A \times B}{C}$ =

$\frac{400 \times 800}{800}$ = Rs. 400/-

Each child is, therefore, entitled to receive Rs. 80/- P.M. while he remains dependant. The relevant formula is set out on the back of each sheet (form B-12, A, B, C, D).

In case there is no widow or needy widower then:
1/5 is payable to a dependant father.
or, if there is no dependant father, than
1/5, is paybale to a dependant mother.

CLAIM FROM WIDOW(s) WITH OR WITHOUT CHILDREN.

161. Form B-12-A refers. The points to be determined include:

i) Verification of marriage;
ii) Verification of death of Secured Person;
iii) Number and age(s) of child (Children) of the deceased Secured Person; and

iv) Whether any other widows or children of the deceased exist? If so, is any other person claiming?;

The facts ascertained should be set out on Form-B-15, care being taken to show the 'STOP DATES' very clearly. These are the dates on which it is necessary to review the rate of pension by reason of the fact that the eldest dependant child has ceased to be eligible for pension. A dependant child is defined in Section 2(6 as one under the age of 16 years dependant on the Secured Perso and a child ceases to be regarded as dependant if he is employe to the extent that his earnings exceed Rs. 40.00 a month (Regulation 24(3) of the Benefit Regulation). The STOP DATE is the 16th Birth-day or any earlier date on which he commences to earn more than Rs. 40.00 a month. Regulation 33 of the Benefit Regulations provides that where the precise birth-day is not known, the 1st January is to be taken as the birth-day. When the award has been prepared, the wallet should be referred to S.S.O(B) and the Auditor for authorisation and checking, after which it may be passed to the Benefit Assistant for scheduling on Form B-5 in the normal way.

CLAIM FROM NEEDY WIDOWER

162. Form 12-E. The special points to be determined include:

i) Verification of marriage;
ii) Verification of death of Secured Person;
iii) Verification of birth of Children.
iv) Number and age(s) of child (Children) of the deceased Secured Person; and
v) Determination that widower is needy;

After obtaining documentary evidence to the above facts, the claim be processed. The other necessary documents would be the same as in case of widow's claim i.e. B-3, R-5 of deceased Secured Person, B-2 form. It should be ensured before entertaining any claim for Survivor's Pension that the claim Forms are countersigned and stamped by the employer of the deceased Secured Person.

163. Claims from Person having charge of the children is to be made on Form B-12-C (if there is no Widow or needy widower). Claims from dependant Parents is made on Form B-12-D. Other formalities are the same as mentioned in the preceding paragraphs.

EVIDENCE OF BIRTH, DEATH OR MARRIAGE ETC.

164. The best form of evidence is a copy of a certificate of registration of the event, by the appropriate authority. If a certificate of this kind is produced, a note should be made of the salient features and the copy annotated, original seen(date) (initials) before the original is returned to the claimant. The date of the event should be entered on the action sheet, etc. and marked (/) at the side, to show that the date has been verified. If certified evidence can not be produced because the event was not registered, statements from responsible parties should be obtained by the claimant in support of his claim. The truth of these statements may be verified by Local enquiry, if advisable.

It is in the interest of the claimant to produce birth certificates of the children, because in the absence of proof of the actual birth date, the birthday will be deemed to be the 1st January thereby causing any pension to be terminated at a date earlier than might otherwise be the case. (Benefit Regulation No. 33).

MEDICAL EXAMINATION TO DETERMINE AGE:

165. If there is serious doubt regarding the age of any child for whom a survivor's pension has been claimed the medical practitioner at the Dispensary at which the deceased was registered should be asked to make an examination. This should be done by completing Part I of Form B-26, and handing it to the claimant with instructions to take it and the children concerned to the Dispensary at an early date. The age as estimated by the Medical Officer should be accepted without guestion. The birthday will be deemed to be the the 1st January of the year of the birth as determined by the Medical Officer.

CHANGES IN CIRCUMSTANCES OF DEPENDANTS

166. The following events necessitate a review of the amount of survivor's Pensions awarded in respect of any one claim:

I) death of any dependant
ii) remarriage of any widow
iii) child ceasing to be a dependant by reason of attaining age of 16 years.

iv) child ceasing to be a dependant by earning more than Rs. 40/- per month.

The award Notice (Form B-22) directs that any changes should be notified to the Local Directorate without delay.

167. The names of the dependants will have been listed, in descending order of age, on the Summary (Form B-15), and also on the Medical Care Control Summary (Form B-15-A). The SSO(B) must review the summary sheets whenever he is about to authorise a pension payment to ensure that he does not overlook a STOP date. Even it, it is not always necessary to reduce the total amount of pension in payment when a child ceases to be a dependant, it will be essential to advise the Dispensary that his title of medical care has ceased.

168. The S.S.O(B) should review the claim as whole whenever a change appears in order to ensure that all the factors are given due consideration. Experience has shown that it is all too easy to become accustomed to repeating the same figures months after month from habit, and SSO(B) be on their guard against errors of this kind.

FIRST PAYMENT OF SURVIVOR'S PENSION:

169. Most claims will have only one recipient, the widow, who will receive both her share and the share of the children, to spend both at her discretion. Form B-22 should be issued at the time the first payment is made, in order that the payee will know how the amount of the pension is arrived at. If there is more than one recipient of a survivor's pension, a letter should be sent to each of the persons concerned, based on Form B-22, but adopted to meet the circumstances of each case.

170. If full use is made of the action and summary sheets as outlines of what has to be done, consideration of the claims will be facilitated. Each action should be recorded in the appropriate place so that at any particular point, it is readily apparent which facts have been determined, which remain to be determined and what is being done about them.

REVIEW OF SURVIVORS PENSIONS BY REASON OF AGE OF CHILDREN:

171. It has been stressed that every claim or connected group of claims should be reviewed whenever a STOP DATE is reached. A review of this kind is an opportunity to check that every thing is in order. If there has been no recent information regarding the dependants, arrangements should be made to enquire from the claimant when the next payment is drawn. She can be asked to sign a statement that there has been no change in her circumstances. If there are many dependants, with the result that the permissible limit of survivor's pension has been exceeded, thereby causing a proportionate reduction of all shares of the pensions, the fact that one child is removed from the list by reason of having attained the age of 16 years does not affect the total amount payable. For example, in the case outlined at (3) of para 159, in which the person having the care of 5 dependant children was awarded Rs. 400/-, no actual change is required until there are only 2 children left under the age of 16, when the total survivor's pension payable is due to fall to Rs. 320/-

LOSS OF ENTITLEMENT TO MEDICAL CARE:

172. Whenever a dependant ceases to be entitled to a Survivor's pension, the Benefit Section must ensure that the Dispensary is notified of the corresponding loss of entitlement to medical care on Form M-14. The fact that the form has been sent should be recorded on Form B-15-A.

REFERENCE TO SOCIAL SECURITY OFFICER (C):

173. Any difficult case should be referred to the S.S.O(C) by the Benefit Section, for enquiry. Before doing so, the case should be reviewed and a brief summary prepared showing precisely the point of difficulty and the steps taken already to clear it. Care should be taken, however, not to make the S.S.O's task more difficult by permitting ineffective enquiries to be made by junior staff who may not have realised precisely what it is that they are enquiring about.

174. An S.S.O(C) is primarily concerned with securing compliance with the Contribution Regulations, and with enquires connected with the collection of contributions. It will be for the

Local Directors to decide the order or priority, if requests for visits in connection with claims for benefit become too numerous. There is no reason, for example, why the S.S.O(B) should not under take occasional enquiries of this kind.

DEATH DUE TO RESULT OF EMPLOYMENT INJURY. REFERENCE TO MEDICAL BOARD.

175. If there is any doubt whether the death of a secured person was, in fact the result of an employment injury, the case should be referred to the Medical Board, for an opinion.

176. Registers for Survivor's Pensions in similar proforma, as for disablement pension, should be maintained by the Benefit Section. In case the pension is being remitted though money order it should be ensured that the beneficiaries visit the Directorate once a year or send life-certificates twice a year in June and December. The code numbers of Survivor's Pensions are as under:—

Survivor's Pension Widow	.....	8
Survivor's Pension Needy Widower	.....	9
Survivor's Pension Children	.....	10
Survivor's Pension Parents	.....	11

SUPERVISION OF PAY OFFICE & BENEFIT SECTION

177. Normally, the Social Security Officer(B) shall be responsible to organize and regulate the entire work of receipt, processing, award and payment of cash benefits according to the provisions of the Ordinance, Rules, Regulations and staff instructions. He shall be responsible to see that the work at Pay Office and Benefit Section proceeds with desired speed and efficiency; and all prescribed records, documents and registers are properly and correctly maintained at all times.

178. As a counter-check, the Deputy Director of the Local Directorate should visit a Pay Office and/or Benefit Section at least once a week to see that the work is proceeding satisfactorily in all respects. Among other things, he should particularly check for punctuality in attendance on the part of the SSO(B) and his staff,

and undue delays in processing, award and payment of claims any under or overpayments, accepted but unpaid claims, safe keeping of cash for payment of benefits and its balance etc. Interviewing some of the secured persons at the Pay Office and Benefit Section may often be of assistance to assess any shortcomings and to bring about improvements.

