

EMPLOYEES' STATE INSURANCE ACT, 1948

*Employees' State Insurance Act, 1948 envisaged an integrated need based social insurance scheme that would protect the interest of workers in contingencies such as sickness, maternity, temporary or permanent physical disablement, death due to **employment injury** resulting in loss of wages or earning capacity. The Act also guarantees reasonably good medical care to workers and their immediate dependants.*

EMPLOYEES' STATE INSURANCE SCHEME – BENEFITS

The Scheme provides full range of medical care to Insured person and family, through a network of ESI Dispensaries & Panel clinics, diagnostic centres and ESI Hospitals etc. Super specialty facilities are provided to the beneficiaries through recognized advanced medical institutions empanelled for the purpose on referral basis. The Corporation has set up a revolving fund in most of the States to ensure smooth flow of funds for super-specialty treatment of ESI beneficiaries

All Insured Persons and members (Dependants) of their family are entitled to free, full and comprehensive medical care under the Scheme. The package covers all aspects of health care from primary to super specialty facilities.

An Insured Person and his dependant family members become entitled to medical care from the date he/she enters the insurable employment and the entitlement continues as long as the insured person is in insurable employment or is qualified to claim sickness, maternity or disablement benefit.

The Section 46 of Act envisage following benefits:

1. Medical Benefit
2. Sickness Benefit
 - a. Extended Sickness Benefits
 - b. Enhanced Sickness Benefits
3. Maternity Benefit
4. Disablement Benefit
 - a. Temporary Disablement Benefit
 - b. Permanent Disablement Benefit
5. Dependants' Benefit
6. Funeral Expenses

1. Medical Benefits

The Scheme provides full medical care in the form of medical attendance, treatment, drugs and injections, specialist consultation and hospitalization to insured persons and also to members of their families where the facility for Specialist consultation, hospitalization has been extended to the families.

For the families, this benefit has been divided into two categories as under:-

FULL MEDICAL CARE: This consists of hospitalization facilities and includes specialist services, drugs and dressings and diets as required for in-patients.

EXPANDED MEDICAL CARE: This consists of consultation with the specialists and supply of special medicines and drugs as may be prescribed by them in addition to the out-patient care. This also includes facilities for special laboratory tests and X-Ray examinations.

2. Sickness Benefit

Sickness Benefit represents periodical payments made to an Insured Person for the period of certified sickness after completing nine months in insurable employment. To qualify for this benefit, contributions should have been paid at least 78 days in the relevant contribution period. Sickness benefit is roughly 50% of the average daily wages and is payable for 91 days during 2 consecutive benefit periods.

Eligibility Conditions For Sickness Benefit –

(i) Eligibility of Sickness Benefit, an IP (Insured Person) should have paid contribution for not less than 78 days during the corresponding contribution period.

(II) A person who has entered into insurable employment for the first time has to wait for nearly 9 months before becoming eligible to sickness benefit, because his corresponding benefit period starts only after that interval.

(III) Sickness Benefit is not payable for the first 2 days of a spell of sickness except in case of a spell commencing within 15 days of closure of earlier spell for which sickness benefit was last paid. This period of 2 days is called "waiting period". This provision should be clearly understood by IMOs/IMPs as actual experience shows that such of IPs (Insured Persons) who want to avail medical leave on flimsy grounds generally come for First Certificate/First & Final Certificate within 15 days of earlier spell, usually on unpaid holidays and/or on each weekly off etc, to avoid loss of benefit for 2 days due to fresh waiting period.

(a) Extended Sickness Benefits - Sickness Benefit is admissible for 91 days in two consecutive benefit periods. In case of specified long-term diseases, it is extended by 124 days initially and 309 days if needed. This is further extendable up to a maximum period of 330 days (a total of 730 days) in deserving cases.

A common list of long term diseases for which ESB is payable, is reviewed by the Corporation from time to time. The list was last reviewed on 5.12.99 and revised provisions of ESB became effective from 1.1.2000 and at present this list includes 34 diseases which are grouped in 11 groups as per International Classification of diseases and the names of many existing diseases have been changed as under :-

I Infectious Diseases – 1.TuberCulosis 2.Leprosy
3.Chronic Emphyema 4. IADS

II. Neoplasm 5. Malignant Diseases. **III Endocrine, Nutritional and Metabolic Disorders** 6. Diabetes Mellitus-with proliferate retinopathy/diabetic foot/nephropathy.

IV Disorders of Nervous System
7. Monoplegia, 8. Hemiplegia, 9 Paraplegia, 10. Hemiparesis, 11. Intracranial Space Occupying Lesion, 12. Spinal Cord Compression,13. Parkinson's disease, 14. Myasthenia Gravis/Neuromuscular Dystrophies

V Disease of Eye 15. Immature Cataract with vision 6/60 or less,16. Detachment of Retina, 17. Glaucoma

