FORM 24 B MATERNITY BENEFIT DEATH CERTIFICATE

[Regulation 89A]

Book No	
Serial No	Stamp of the dispensary
Name of the deceased insured wor	man wife / daughter of
as a result of	the above named deceased insured woman died on200 During her confinement* / during a period of
attending her* / and also her said of	died on200 as a result of I had been child for providing medical benefit before her / her said child's st time on200* and her said child for the last
Date	Signature Insurance Medical Officer (Rubber stamp or name in block letters)
Notes : *(1) Delete whichever is no	Officert applicable. suitable amended if the Insurance Medical Officer had not

attended the deceased person before her / her child's death.