179. The Deputy Director shall make a note of his findings and, where necessary, advice the SSO(B) of the action to be taken. He shall see on the next visit that his instructions, in fact, have been complied with. Nevertheless, the Deputy Director shall apprise the Local Director of his findings and recommendations in order to decide what further action needs to be taken.

180. The Local Director shall also inspect the Pay Office and Benefit Section at least once a month.

APPENDIX I

CASH BENEFITS.

CODE NUMBER OF BENEFIT PAYMENTS.

Relevant Section of Ordinance.	Cash Benefit	Code No.
35 (1)	SICKNESS	1
39	INJURY	2
36	MATERNITY	3
37	DEATH GRANT	4
40 (1)	DISABLEMENT PENSION: TOTAL	5
40 (1)	DISABLEMENT PENSION: PARTIAL	6
41 (1)	DISABLEMENT GRATUITY	7
42 (1) (a)	SURVIVOR'S PENSION: WIDOW	8
42 (1) (a)	SURVIVOR'S PENSION: NEEDY WIDOWER	9
42 (1) (b)	SURVIVOR'S PENSION: CHILDREN	10
42 (2)	SURVIVOR'S PENSION: DEPENDENT PARENTS	11

Appendix II

LIST OF FORMS MENTIONED IN THIS CODE

Form	Purpose served by form
A. 1.	Rejection of claim for: sickness; Contribution test. Late claim, without good cause Death grant, no title to benefits Survivor's pension: needy widower Survivor's pension: needy parent Survivor's pension: death not due to employment injury Benefit: contribution test not satisfied Notice: Injury benefit, no proof of employment injury.
B. 1.	Container for claim documents (claim wallet)
B. 2.	Certificate of contribution and wages
B. 3.	Employer's report of serious accident
B. 4.	Cash benefit history sheet (male or female)
B. 5.	Cash benefit-payment schedule
B. 6.	Certificate of expected confinement and claim
B. 7.	Death grant claim
B. 8.	Cash Maternity benefit cliam
B. 9.	Sickness benefit-action sheet.
B. 10.	Injury benefit-action sheet.
B. 11	Death Grant-action sheet.
B. 12A	Survivor's Pension widow/children claim.
B. 12B	Survivor's Needy widower claim.
B. 12C	Survivor's Person-in-charge of children claim
B. 12D	Survivor's Dependent parent claim.
B. 13	Death Grant award.
B. 14.	Injury Benefit-ref: to Medical Board disablement.
B. 15.	Survivor's pension: authorisation summary.
B. 15A	Survivor's Pension: Dependent: medical care control.
B. 16.	Disablement pension: authorisation summary
B. 17.	Sick visitor's report
B. 18.	Authorisation of agent.
B. 20.	Maternity benefit: statement that no work has been done.
B. 22.	Survivor's pension notice of award.
B. 23.	Request to secured person for certificate of contributions.
B. 24.	Cessation of S. B./Right to med. care.
B. 26.	Determination of age of children.
B. 27.	Check of entitlement to benefit.

Appendix III

LIST OF CAUSES OF INCAPACITY

1. Tuberculosis of respiratory system
2. Tuberculosis, other forms
3. Syphilis and its sequelue
4. Gonocoecal infection
5. Dysentery, all forms
6. Other infective diseases commonly arising in intestinal tract
   - 6a Cholera
   - 6b Enteric fever
   - 6c Other infective diseases
7. Certain diseases common among children
   - 7a Scarlet fever
   - 7b Diphtheria
   - 7c Whooping cough
   - 7d Measles
   - 7e Mumps
   - 7f Chicken-pox
8. Typhus and other rickettsial diseases
9. Malaria
10. Diseases due to helminths
    - 10a Filariasis
    - 10b Ankylostomiasis
    - 10c Other helminths
11. All other diseases classified as infective and parasitic
    - 11a Meningococcal infection (CEREBROSPINAL FEVER)
    - 11b Plague
    - 11c Small-pox
    - 11d Leprosy
    - 11e Kala-azar
    - 11f Parasitic skin infections
    - 11g Tenanus
    - 11h Yaws (Framboesia)
    - 11i Infectious hepatitis (Catarrhal Jaundice)
    - 11j Other infectious and parasitic diseases
12. Malignant neoplasms, including neoplasms of lymphatic and and haematopietic tissues.
13. Benign neoplasms and neoplasms of unspecified nature
14. Allergic disorders
15. Diseases of thyroid gland
16. Dabetes mellitus

17. Avitaminosis and other deficiency states
18. Anaemias
19. Psychoneurosis and psychosis.
20. Vascular lesions affecting central nervous system
21. Diseases of eye
    - 21a Trachoma
    - 21b Catract
    - 21c Other diseases
    - 21d Injury eye
22. Diseases of ear and mastoid process
23. Rheumatic fever
24. Chronic rheumatic heart disease
25. Arteriosclerotic and degenerative heart disease
26. Hypertensive
27. Diseases of veins
28. Acute nasopharyngitis (common cold)
29. Acute pharyngitis and tonsillitis and hypertrophy of tonsil and adenoids
30. Influenza
31. Pneumonia
32. Bronchitis
33. Silicosis and occupational pulmonary fibrosis
34. All other respiratory diseases
35. Diseases of stomach and duodenum, except cancer
36. Appendicitis
37. Hernia of abdominal cavity.
38. Diarrhoea and enteritis
39. Diseases of gallbladder and bile ducts
40. Other diseases of digestive system
    - 40a Diseases of the teeth
    - 40b Other diseases
41. Nephritis and nephrosis
42. Diseases of genital organs
    - 42a Diseases of male genital organs
    - 42b Diseases of female genital organs.
43. Deliveries, complications of pregnancy, child-birth and the puerperium
    - 43a Normal deliveries
    - 43b Complications of pregnancy, child-birth and the puerperium
44. Boil, abscess, cellulitis and other skin infections.
45. Other diseases of skin.

46. Arthritis and rheumatism, except rheumatic fever
47. Diseases of bones and other organs of movement
48. Congenital malformations and diseases peculiar to early infancy.
49. Other specified and ill-defined diseases
    - 49a Epilepsy
    - 49b Diseases of nerves and peripheral ganglia
    - 49c Urinary calculus
    - 49d Other diseases of urinary system
    - 49e Other specified and ill-defined diseases
50. Accidents, poisonings, and violence
    - 50a Open fractures (all sites)
    - 50b Closed fractures (all sites)
    - 50c Complicated fractures (all sites and compliction)
    - 50d Dislocations (all sites)
    - 50e Head injury, excluding fracture
    - 50f Internal injury, chest, abdomen, and pelvis 2
    - 50g Lacerated, open, and contused wounds
    - 50h Burns and scalds
    - 50i Occupational poisoning
    - 50j Other poisoning 4
    - 50k Other violence 2

ALPHABETICAL LIST OF DISEASSES

(A)

	Classified Sickness Group	M.B.
Abdominal colic	49e	
Abortion	43b	
Abortive fever	6c	
Abscess	According to cause	4
Achlorhydria	35	
acholuric anaemia	18	
Accidents (not occupational)	50 sub-group according to nature of injury	
Accidents (Occupational)	50 sub-group according to nature of injury	
acne	45	
Acromegaly	49e	
Actionomycosis	11f	
Acute gonorrhoea	4	

Acute oedema of lung	49e	
Addison's anaemia	18	
Adenitis (non-tuberculous)	44	
Agranulocytosis	49e	
Albuminuria	41	
Allergic conjunctivitis	14	
Allergic eczema	14	
Alveolar abscess	40a	
Alopecia (aerata	45	
Amenorrhoea	42b	
Amnesia	49e	
Amaemia	18	4
Anal and rectal abscess	40b	
Anal fistula or fissure	40b	
Anaphylactic shock	50k	
Aneurysm of aorta	3	

	Classified Sickness Group	M.B.
Angina pectoris	25	
Angioneurotic cedema	14	
Ankylosis	47	
Ankylostmiasis	10b	
Anorexia	49e	
Anteflexion cervix or uterus	42b	
Antepartum haemorrhage	43b	
Anthracosis	33	
Anthrax	11j	
Anxiety	19	
Aortic disease	24	
Aplastic anaemia	20	
Apoplexy	18	
Appendicitis	36	
Anteriosclerosis	25	
Arteriosclerosis of Kidney	26	
Arrhythmia	49e	
Arthritis	46	
Arthritis gonococcal	4	
Ascariasis	10c	
Ascites	49e	
Asthma	14	
Astigmatism	21c	
Athleta's foot	11f	
Atrophy acute yellow	39	
Atypical pneumonia	31	
Auricular fibrillation	49e	
Auricular flutter	49e	
Avitominosis	17	

(B)

Banti's disease	49e	
Bed sore	45	
Beriberi	1J	
Blepharitis	21c	
Blindness	21c	
Boils	44	