VI Diseases of Cardiovascular System -

18. Coronary Artery Disease:-

a. Unstable Angina

b. Myocardial infraction with ejection less than 45%

<p>3. Maternity Benefit</p>	<ol style="list-style-type: none"> 1. Congestive Heart Failure- Left , Right 2. Cardiac Valvular Diseases with failure/complications 3. Cardiomyopathies 4. Heart disease with surgical intervention along with complications <p>VII Chest Diseases</p> <ol style="list-style-type: none"> 5. Bronchiectasis 6. Interstitial Lung Disease 7. Chronic Obstructive Lung Diseases (COPD) with congestive heart failure (Cor Pulmonale) <p>VIII Diseases of the Digestive System</p> <ol style="list-style-type: none"> 8. Cirrhosis of liver with ascities/chronic active hepatitis <p>IX Orthopaedic Diseases</p> <ol style="list-style-type: none"> 9. Dislocation of vertebra/prolapse of intervertebral disc 10. Non union or delayed union of fracture 11. Post Traumatic Surgical amputation of lower extremity 11. Post Traumatic Surgical amputation of lower extremity <p>X Psychoses</p> <ol style="list-style-type: none"> 13. Sub-group under this head are listed for clarification <ol style="list-style-type: none"> a. Schizophrenia b. Endogenous depression c. Manic Depressive Psychosis (MDP) d. Dementia <p>XI Others</p> <ol style="list-style-type: none"> 1. More than 20% burns with infection/complication 2. Chronic Renal Failure 3. Reynaud’s disease/Burger’s disease <p>(b) ENHANCED SICKNESS BENEFIT- It is admissible for sterilization operation. Duration is 14 days in case of Tubectomy Operation (extendable by another 7 days on medical advice) and 7 days in case of Vasectomy. Eligibility conditions are same as for sickness benefit mentioned above. The rate approximately equals full wages.</p> <p>Maternity Benefit is payable to an Insured Woman in the following cases subject to contributory conditions:-</p> <p>Maternity Benefit is admissible for 84 days in case of confinement and for 42 days in case of miscarriage. This benefit is also admissible for sickness arising out of pregnancy / miscarriage / confinement for a maximum period of one month additionally. The rate of this benefit is equal to or a little more than the wages i.e. double the standard benefit rate. Maternity benefit continues to be payable even in the death of an insured woman during her delivery or immediately following the date of her delivery leaving behind a child for the whole of that period and in case the child also dies, during the said period, until the death of the child. In the event of the death of the Insured Woman during confinement leaving behind a child, Maternity Benefit is payable to her nominee on production of Form 24 (B).</p> <p>An insured woman is eligible for maternity benefit for confinement / miscarriage, if contributions in respect of her have been paid or payable for not less than 70 days in the two immediately preceding consecutive contribution periods with reference to the Benefit Period in which the confinement took place.</p> <p>Rate of Payment – Full Wages (Approx.)</p>
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4. Disablement Benefit

Disablement is a condition resulting from employment injury which may be - **(a) Temporary** i.e. rendering an insured person incapable of work temporarily and necessitating medical treatment;

Temporary Disablement Benefit (TDB) is payable to an employee who suffers Employment injury (EI). or Occupational Disease (**As specified in Schedule III of the ESI Act**) and is certified to be temporarily incapable to work.

"Employment Injury" (**Employment injury means a personal injury caused to an employee by an accident or occupational disease arising out of and in course of his employment in a factory or establishment covered under the Employees' State Insurance Act**) has been defined under Section 2(8) of the Act, as a personal injury to an employee caused by accident or occupational disease arising out of and in the course of his employment, being in insurable employment, whether the accident occurs or the occupational disease is contracted within or outside the territorial limits of India.

b)Permanent Disablement- reducing the earning capacity of the insured person generally for every employment, totally depriving the insured person of the power to do all work.

(I) PDB is payable to an IP who suffers permanent residual disablement as a result of EI (including Occupational Diseases) and results in loss of earning capacity. The proper authority for assessing loss of earning capacity for an injury is the Medical Board and for Occupational Diseases, Special Medical Board.

(II) The duration of PDB may be for the period given by Medical Board, if assessment is provisional or for entire life if assessment is final.

(III) Permanent Disablement Benefit (PDB Rate): The PDB rate is calculated as percentage of loss of earning capacity as assessed by the Medical Board/MAT/EI Court in relation to TDB. List of injuries deemed to result in permanent total disablement and percentage loss of earning capacity has been previewed in 2nd Schedule to ESIC Act, 1948. Hence, the maximum rate of PDB can be equal to the rate of TDB. PDB amount is revised by the ESIC from time to time to adjust for inflation. The latest enhancement is with effect from 01.08.2002.

(IV) Commutation of PDB (Regulation 76-B): Insured Person who's PDB has been assessed as final and who has been awarded the same at the rate not exceeding Rs.1.50 per day may apply for commutation of periodical payments of PDB into a lump-sum. When an application for commutation is made within 6 months of the date of communication of Medical Board decision periodical payments shall be commuted into a lump sum provided the total commuted value does not exceed Rs.10,000 at the time of commencement of final award. However, where such an application is made after expiry of 6 months, LO/RO will refer the case to MR/PTMR to certify whether the IP has an average expectation of life for his age. Such a certificate is issued by Medical Referee in the relevant place on RO/LO letter.

(V) Age of an IP will have to be proved to the satisfaction of the Corporation in all cases. Medical Boards assess the age of IPs who is not able to produce satisfactory proof of

ESIC Claim Process

The candidate to intimate PMS on the claim submission before submitting to the ESIC department.

All the original bills to be submitted to the registered ESIC dispensary with their ESIC details.

The claims would be verified and processed based on the candidate's eligibility.