

## THE EMPLOYEES STATE INSURANCE ACT, 1948

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### Applicability :

E.S.I. Scheme being contributory in nature, all the employees in the factories or establishments to which the Act applies shall be insured in a manner provided by the Act. The contribution payable to the Corporation in respect of an employee shall comprise of employer's contribution and employee's contribution at a specified rate. The rates are revised from time to time. Currently, the employee's contribution rate (w.e.f. 1.1.97) is 1.75% of the wages and that of employer's is 4.75% of the wages paid/payable in respect of the employees in every wage period. Employees in receipt of a daily average wage upto Rs.70/- are exempted from payment of contribution. Employers will however contribute their own share in respect of these employees. The total strength of employees 20 but employee whose salary is less than 15000

### Collection of Contribution

An employer is liable to pay his contribution in respect of every employee and deduct employees contribution from wages bill and shall pay these contributions at the above specified rates to the Corporation within 21 days of the last day of the Calendar month in which the contributions fall due. The Corporation has authorized designated branches of the State Bank of India and some other banks to receive the payments on its behalf.

### Contribution Period and Benefit Period

There are two contribution periods each of six months duration and two corresponding benefit periods also of six months duration as under.

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<u>Contribution period</u>	<u>Corresponding Cash Benefit period</u>	<u>Return (R.C) Due Date</u>
1 <sup>st</sup> April to 30 <sup>th</sup> Sept.	1 <sup>st</sup> January of the following year to 30 <sup>th</sup> June.	11 <sup>th</sup> November
1 <sup>st</sup> Oct. to 31 <sup>st</sup> March	1 <sup>st</sup> July to 31 <sup>st</sup> December of the year following	12 <sup>th</sup> May

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<u>Employer's Registration Form</u>	: FORM-01
<u>Declaration Form</u>	: FORM-1
<u>Claim for Sickness/ Temporary Disablement Benefit/Maternity Benefit</u>	: FORM-9
<u>Claim for Permanent Disablement Benefit</u>	: FORM- 14
<u>Funeral Expenses Claim</u>	: FORM- 22