	Classified Sickness Group	M.B.
Brachial neuritis	49b	
Bradycardia	49e	
Breast abscess	42b	
Bright's disease	41	
Brill disease	8	
Bilharziasis	10c	
Biliousness	49e	
Blackwater fever	9	
Brodie's abscess	47	
Bronchiectasis	34	
Bronchitis	32	
Bronchopneumonia	31	
Brucellosis	6c	
Bunion	47	
Burns	50h	
Bursitis	47	

(C)

Calculus, renal, ureteric, bladder	49c	
Cancrum oris	40b	
Cirrhosis of liver	40b	
Cleft Palate	48	
Climacteric	42B	2
Carbuncle	44	
Carcinoma	12	
Cardiac asthma	49e	
Cardiac conditions	49e	
Cataract	21b	
Catarrh (Nose and naso-pharynx)	28	2
Cellutitis	44	
Cerebral abscess	49e	
Cerebral embolism	20	
Cerebral Haemorrhage	20	
Cerebral Thrombosis	20	
Cerebral Tumours	12 or 13	
Cerebrospinal fever	11a	
Cerebrospinal meningitis	11a	
Cervical rib	48	

	Classified Sickness Group	M.B.
Cervictis	42b	
Chancroid	11j	
Chicken pox	7 f	
Chilblains	49e	
Cholangitis	39	
Cholecystitis	39	
Choletithiasis	39	
Cholera	6a	
Chondritis	47	
Chorea	23	
Choroiditis	21c	
Chronic bronchitis	32	
Chronic gonorrhoea	4	
Climacteric symptoms	42b	2
Clubfoot	47	
Coeliac disease	17	
Colitis	38	
Collapse	49e	
Colour blnidness	21c	
Common cold	28	2
Congenital heart disease	48	
Congenital syphilis	3	
Congestive heart failure	49e	
Conjunctivities	49c	
Conjunctivities gono coccal	4	
Constipation	40b	2
Conyusion	49e	
Cooley's anaemia	18	
Corneal opacity	21c	
Corneal ulcar	21c	4
Corns	45	2
Coronary disease	25	
Coronary thrombosis	25	
Cor pulmonala	49e	
Coryza	28	2
Cough	49e	2

	Classified Sickness Group	M.B.
Coxa valga	47	
Cretinism	15	
Cystitis	49d	3
	(D)	
Dacryocysti	21c	
Deafmutism	22	
Deafness	22	
Debility	49e	2
Decubitus ulcer	45	
Deflected septum	34	
Delivery normal	43a	
Dementia	19	
Dengue	11j	
Dental abscess	40a	3
Dental caries	40a	3
Dermatitis	45	4
Dermatophytosis	11f	3
Detachment of retina	21c	
Dhobie itch	11f	
Diaetes	16	
Diabetes insipidus	49c	
Diabetes mellitus	16	
Diabetic coma	16	
Diarrhoea	38	
Dilatetlon of stomach	35	
Diphtheria	7b	
Disseminated sclerosis	49	
Distention of stomach	35	
Diverticulitis	40b	
Dropsy—cardiac	49e	
renal	41	
Dumdum fever	11e	
Duodenal ulcar	35	
Dwarfism	49e	
Dysentery-amoebic	5	
bacillary	5	
non specific	5	2

	Classified Sickness Group	M.B.
Dysmenorrmoea	42b	
Dyspepsia	35	
Dysphagia	According to cause	
	(E)	
Eclampsia	43b	
Ectopia vesicae	48	
Ectopic pregnancy	43b	
Eczema	45	
Eczema allergic	14	
Eosniophilia	14	
Epidemic dropsy	17	
Epidemic meningitis	11a	
Epidedymitis	According to cause	
Effort syndrome	19	
Empyema gallbladdar	39	
Empyema (non-tuberculous)	34	
Encephalltis	11j	
Endocarditis	23	
Endometritis	42b	
Enlarged prostate	42a	
Enlarged tonsils	29	
Enteritis	38	3
Enteritis chronic	40b	
Epilepsy	49a	
Epiphysitis	47	
Epispadias	48	
Epistaxis	According to cause	
Epithellpma	12	
Erysipelas	11j	
Erythroblastosis	48	
Essential hypertension	26	
Exophthalmic goitre	15	
Extrasystole	49e	
	(F)	
Facial paralysis	49b	

	Classified Sickness Group	M.B.
Faecal fistula	40b	
Favus	11f	
Femoral hernia	37	
Fever (undiagnosed	11j	
Fibrocystic disease of bone	47	
Fibroids (uterus	13	
Fibroma	13	
Fibrositis	46	3
Filariasis	10a	
Flat foot	47	
Floating kidney	49d	
Flu	30	2
Food poisoning	6c	
Frohlich's syndrome	49c	
Frontal Sinusitis	34	
Forunculosis	44	2
	(G)	
Gangrene	According to cause	
Gas gangrene	11j	
Gastric neurosis	19	
Gastric ulcer	35	
Gastritis	35	
Gastro-enteritis	38	
General paralysis of insane	3	
Genu valgum	47	
Giddiness	49e	
Gingivitis	40a	
Glandular fever	11j	
Glaucoma	11c	
Glioma	12	
Glossitis	40a	
Glycosuria	49a	
Goitre	15	
Gonorrhoea	4	
Gout	49c	3

	Classified Sickness Group	M.B.
Guinea worm	10c	
Gumma	3	
Gynaecomastia	42b	

(H)

Haematemesis	According to cause	
Haematuria	49e	
Haemolytic anaemia	18	
Haemophilia	49e	
Haemoptysis	According to cause	3
Haemorrhoids	27	
Hammer toe	47	
Herpes zoster	49e	
Hiccough	49e	
Hodgkin's disease	12	
Hookworm	10c	
Hydatid disease	10c	
Hydatidiform mole	43b	
Hydrocela	42a	4
Hydrocephalus congenital	48	
Harelip	48	
Hayfever	14	
Headache	49e	2
Heart block	49e	
Hemiplegia	50k	
Hemiplegia	49e	
Hepatitis Amoebic	5	
Hepatitis infectious	11i	
Hernia	37	
Hypertensive heart disease	26	
Hyperthyroidism	15	
Hydronephrosis	49d	
Hyperchlorhydria	35	
Hypermetropia	21c	
Hyperpiesis	26	
Hyperpyrexi	According to cause	

	Classified Sickness Group	M.B.
Hypertension (Malignant)	26	
Hypertensive encephalopathy	26	
Hypostatic pneumonia	34	
Hypotension	49e	
Hysteria	19	4

(I)

Icterus	According to cause	
Impacted teeth	40a	
Imperforate anns	48	
Impetigo	44	3
Industrial dermatitis	45	
Infantile diarrhoea	38	
Infections hepatitis	11i	
Infectious warts	44	
Influenza	30	3
Ingrowing nail	45	
Inguinal granuloma	11j	
Inguinal hernia	37	
Insomnia	49e	
Intestinal obstruction	40b	
Intracranial injury	48	
Iritis	21c	
Iron deficiency anaemia	18	

(J)

Jaundice	18	
Haemolytic	11i	
Infective obstructive (neoplasm	12	
toxic (non-occupational)	40b	
toxic (occupational)	50i	
unspecified	49e	

(K)

Kala-azar	11e	
Keratitis	21c	

	Classified Sickness Group	M.B.
Kidney disease	41	
Kyphosis	47	
(L)		
Laryngitis	34	2
Leishmaniasis cutaneous	11j	
visceral	11e	
Leprosy	11d	
Leucorrhoea	42b	
Leukemia	12	
Leukoderma	45	
Leptospirosis	11j	
Liver abscess	5	
Local sore	11j	3
Lumbago	46j	
Lung abscess	34	
Lymphadenitis	44	
Lymphoid Leukemia	12	
Lymphosarcoma	12	
(M)		
Malaria	9	
Malaria Benign tertian	9	
Malaria Cerebral	9	
Malaria (malarial fever)	9	
Malaria quartan	9	
Malignant endoearditis	49c	
Malignant hypertension	26	
Malignant jaundice of pregnancy	43b	
Mallet finger	47	
Malnutrition	49e	
Malta fever	6c	
Mania	19	
Marasmus	38	
Mastitis	43b	
Mastoiditis	22	

	Classified Sickness Group	M.B.
Maxillary sinusitis	34	
Measles	7d	
Mediastingitis	49e	
Megalocytic anaemia	18	
Melancholia	19	
Menicres disease	22	
Menopausal symptoms	42b	2
Menorrhagia	42b	2
Mental disease	19	
Migraine	49e	
Miscarriage	43b	2
Mitral eregurgitation	24	4
Molluscum contagiosm	44	
Mumps	7e	
Muscular dystrophy	47	
Myalgia	46	3
Myasthenia gravis	47	
Myeloid leukaemia	12	
Myocardia degeneration	25	
Myocarditis rheumatic	24	
Myopia	21c	
Myositis	46	3
Myxoedema	15	
(N)		
Narcolepsy	49e	
Nasal catarrh	28	
Nasal polyp	34	
Nasopharyngitis	28	
Neoplasm benign	13	
Neoplasm malignant	12	
Nephritis	41	
Nephrosclerosis	26	
Nephrosis	41	
Nervous debility	19	

	Classified Sickness Group	M.B.
Nervousness	49e	2
Neuralgia	49b	
Neurasthenia	19	
Neuritis (except rheumatic)	49b	
Neuro-leprosy	11d	
Neurosis	19	
Neurosis obsessional	19	
// Occupational	19	
Nodular goitre	15	
Nodular leprosy	11d	
Normal delivery	43a	
Nystagmus	49e	
Nystagmus miner's	10	
(O)		
Obesity	49e	2
Occupational neurosis	19	
Oedema	According to cause	
Onychitis	45	
Oriental sore	11j	
Osteitis	47	
Osteitis deformans	46	6–8
Osteo-arthritis	47	
Osteochondrosis	47	
Osteomallicia	47	
Osteo-porosis	47	
Oophoritis	42b	
Optic neuritis	21c	
Oral sepsis	40a	
Orchitis	According to cause	
Otitis	22	2
Otitis externa	22	2
Otitis media	22	2
Otorrhoea	22	
Ovarian dysfunction	49e	
Ovaritis	42b	

	Classified Sickness Group	M.B.
Oxaluria	42b	
Oxyuriasis	10c	
(P)		
Palpitation	49e	
Pancreatitis	40e	
Paralytic stroke	20	
Paralysis agitans	49e	
Parametritis	42b	
Paranoia	19	
Paraplegia	49e	
Paratyphoid fever	6b	
Paresis	49e	
Parkinson's disease	49e	
Parotitis	40b	
Paroxysmal tachycardia	49e	
Passive pneumonia	34	
Pediculosis	11f	
Pellagra	17	
Pelvic celluitis	42b	
Pelvic peritonitis	42b	
Pemphigus	45	
Perinephric abscess	49d	
Peptic ulcer	35	
Pericarditis	23	
Periostitis	47	
Peripheral neuritis	49b	
Periotonitis	40b	
Peritonsillar abscess	34	3
Pernicious amaemia	18	
Pes planus	47	
Pharyngitis	29	
Phlebitis	27	2
Phthisis	1	
Piles	27	

	Classified Sickness Group	M.B.
Placenta praevia	48b	
Proriasis	45	
Psychoneurosis	19	4
Psychosis	19	
Puerperale eclampsia	43b	
Pterygium	21c	
Ptemaine poisoning	6b	
Plague	11b	
Plague pneumonic	11b	
Pleurisy	34	
Pleurisy effusion	1	
Pleurodynia	49e	
Pneumoconiosis	33	
Pneumothorax	31	
Poisoning	34	
Poisoning alcoholic	50j	
food	6c	
lead	50j	
opium	50j	
Poliomyelitis	11j	
Polycystic kidney	48	
Polythemia	49e	
Polyneuritis	49b	
Polyuria	49e	
Postpartum haemorrhage	43b	
Post-natal asphyxia	48	
Precordial pain	49e	
Pre-eclampsia	43b	
Pregnancy anaemia	18	
Presbyopia	21c	
Prickley heat	45	
Progressive muscular dystrophy	47	
Prolapse rectum	40b	
Prolapsus utari	42b	
Prolonged labour	43b	
Prostatitis	42a	

Pruritus	45	
Pulmonary fibrosis	33	
Pulmonary infarction	27	
Pulmonary tuberculosis	1	
Pulsus alternans	49c	
Purpura	49e	
Pyaemia	11j	
Puerperal fever	43b	
Puerperal infection	43b	
Puerperal phlebitis	43b	
Puerperal pulmonary embolism	43b	
Puerperal psychosis	43b	
Puerperal septicaemia	43b	
Pulmonary collapse	34	
Pulmonry embolsm	27	
Pyelitis	49d	3
Pyelitis pregnancy	43b	
Pyelocystitis	49d	
Pyelonephritis	49d	
Pyonephrosis	49d	
Pyorrhoea	40a	
Pyosalpinx	42b	
Pyrexia	11j	3

(Q)

Quinsx	34	8
Q-fever	8	

(R)

Rabies	11	
Ranula	40b	
Rat-bite fever	11j	
Raynaud's disease	49e	
Refractive errors	21c	
Relapsing fever	11j	
Renal calculus	49c	
Renal dropsy	41	

	Classified Sickness Group	M.B.
Retained placenta	43b	
Retinitis	21c	
Retroflexion uterus	42b	
Retroversion uterus	42b	
Rheumatic fever	23	
Rheumatism	46	3
Rheumatoid arthritis	46	
Rhinitis	28	
Rickets	17	
Ringworm	11f	
Kodent ulcer	12	
Round worms	10c	
Reputure bladder	49d	
Repture urethra	49d	
Rapture urethra traumatic	50f	

(S)

Salpingitis	42b	
Salpingo-oophoritis	42b	
Salivary calculus	40b	
Scabies	11f	
Scar	45	
Scarlet fever	7a	
Schistosomiasis	10c	
Seborrhoeic dermatltis	45	
Senile Psychosis	19	
Secondary anaemia	18	
Secondary syphilis	3	
Septicaemia	11j	
Serum sickness	50k	
Silicosis	33	
Simmonds' disease	49e	
Sinusitis	34	2
Small pox	11c	
Sore throat	29	2
Spastic infantile paralysis	49e	
Spina bilfida	48	

	Classified Sickness Group	M.B.
Sporpejaetosis icteroca-morrhagica	11j	
Schizophrenia	19	
Sciatica	49	
Scleroderma	45	
Scoliosis	47	
Scrub typhus	8	
Scurvy	17	
Seborrhoea	45	
Splenic anaemia	18	
Splenomegalp	49e	
Spondylitis deformans	47	
Sprue	17	
Sterility	42	
Still's disease	46	
Stomatitis	40b	2
Strablsmus	21c	
Strangulated hernia	37	
Strichure urethra	49d	
Stye	21c	
Subacute gonorrhoca	4	
Subarachnoid haemorrhage	20	
Suppurative hepatitis	40b	
Syphilis	3	
Syphilitic sore	3	

(T)

Tabes dorsalis	3	
Tachycardia	49e	
Taenia	10c	
Tenosynovitis	47	
Testiclar dysfunction	49c	
Tetanus	11g	
Thread worm	13c	
Threatened abortion	43b	
Thrombo angiitis obliterans	49e	
Thrombophlcbitis	27	6–8
Thrombosis	27	

	Classified Sickness Group	M.B.
...roid enlargement	15	
...hyrotoxicosis	15	
Tick-borne typhus	8	
Tinea	11f	
Tonsillitis	29	2
Toothache	40a	
Tortlopllis, rheumatic	46	
Toxaemia	According to cause	
Toxaemia of pregnancy	43b	
Toxic goitre	15	
Tracheitis	34	2
Tracheobronchitis	32	
Trachoma	21a	
Trenatode unfestatioe	10c	
Trench fever	8	
Trichiasis	45	
Trichiniasis	10c	
Trigeminal neuralgia	49b	
Tropical ulcer	45	
Trypanosomiasis	11j	
Tuberculosis of meninges	2	
intestines	2	
bones and joints	2	
Tnberculosis of respiratory system	1	
Tuberculosis of genito urinary system	2	
lomphatic system	2	
Tumour	12 or 13	
Typhoid fever	6b	
Typhus	8	

(U)

Ulcer	According to cause	
Ulcerative colities	40b	
Umbilical hernia	37	
Umnilical sepsis	48	
Undesconded testis	48	

	Classified Sickness Group	M.B.
Undulant fever	6c	
Uraemia	49e	
Urethritis	49d	
Uric acid diathesis	49e	
Urticaria	14	
Uterovaginal prolaspe	42b	

(V)

Vaginitis	42b	
Varicells	7$	
Varicoccle	27	
Varicose veins	27	4
Variola	11c	
Ventral hernia	37	
Vertigo	49e	
Vincent's infection	11j	
Visceroptosis	40b	
Vitiligo	49	
Volvulus	40b	
Vomiting	49c	
Vulvitis	42b	
Vulvovaginitis	42b	

(W)

Wax ear	22	
Weil's disease	11j	
Whitlow	44–3	
Shooping' cough	7c	
Wry neck	46	

(Y)

Yaws	11h	
Yellow fever	11j	

ادارہ سماجی تحفظ سندھ

بنام _____ رجسٹریشن نمبر [ ][ ][ ][ ][ ][ ][ ]

اس مراسلہ کا نمبر _____ تاریخ اجرا _____

آپ کی درخواست مورخہ _____ بابت _____

_____ کے حوالہ سے آپ کو مطلع کیا جاتا ہے کہ آپکی درخواست بوجہ مندرجہ ذیل نمبر _____ نامنظور کی گئی ہے۔

۱ کام چھوڑنے کی تاریخ سے فوری طور پر چھ ماہ پیشتر کے عرصے میں آپکی کم از کم ۹۰ دن کی کٹوتی ادارہ کو نہ تو ادا کیگئی ہے اور نہ قابل ادائیگی ہے

۲ آپ کا کلیم قواعد کے تحت مقررہ میعاد کے بعد وصول ہوا ہے۔

۳ سماجی تحفظ کے قانون کی زیر دفعہ ۳۷، ۳۳، ۳۴ کے استحقاق کی شرائط پوری نہیں کی گئیں۔

۴ آپ متعلقہ قانون کی رو سے ضرورتمند رنڈوا/محتاج والد/والدہ نہیں ہیں۔

۵ تحفظ شدہ شخص کی موت دوران کار چوٹ لگنے سے واقع نہیں ہوئی۔

۶ کام چھوڑنے کی تاریخ سے ۱۲ ماہ قبل کے عرصے میں کم از کم ۱۸۰ دن تک کی سماجی تحفظ کی کٹوتی سنا ادارہ کو ادا کی گئی ہے اور نہ یہ واجب الادا ہے۔

۷۔ آپ کا عارضہ نہ تو دوران کار چوٹ لگنے کی وجہ سے ہے اور نہ ہی پیشہ وارانہ بیماری کی وجہ سے۔

۸ آپ کا مطالبہ برائے معاوضہ چوٹ کو صرف مطالبہ برائے معاوضہ بیماری تصور کیا گیا ہے۔

۹ آپکو قواعد کی رو سے پوری مالی ادائیگی کی جا چکی ہے اور اب آپ کا استحقاق ختم ہو چکا ہے۔

۱۰ آپکی کام سے معذوری کی مدت صرف دو دن ہے جبکی موجودہ قواعد کی رو سے کوئی مالی ادائیگی نہیں کی جاتی۔

۱۱ جس میڈیکل بورڈ نے مورخہ _____ کو آپکا معائنہ کیا تھا اسے بالاتفاق رائے آپکو "فٹ" قرار دیا ہے لہذا آپ معذوری کی گریجویٹی یا پنشن وغیرہ کے مستحق نہیں ___

۱۲ _____

۱۳ _____

۱۴ _____

۱۵ _____

دستخط (سوشل سیکوریٹی آفیسر (بینیفٹ) _____

مہر مقامی دفتر / پے آفس _____

فارم ۱۷/۱

SUMMARY OF
OF PAYMENT
KER

S. No.	Subject with brief description of the issue.	Ruling justific
1.	2.	3
1.	Payment of Maternity Benefit to female secured workers who do not fulfil the condition of at least 180 days' contribution as laid down in section 36 of the Ordinance.	Such f but th of at the Or
2.	Payment of Cash Benefits to the workers who have submitted their claims (including (M-1, M-2 and M-3) for Sickness/Injury Benefit after the expiry of the prescribed time-limits. This usually happens when a worker is hospitalised or is completely ignorant of the procedure and he submits all the claim papers late at a time.	In suc (includ M-1 (would
3.	Calculation of daily rate of Cash Benefits.	If the deduc such divide
4.	Payment of undrawn Cash Benefits to the survivors of deceased workers.	Such becor
5.	Payment of Injury Benefit in case of heat stroke suffered by a secured worker while on duty.	The will, "Acc cause mean of S paya
6.	Calculation of the period of 365 days for the purpose of payment of Sickness Benefits.	This work there of re

Sickness Benefit.	Employment Injury	Maternity Benefit

Name (1)	

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

Form B-I

(5) STAMP OF LOCAL OFFICE	(6) STAMP OF LOCAL O
(7) STAMP OF LOCAL OFFICE	(8) STAMP OF LOCAL O

ادارہ سماجی تحفظ ملازمین

چندے اور اجرت کا سرٹیفکیٹ

(زچگی کا معاوضہ، دورانِ کام چوٹ کا معاوضہ اور بیماری کا معاوضہ)

تحفظ یافتہ شخص کا نام _____ سوشل سیکورٹی نمبر

ولد/بنت/زوجہ _____

پیشہ _____ محکمہ، شعبہ، کارڈ نمبر اور شفٹ وغیرہ _____

تصدیق کی جاتی ہے کہ مندرجہ بالا محنت کش کا سوشل سیکورٹی کنٹری بیوشن ۱۸۰/۹۰ دنوں کے لئے گزشتہ ۱۲/۶ مہینوں میں ادا کیا جا چکا ہے۔

ٹھیکے کے کام کرنے والے یا غیر مستقل مزدوروں کے سلسلے میں تفصیلات درج ذیل ہیں

نمبر شمار	مہینے	کام کے دن	نمبر شمار	مہینے	کام کے دن
۱					
۲					
۳					
۴					
۵					
۶					
	کل:-			کل:-	

★ یہ محنت کش مورخہ _____ کو حادثے کے وقت میری ملازمت میں تھا۔

★ اس کے کام کرنے کی آخری تاریخ _____ ہے۔

★ اس کی آخری اجرت یہ تھی۔

روپے _____ (مبلغ _____ صرف) یومیہ/ہفتہ/پندرھواڑہ/ماہانہ

روپے _____ (مبلغ _____ صرف) جو کہ گذشتہ ہفتے/پندرھواڑے/مہینے میں ..... دن کے لئے مکمل تھے۔

آجر کا رجسٹریشن نمبر

آجر کے دستخط _____

عہدہ _____

آجر کی مہر

★ جو حالت غیر ضروری ہو

۸۴/۸۵ فارم بی-۲

EMPLOYEES SOCIAL SECURITY INSTITUTION

Employer's Report of a Serious Accident to the Social Security Institution

(To be sent to the nearest Local Office of the Social Security Institution with in 24 hours after the occurance of each serious accident)

Name of Firm _____

Address _____

Telephone number _____

PART I. This is to certify that at a. m. / p. m. on the day of _____ "(name of employee) _____ of (address) _____ whose registration number is _____ Suffered a serious employment injury as follows _____

(given brief description of nature and extent of injury)

PART II. The circumstances of the accident were

(give brief description of how the accident occured)

PART III. Employer's observations

I certify that the above statements are true to the best of my knowledge and belief and assume full responsibility as to their correctness.

Signature _____

Designation _____

Stamp of firm. _____

Date 19 _____

Form B. 3

SIND EMPLOYEES' SOCIAL
SECURITY INSTITUTION

Authority for Payment of Cash Benefit

Registered No. of Secured Person	Name of Secured Person	Name of Payee if not Secured Persons)	Amount Rs.	Ps.

(In words Rs. (_____

1. Payment as shown above has been authorised in respect of Benefit Code No.
(Date .....19 (Signature) _____
(SOCIAL SECURITY OFFICER)

I. I.. Seen by Audit Officer

(Date...../...../19 Signature _____
Audit Officer)

III. Payment as shown above received

(Date...../...../19 Signature) (Secured Person)

(Date...../19. (Signature) (Agent of Secured person)

IV. Payment has been made (in cash) by Cheque No. _____
and the amount Payable has been entered in Form F-7 as under:–
(Date...../.....19.... Sheet No.__No of Entry_____
(Signature) _____
(Cashier)

Form B-5/F-3

Sind Employees' Social Security Institution

CASH BENEFIT HISTORY SHEET

PART 1
Name _____
Address _____
Date of Birth _____ OR Age Years
Dispensary

PART SICKNESS BENEFIT PERIODS

Began	Ended	Incapacity	Duration Weeks	Duration Days	Notes

PART III MATERNITY BENEFIT

Date of Expected Confinement	Actual date of Confinement	Benifit Paid From	To	Rate	Duration Weeks	Duration Days

PART IV DEATH GRANT
Date of death _____ Amount Rs. _____ F/3 No. _____ Date _____

PART V EMPLOYMENT INJURIES

Injury Benefit Began	Ended	Duration Weeks	Duration Days	Prepared by	Checked by	Periods Notes	Disablement Gratuities %age Disability	Amount	F-3 No.	F-3 Date

Disablement Pension %age Disability	Amount	F-3 No.	F-3 Date

PART VI SURVIVOR'S PENSIONS
Date of death 19 . Pension awarded from 19
To _____ Amount Rs.
_____ Rs.
_____ Rs.
_____ Rs.
_____ Rs.
Total Rs. _____

PART VII Notes Prepared by Checked by

Sind Employees' Social Security Institution

Certificate of Expectation of Confinement

PART I

Social Security Number | A | | | | | | |

Name_____

I certify that I have examined the above named secured woman today, and in my opinion she is pregnant and it is to be expected that her confinement will occur on or about_____
(date)

Any other observations:

Dispensary Stamp

Signature_____

Status_____

Date_____19

PART II

CLAIM FOR CASH MATERNITY BENEFIT*

I hereby claim cash maternity benefit under the provisions of Section 36 of the Ordinance.

My employer is _____
(Name and Address)

My occupation is_____Social Security contributions have been paid for me since I ceased working on_____

Signature_____ OR

Date_____19_____

Thumb Print

*Not to be made before eight weeks before the date of the expected confinement

Form Form B-6

Sind Employees' Social Security Institution

CLAIM FOR DEATH GRANT

Name of deceased Secured person_____

Social Security Number | | | | | | | |

date of death_____

I declare that I am_____ of the deceased (insert relationship; if none, write 'not related')

Secured person whose particulars are set out above. He was in receipt of a *sickness benefit/injury benefit/total disablement pension/medical care.

*I paid for the funeral expenses.

I attach to this form (i) copy of certificate of death

(ii) his registration card (From R-5)

(iii) a receipt for the amount paid by me for the funeral expenses.

I claim payment of the death grant payable in respect of the death of this secured person.

All these statements that I have made are true.

Signed_____OR

Name in full_____

_____

Address_____

_____

Thumb Print

Date_____

* Delete as necessary.

Form B-7

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

MATERNITY BENEFIT ACTION SHEET

Secured Woman _____ Social Security Number | | | | | | | |

Address _____

Date of Birth 19 Expected date of confinement 19

Date of ceasing work 19 Actual date of confinement 19

Daily rate of wages Rs. P.D. Daily rate of benefit Rs. P

Contribution conditions satisfied? YES/NO

If not, claim DISALLOWED, Form A-1 Sent

If not entitled to medical care. Form M 14 sent to dispensary

Date of receipt of claim 19

If late claim, has good cause for delay been shown? YES/NO

If not, claim DISALLOWED A-1 sent 19

Claim ALLOWED From 19 Initials Date 19

Checked Date 19

STOP DATE (Date of termination of title to maternity benefit, to be inserted when ACTUAL date of confinement is known)

Date 19

Record of payments Authorised.

Period of benfit				Cum Total		Amount payable (Code 3)	Prepared	Checked	Entered on B-5	
From	To	Weeks	Days	Weeks	Days				S. Number	Date

Form B-8

Sind Employee's Social Security Institution

SICKNESS BENEFIT ACTION SHEET

MAN/WOMAN

Secured Person _____ | | | | | | | |

Date of birth 19 OR Age Year

1. Date incapacity commenced 19 .
2. Form B-2 received ? YES/NO
3. Claim received 19 .
4. Rate of wages Rs. per
5. Daily rate of wages Rs.
6. Daily rate of benefit Rs.
7. (a) Contributions satisfied (Form B-2) YES/NO
   (b) Contributions (verified from contribution scheduies) YES/NO
   (c) IF NOT SATISFIED—number of days employed in last six months
   CLAIM DISALLOWED : Form A-1 sent on 19 .
   Form M-14 sent to Dispensary
8. Date of receipt of claim 19 . Within time limits ? YES/NO
9. If late has good cause delay been shown ? YES/NO
   IF NOT—
   CLAIM DISALLOWED : Form A-1 sent 19 .
10. CLAIM ALLOWED
    Waiting days from _____ to _____
    Benefit payable from _____
    Payee

STOP DATE	121 days	
Form B-14		
Form M-14		

11. RECORD OF AMOUNTS AUTHORISED CODE NO. 1

Period of benefit			CUM TOTAL	Daily rate of benefit		Amount authorised		Pre-pared by	Checked by	Entered on B-5	
From	To	Days		Rs.	Ps.	Rs.	Ps.			Sr. Number	Date

Form B-9

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION
INJURY BENEFIT ACTION SHEET

Secured Person _____
Name _____
Date of birth _____ 19__ or Age _____ Years

1. Date of incapacity commenced 19 .
2. Has Form B. 3 been received ? YES/NO
3. Date of receipt of claim 19 .
4. Cause of incapacity
5. Rate of wages Rs. per
6. Daily rate of wages Rs. P.
7. Daily rate of benefit Rs. P.
7. Date of accident 19 .
8. Is it agreed (a) that he suffered an employment injury ? YES/NO
   (b) that the accident arose out of and in the course of his employment ? YES/NO

(If either answer is NO, sickness benefit action sheet should be prepared and claim treated as one for the benefit. Dispensary to be advised if no title to sickness benefit; (see 7(c) of Form B 9).

9. Date of claim 19 . Within time limits ? YES/NO
10. If late claim, has good cause for delay been shown ? YES/NO
    If not, claim, DISALLOWED, Form A-1 sent on 19 .
11. CLAIM ALLOWED
    Waiting days to STOP DATE
    Benefit payable from (180 Days)
    REVIEW DATE RE-DISABLEMENT GRATUITY OR PENSION 19 .
12. Record of amounts payable CODE No. 2

Period of benefit			CUM TOTAL	Daily rate of benefit		Amount authorised		Pre- pared by	Checked by	Entered on B	
From	To	Days		Rs.	Ps.	Rs.	Ps.			S. Number	D

INJURY BENEFIT ACTION SHEET

Name _____
Payee _____

VIEW DATE STOP DATE
m B-14 sent

Record of amounts payable (Continued CODE No. 2

of benefit		CUM TOTAL	Daily rate payable		Amount payable		Pre-pared by	Checked by	Ensered on B-5	
To	Days		Rs.	Ps.	Rs.	Ps.			S. Number	Date

DICAL EXAMINATION RESULT DISABILTY

DISABLEMENT GRATUITY Amount payable Rs. Ps. (Code 7)

Form F 3 prepared (initials) Date 19 Serial No.

DISABLEMENT PENSION
PARTIAL monthly Rate payable Rs. P. (Code 6)
TOTAL monthly Rate payable Rs. P. (Code 5)
PAYEE
TRANSFERED TO FORM B. 16 (initials) Date 19

16. DEATH Date 19 Cause _____
Form B-11 (Death Grant) constructed
Form B-12 (Survivor's Pension) constructed.

Initials
Date: 19

DEATH GRANT SHEET

Secured person _____

1. Date of death 19 . Certificate received YES/NO
2. Name of claiment
3. Address
4. Relationship
5. If none, did he defray cost of funeral ? YES/NO
6. Amount of cost Rs. Evidence produced YES/NO

ENTITLEMENT

7. Was deceased receiving (or entitled to receive)
   (a) injury benefit YES/NO
   (b) sickness benefit YES/NO
   (c) medical care YES/NO
   (d) total disablement pension at time of death ? YES/NO

   IF NOT : CLAIM DISALOWED. Form A-1 sent on 19 .

8. Date of claim 19 . Within time limits ? YES/NO
   IF NOT : CLAIM DISALOWED. Form A-1 sent on 19

9. CLAIM ALLOWED

   Daily rate sickness benefit Rs. P.
   injury benefit Rs. P.
   or total disablement Rs. P.
   Death grant — 30 times this amount OR
   Rupees500/-amonnt is less there is only entitlement to medical care.

   Amount awarded. Rs. P. Signed CODE No. 4

   Dated 19 .

   Checked Signed

   Dated 19

Form F-3 prepared
Serial Number

Dated 19 .

Form B-13 issued to claiment on

Form B-11

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

1. Claim for Survivor's Pension

Name of Deceased Secured Person _____ Social Security Number A

Date of birth 19 . (or age year)

Date of death 19 . Cause of death _____

CLAIM

I/We declare that I am/We are the widow/widows of the above-named secured person who died on 19 . as a result of an injury received on 19 in the course of his employment by _____

I/We also declare that I/We have charge of his dependent children whose names are shown below. I/we claim survivor's pension accordingly.

He was/was not in receipt of injury benefit/total disablement pension prior to his death.

The following are the personal particulars of the persons concerned in the claim.

Description	NAME	Father's Name	Mother's Name	Date, place of birth	Date of Marriage
Widow(s)					
Dependent Children (under age of 10 years)					

I/We declare that the information given above is true to the best of my knowledge and belief and I/we claim survivor's pension(s) accordingly.

Signed _____

Name in full _____

Signed _____

Name in full _____

Signed _____

Name in full _____

Thumb Impression

P.T.O.

B–12-A

(For Official Use Only)

2. CERTIFICATION.

Certificates (or other satisfactory evidence) produced) or

Married YES/NO

Birth of children YES/NO

If certificates were not produced, is alternative evidence Satisfactory ? YES/NO

Signed _____

(Supervisor)

Date 19

3. TIME LIMITS

Claim within time limits ? YES/NO

If not, claim DISALLOWED. Form A-1 sent 19

4. MEDICAL

Is death due to effects of employment injury ? YES/NO

If doubt, refer to Medical Board. Form B. 21 sent. Initials Date 19 .

If not, Claim DISALLOWED. Form A-1 sent. Initials Date 19 .

5. LIMIT of Survivor's Pensions

Daily rate of wages of deceased Rs. P.

Daily rate of injury benefit. (paid or payable) or Rs. P.

Daily rate of total disablement pension. Rs. P.

6. AWARD

Limit of survivor's pension payable Rs. P. A

Widow's share (3/5ths) — Rs. P. B

Children's share (1/5th X number of children) — Rs. C

Provisional Total :- — Rs. D

If provisional total exceeds the limit awardable, then amounts must be reduced proportionately :

Widow's share — B X A/D — Rs

Children's share — C X A/D — Rs.

B. 16 constructed for payment

B. 17 issued to claimant

Signature _____

Date 19

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION
CLAIM FOR SURVIVOR'S PENSION

Name of Deceased Secured Person .....

Social Security Number | | | | | | | |

Date of birth 19 (Or age years)

Date of death 19 Cause of death)

1. CLAIM

I declare tht I am the widower of the above-named secured person who died on 19 . as the result of an injury received on 19 . in the course of her employment by I also declare that I have charge of her dependent children whose names are shown below, and I claim survivor's pensions accordingly.

I declare that at the time of her death I was dependent for my livelihood on her earnings.

She was/was not in receipt of injury benefit/total disablement pension prior to her death.

The following are the personal particulars of the persons concerned in the claim.

Description	Name	Father's Name	Mother's Name	Date, place of birth	Date of marriage	
Widower						
Depandent Children (under age of 16 years)						

I declare that the information given above is true to the best of my knowledge and belief and I claim survivor's pension (s) accordingly.

Signed .....

Name in full .....

(Delete as necessary)

Thumb Impression

Form B-12-B

(for Official Use Only)

2. CERTIFICATION

Certificates (or other satisfactory evidence produced)

Married YES/NO
Birth of chidren YES/NO
Need YES/NO

If certificates were not produced, is alternative evidence satisfactory ? YES/NO

Signed
(Supervisor)
Date 19 .

3. TIME LIMITS

Claim within time limits ? YES/NO
If not, claim DISALLOWED, From A-1 sent 19 .

4. MEDICAL

Is death due to effects of employment injury ? YES/NO
If doubt, refer to Medical Board.
Form B. 21 sent Initials Date 19 .
If not, claim DISALLOWED.
From A-1 sent Initials Date 19 .

5. NEED

Is evidence satisfactory ? YES/NO
If NO, claim DISALLOWED Form A-I sent 19

6. LIMIT of Survivor's Pension YES/NO

Daily rate of wages of deceased Rs. P.
Daily rate of injury benefit (paid or payable) Rs. P.
Daily rate of total disablement pension Rs. P.

7. AWARD

Limit of survivor's pension payable Rs. P. = A
Need Widow's share (3/5ths) Rs. P. = B
Children's share (1/5th x number of children) Rs. P. = C
Provivional Total: Rs. P.

If provisional total exceeds the limit awardable, then amounts must be reduced proportionately :

Widow's share = $\frac{B \times A}{D}$ = Rs.

Children's share = $\frac{C \times A}{D}$ = Rs.

B. 16 constructed fro payment
B. 17 issued to claimant Signature Date 19

(Form B. 12-B)

Sind Employees' Social Security Institution

CLAIM FOR SURVIVOR'S PENSION

Name of Deceased Secured Perron _____ Social Security Number. | | | | | | | |

Date of birth _____ 19 _____ (or age years)

Date of death _____ 19 _____ Cause of death _____

1. CLAIM

I declare that I am the person having charge of the children of the above-named secured person who died on _____ 19 _____ as the result of an employment injury received on _____ 19 , in the course of his employment by _____ He was/was not in receipt of injury benefit/total disablement pension prior to his death.

The following are the personal particulars of the children who are dependent on me, and I undertake to inform the Local Office if there is any change in their circumstances.

The deceased was married on 19

Description	Name	Father's Name	Mother's Name	Date: Place of birth.
Person having charge of children				
Dependent Children (under age of 16 years)				

I declare that the information given above is true to the best of my knowledge and belief, and I claim survivor's pension(s) accordingly. The parents of the deceased are dead/live at _____

Signed _____

Name in full _____

Relationship to deceased (if any) _____

(Delete as necessary)

Thumb Impression

Form B. 12 C.

(For Official Use Only)

2. CERTIFICATION

Certificates (or other satisfactory evidence produced)

Married YES/NO

Birth of children YES/NO

If certificates were not produced, is alternative evidence Satisfactory ? YES/NO

Signed

(Supervisor)

Date 19

3. TIME LIMITS

Claim within time limits ? YES/NO

If not, claim DISALLOWED Form A-1 sent 19 .

4. MEDICAL

Is death due to effects of employment injury ? YES/NO

If doubt, refre to Medical Board.

Form B. 21 sent. Initials Date 19

If not, Claim DISALLOWED.

From A-1 sent. Initials Date 19 .

5. LIMIT of Survivor's Pensions

Daily rate of wages of deceased Rs. P.

Daily rate of injury benefit. Rs. P.

(paid or payable) or

Daily rate of total disablement pension. Rs. P.

6. AWARD Rs. P.

Limit of survivor's pensions payable A

**Children's share (1/5 x number of children) *(2/5 if full orphans) (Privisional Total) Rs. P. = B

If provisional total exceeds the limit awardable, then amounts must be reduced proportionately

Children's Share = B x A / B = Rs.

B. 16 consstructed for payment.

B. 17 issued to claimant. Signature.....

Date 19 .

**NOTE: If there is a widow or dependent parent, the children's persons may be affected. Verify whether a claim is likely to be received, as the two claims must be considered together.

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION
CLAIM FOR SURVIVOR'S PENSION

Name of deceased secured person_____ Social Security Number

Date of birth 19 . (or age years)

Date of death 19 . Cause of death _____

1. CLAIM

I declare that I am the dependent father/mother of the above-named secured person who died on _____ 19 . as a result of an employment injury received on _____ 19 . in the course of his employment by _____ He was/was not in receipt of injury benefit/total disablement pension prior to his death.

*The following are the personal particulars of his children who are dependent on, and living with me, and I undertake to inform the Local Office if there is any change in their circumstances.

*There are no children of the deceased under the age of 16 years.

*The children of the deceased under the age of 16 years are in the care of _____ living at _____

*Delete as necessary

Description	Name	Father's name	Mother's name	Date : Place of birth
*Father (or) Mother				
Dependent Children (under 16 years of age)				

I declare that the information given above is true to the best of my knowledge and belief, and I claim survivor's pension (s) accordingly.

Signed _____

Name in full _____

Thumb Impression

P.T.O.

Form B. 12-D

*Delete as necessary

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION
CLAIM FOR SURVIVOR'S PENSION

Name of deceased secured person _____ Social Security Number | | | | | | | |

Date of birth 19 . (or age years)

Date of death 19 . Cause of death _____

I. CLAIM

I declare that I am the dependent father/mother of the above-named secured person who died on _____ 19 . as a result of an employment injury received on _____ 19 . in the course of his employment by _____ He was/was not in receipt of injury benefit/total disablement pension prior to his death.

*The following are the personal particulars of his children who are dependent on, and living with me, and I undertake to inform the Local Office if there is any change in their circumstances.

*There are no children of the deceased under the age of 16 years.

*The children of the deceased under the age of 16 years are in the care of _____ living at _____

*Delete as necessary

Description	Name	Father's name	Mother's name	Date : Place of birth
*Father (or) Mother				
Dependent Children (under 16 years of age)				

I declare that the information given above is true to the best of my knowledge and belief, and I claim survivor's pension (s) accordingly.

Signed _____

Name in full _____

Thumb Impression

P.T.O.

Form B. 12-D

*Delete as necessary

(For Official Use Only)

2. CERTIFICATION

Certificates (or satisfactory evidence) produced regarding

Birth of secured person YES/NO

Birth of children YES/NO

If certificates were not produced, is alternative evidence satisfactory ?

Satisfied as to dependency ? YES/NO

Signed _____ (Supervisor)

Date 19 .

3. TIME LIMITS

Claim within time limits ? YES/NO

If not, claim DISALLOWED. Form A-1 sent 19 .

4. DEPENDENCY

Satisfied that parent was dependent on deceased ? YES/NO

If not, claim DISALLOWED. Form A-1 sent 19 .

5. MEDICAL

Is death due to effects of employment injury ? YES/NO

If doubt, refer to Medical Board.

Form B. 21 sent Initials Date 19 .

If not, claim DISALLOWED.

Form A-1 sent Initials Date 19 .

6. LIMIT of Survivor's Pensions

Daily rate of wages of deceased	Rs.	P.
Daily rate of injury benefit (paid or payable)	Rs.	P.
Daily rate of total disablement pension	Rs.	P.

7. AWARD

Limit of survivor's pension payable	Rs.	P.	=	A
Parent's share (1/5th of A)	= Rs.	P.	=	B
**Children's share (2/5th × number of children)	= Rs.	P.	=	C
Provisional Total :-	Rs.	P.		D

If provisional total exceeds the limit awardable, then amounts not to be reduced proportionately :

Parent's share = B × $\frac{A}{D}$ = Rs.

**Children's share = C × $\frac{A}{D}$ = Rs. each

B. 16 constructed for payment

B. 17 issued to claimant Signature _____

**NOTE If there are children of the deceased in the care of another person, verify that a claim for children's pensions has been received ; in such a case, the parent's share may be affected by the amounts awarded to the children, and the two claims must be considered together.

(For Official Use Only)

CERTIFICATION

Certificates (or satisfactory evidence) produced regarding

Birth of secured person YES/NO

Birth of children YES/NO

If certificates were not produced, is alternative evidence satisfactory ?

Satisfied as to dependency ? YES/NO

Signed_____
(Supervisor)

Date 19 .

3. TIME LIMITS

Claim within time limits ? YES/NO

If not, claim DISALLOWED. Form A-1 sent 19 .

4. DEPENDENCY

Satisfied that parent was dependent on deceased ? YES/NO

If not, claim DISALLOWED. Form A-1 sent 19 .

5. MEDICAL

Is death due to effects of employment injury ? YES/NO

If doubt, refer to Medical Board.

Form B. 21 sent Initials Date 19 .

If not, claim DISALLOWED.

Form A-1 sent Initials Date 19 .

6. LIMIT of Survivor's Pensions

Daily rate of wages of deceased	Rs.	P.
Daily rate of injury benefit (paid or payable)	Rs.	P.
Daily rate of total disablement pension	Rs.	P.

7. AWARD

Limit of survivor's pension payable	Rs.	P.	=	A
Parent's share (1/5th of A)	= Rs.	P.	=	B
**Children's share (2/5th × number of children)	= Rs.	P.	=	C
Provisional Total :-	Rs.	P.		D

If provisional total exceeds the limit awardable, then amounts not to be reduced proportionately :

Parent's share = B × $\frac{A}{D}$ = Rs.

**Children's share = C × $\frac{A}{D}$ = Rs. each

B. 16 constructed for payment

B. 17 issued to claimant Signature_____

**NOTE If there are children of the deceased in the care of another person, verify that a claim for children's pensions has been received ; in such a case, the parent's share may be affected by the amounts awarded to the children, and the two claims must be considered together.

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

NOTICE OF AWARD OF DEATH GRANT

To _____

Social Security Number of Deceased | | | | | | | |

Your application for a death grant in respect of the death of _____ has been allowed.

Please call at this Office on _____ to receive payment of the grant, which amounts to Rs. _____ bringing this Notice with you.

Signed_____

For Director

_____ Local Offices.

Date_____ 19

Form B. 13

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

REQUEST FOR REPORT BY MEDICAL BOARD

Secured Person..... | | | | | | | |

MALE/FEMALE

To the Clerk of the Medical Board.

This person has been certified by the Medical practitioner at the_____ Dispensary to have been incapacitated since_____ 19 . by reason of_____ which has been accepted as having been due to an employment injury. As his title to injury benefit has ended or will shortly come to an end, the question of a possible title to a disablement gratuity or a disablement pension has to be considered.

Please arrange for the secured person to be seen by the Medical Board without delay, so that the question of present disablement, (if any), may be determined.

Signed_____

Benefit Section.

Date_____

Form B. 14

Sind Employees' Social Security Institution

SURVIVOR'S PENRSION AUYTHORISATION SUMMARY

eceased
ecured Person_____ Social Security Number. | A | | | | | | |

ersons covered by awards

Category	Name	Date of Birth (age)		Monthly rate of Pension	Stop date
idow (s)					
eedy idower					
epartment ather or onther					
hild (ren)					

eriod of Payment		Widow(s) Code 8	Amount Payable			Pre-pared	Check-ed	Entered on B 5	
rom	To		Widower(s) Code 9	Children Code 10	Parent Code 11			S. No.	Date

orm B-15

(P.T.O.)

SURVIVOR'S PENSION AUTHORISATION SUMMARY—*Contd.*

Deceased Secured Person _____ Social Security Number. | | | | | | | |

Next Stop Date | | | |

Period of Payment		Widow(s) Code 8	Amount Payable			Pre-pared	Check-ed	Entered on B 5	
From	To		Widower(s) Code 9	Children Code 10	Parent Code 11			S. No.	Date

Form B-15 (reverse)

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

DISABLEMENT PENSION AUTHORISATION SUMMARY

Person _____ Social Security Number | ww | | | | | | |

Medical Board 19 . Disability Per centum

ed 19 . do do

ed 19 . do do

rtial Pension payably to 19 . Amount Rs.

rtial do Rs.

rtial do Rs.

AL CARE. Title ceased 19 . (6 months after reduction below 50%)

Dispensary prepared 19 . Initials.

Payment	Pension Payable				Entered on B. 5	
To	Total	Partial	Prepared	Checked	S. No.	Date

orm B-16

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

SICKNESS VISITOR'S REPORT

.....Local Office

Name of secured person.....

Address.....

Social Security Number

Incapacity commenced 19 Date of last certificate 19 .

Cause.....

Sickness Visitor,

A visit to the above-named secured person appears desirable because.....

Please report.

Signed.....

Date 19

REPORT

A.M.

1. Date and time of visit 19 . P.M.
2. What was secured person doing at time of visit)?
3. If working, what work was he doing ?
4. What is his normal occupation ?
5. When does he think he will be well enough to return to his work ?
6. Has he work to go to when he ceases to be incapable of work ?
7. (a) If not at home, where was he ?

Form B 17.

(b) Any reason to think he was at work ? If so, give details.

(c) Give name of informant.

8. Is secured person following doctor's instructions regarding medicine, diet, etc ?
9. Additional remarks.

Signed.....

Date 19

Form B. 17

Sind Employees' Social Security Institution

Authorisation to pay benefit to an agent of secured person

Name of _____ Social Security Number | | | | | | | |
Secured person

I hereby authorise the Institution to make payment of my benefit

_____
(Name)

of _____
(address)

Who is my _____
(State degree of relationship, if any)

Signature of
Secured person _____ or

Impression of thumb

Date _____

Signature of agent _____

Impression of thumb

Date _____

Identification marks of agent, if any

_____

Form B-18

CLAIM FOR CASH MATERNITY BENEFIT

Name of secured woman _____ Social Security Number | | | | | | | |

Name of agent (if applicable) _____

I certify that I have*/the claimant has done no work for remuneration since the date on which the benefit was first claimed

*OR

work was done for remuneration on _____

Signed _____

OR

Sig. & Stamp of Employer

Thumb Print

*Delete as necessary
Form 20

SING EMPLOYEES' SOCIAL SECURITY INSTITUTION

NOTICE OF AWARD OF A SURVIVOR'S PENSION.

To._____

Your application for a Survivor's Pension in respect of the death of_____ Social Security Number_____on _____has been admitted and a pension of Rs._____will be paid to you every four weeks when you call at this Office, bringing with you this notification for identity purposes.

The amount of the pension(Rs.) is made up as under:—

*1. Share of Widow(s) of deceased (3/5)
_____Rs.
_____Rs.
_____Rs.
_____Rs.

*2. Share of needy Widower(3/5)

*3. Share of dependent father/mother(1/5)

*4. Share of dependent children (1/5th or 2/5th if full orphan but see below).
_____Rs.
_____Rs.
_____Rs.
_____Rs.

*Delete as necessary.

It should be noted that the total amount of the Survivor's pension that can be awarded by the Instituiton in respect of the death of any one secured person is limited by Section 42(1) of the Ordinance, and due consideration has been given to the entitlemt of each dependent listed above.

In addition each dependent is entitled to Medical Care at the_____Dispensary.

Entitlement to a Survivor's Pension and to medical care, ceases on:

i) the death of any survivor.
ii) the re-marriage of any widow.
iii) the day on which any child attains the age of 16.
iv) the day on which any child ceases to be dependent by earning more than Rs. 40/- per month.

Receipients of Survivor's Pension are responsible for reporting to the Local Office Paying the pesniion, without delay, any changes of this kind in order that the necessary alternation may be made.

This pension can be paid by Money Order, if desired. Any payment so made will however, be at the risk of thebeneficiary, and in the event of it not being received by him, the Institution shall not be liable to replace the amount not received.

Signed_____

Director_____

Date._____

Form: B-22

SIND EMPLOYEE'S SOCIAL SECURITY INSTITUTION

Social Security Number

To .....

Address.....

Date:_____19

Before your claim for benefit can receive further attention, it is necessary that a Certificate on Contributions and Wages is completed by your employer on Form B. 2. A copy of the form is enclosed, and you are requested to take it to your employer for completion, and then send it to this office without delay.

Signed.....

_____

_____

Local Office

*Delete as necessary.

* Dispensary

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

To _____ Social Security No. | | |

Address _____

_____

_____

Date :_____

Mr./Mrs._____ S S-No._____ has informed that he has not been supplied Form B-2 so far. Since his claim for benefit cannot be entertained without the issue of certificate in Form B-2, you are advised to please complete Form B-2 for him today so that his claim may be entertained without any delay.

Signed_____

_____

_____

Local Office

Form B-24

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

(VERIFICATION OF AGE OF CHILD)

PART I

From..... Local Office.

To Medical Practioner-in-charge, ...Dispensary
Name of secured person .....
Claim for survivor's pension

Social Security Number | | | | | | | |

Names of children, and Birthdays (or ages) as stated by Mother/ person having charge of children.	
(1) (2) (3) (4) (5)	

Please examine the child/children listed above and express your opinion of their age (s) in the space below.

Signed.....

Date 19 .

PART II

To : The Director
..... Local Office

I have examined the child/children today, and in amy opinion their ages are: Years

(1)
(2)
(3)
(4)
(5)

Signed.....
Medical Practioner.
in-charge

Dispensary