ATAL BEEMIT VYAKTI KALYAN YOJANA

In pursuance to the Gazette Notification published in Extraordinary Part III Section 4 dated 06.12.2018, the Competent Authority has approved the following procedure for disbursing the relief under the “Atal Beemit Vyakti Kalyan Yojana” in the form of cash transfer to the bank account of the beneficiary directly. The details of the scheme and the procedure are as follows:-

A. Introduction of the Scheme

The ESI Corporation in its 175th meeting on 18.09.2018 has decided to provide Relief in the form of cash compensation to the Insured Person (IP) who has been rendered unemployed subject to the exclusions. The scheme named as “Atal Beemit Vyakti Kalyan Yojana” is a welfare measure for employees covered under Section 2(9), in the form of cash compensation up to ninety (90) days, once in a lifetime, to be claimed after three months in one or more spells for being rendered unemployed; provided the employee should have completed two years of insurable employment and has contributed not less than Seventy eight (78) days in each of the four consecutive contribution periods immediately preceding to the claim of the relief. The relief shall not exceed twenty five percent (25%) of the average earning per day. The scheme shall be treated effective from 01-07-2018. The scheme is implemented on pilot basis for a period of two years initially.

B. Provision under the Act

Section 19 of the ESI Act provides that the Corporation may, in addition to the scheme of benefits specified in this Act, promote measures for improvement of the health and welfare of Insured Persons and for rehabilitation and re-employment of Insured Persons who have been disabled or injured and may incur in respect of such measures
expenditure from the funds of the Corporation within such limits as may be prescribed by the Central Government.

C. Eligibility Conditions

1. The Insured Person should have been rendered unemployed during the period the relief is claimed.
2. The Insured Person should have been in insurable employment for a minimum period of two years immediately before his/her unemployment.
3. The Insured Person should have contributed not less than 78 days during each of the preceding four contribution periods.
4. The contribution in respect of him/her should have been paid or payable by the employer.
5. The contingency of the unemployment should not have been as a result of any punishment for misconduct or superannuation or voluntary retirement.
6. Aadhar and Bank Account of the Insured Person should be linked with insured person data base.

D. Other Conditions for administration of the Scheme

1. In case the IP is working for more than one employer and is covered under the ESI scheme he will be considered unemployed only in case he is rendered unemployed with all employers.
2. As specified in Section 65 of the Act, an IP shall not be entitled to any other cash compensation and the Relief under ABVKY simultaneously for the same period. However, periodical payments of PDB under ESI Act and Regulations shall continue.
3. As specified under Section 61 of the ESI Act, an IP who is in receipt of Relief under ABVKY shall not be entitled to receive any similar benefit admissible under the provisions of any other enactment.
4. The IP will be eligible for Medical benefit as provided under the act for the period he is availing this relief.

E. Implementation

The Scheme shall be treated effective from 01-07-2018 and relief under the scheme shall become due for payment after 90 days. The scheme is implemented on pilot basis for a period of two years initially.
F. Disqualification/Termination of relief under ABVKY.

Relief under ABVKY shall not be admissible in the following circumstance:

1. During lock out.
2. Strike resorted to by the employees declared illegal by the competent authority.
4. Less than two years contributory service.
5. On attaining the age of superannuation.
6. Convicted (i.e. punished for false statement) under the provisions of Section 84 of the ESI Act read with Rule 62 of the ESI (Central) Rule
7. On being re-employed elsewhere during the period he/she is in receipt of Relief under ABVKY.
8. Dismissal/termination under disciplinary action.
9. On death of IP.

G. Benefits of the scheme

Relief to the extent of 25% of the average per day earning (total earning during the four contribution period/730) during the previous four contribution periods to be paid up to maximum 90 days of unemployment once in lifetime of the IP on submission of claim in form of an Affidavit.

H. Calculation of the Relief Amount

(a) Illustration-I

Date of Unemployment : 01/04/2019

Contributory particulars of the preceding four contribution periods:

<table>
<thead>
<tr>
<th>Contribution Period</th>
<th>No. of Days</th>
<th>Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 18 to March 19</td>
<td>182</td>
<td>60000</td>
</tr>
<tr>
<td>April 18 to Sep 18</td>
<td>183</td>
<td>60000</td>
</tr>
<tr>
<td>Oct 17 to March 18</td>
<td>182</td>
<td>60000</td>
</tr>
<tr>
<td>April 17 to Sep 17</td>
<td>183</td>
<td>60000</td>
</tr>
<tr>
<td>Total</td>
<td>730</td>
<td>240000</td>
</tr>
</tbody>
</table>

Amount of relief/Benefit available for 90 days: \((2,40,000/730) \times (25/100) \times 90 = \text{Rs.}7397/-\)
(b) Illustration-II

Date of Unemployment: 02/10/2018

Contributory particulars of the preceding four contribution periods:

<table>
<thead>
<tr>
<th>Contribution Period</th>
<th>No. of Days</th>
<th>Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 18 to Sep 18</td>
<td>80</td>
<td>26667</td>
</tr>
<tr>
<td>Oct 17 to March 18</td>
<td>183</td>
<td>60000</td>
</tr>
<tr>
<td>April 17 to Sep 17</td>
<td>78</td>
<td>26000</td>
</tr>
<tr>
<td>Oct 16 to March 17</td>
<td>78</td>
<td>26000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>419</strong></td>
<td><strong>138667</strong></td>
</tr>
</tbody>
</table>

Amount of relief/Benefit available for 90 days: -(1,38,667/730) x (25/100) x 90 = Rs. 4274/-

I. Duration of allowance

1. The maximum duration, for which an IP shall be eligible to draw the Relief under the Atal Beemit Vyakti Kalyan Yojana (ABVKY) will be 90 days once in life time after a minimum of two years of Insurable Employment and subject to the contributory conditions specified above. The claim for relief under the Atal Beemit Kalyaan Yojana will be payable after the three months of his/her clear unemployment. The relief will be paid for clear month of unemployment. No prospective claim will be allowed.

2. In case the beneficiary gets gainful employment in between the three months of unemployment for which he was eligible for relief under ABVKY, the relief will be payable for clear month of unemployment between the date of unemployment and date of re-employment. The balance of 90 days of relief in this case may be claimed in the same manner as mentioned above based upon the initial contributory conditions by the beneficiary in case he again renders unemployed from Insurable employment within one year from initial unemployment.

J. Submission of claim for relief under ABVKY

1. The claim for Relief under ABVKY may be submitted by the claimant anytime after being rendered unemployed, but not later than one year from the date of unemployment to the appropriate Branch Office in form of affidavit in prescribed Form (AB-1). No prospective claim i.e. claim for relief under ABVKY for any future period will be allowed.
2. The IP will submit his claim to his designated Branch office. A link for generating claim for Atal Beemit Kalyan Yojana will be given on the ESIC Portal. The Insured person will have to enter his insurance number, bank account number along with bank branch, Aadhar number, the period of claim, Bank account details and the mobile number on the page the above-mentioned link opens. The system after checking his eligibility will generate either (a) in case the IP is eligible for relief under ABVKY the claim in form AB-1 along with a forwarding letter from his last employer in form AB-2 and instruction for the IP OR (b) in case the IP is found not eligible, a regret message that the IP is not eligible for relief under the Atal Beemit Vyakti Kalyan Yojana.

3. The eligible Insured person will take the printouts of the claim submitted above and letter to the employer thus generated by the system and submit the duly signed claim in affidavit along with required forwarding by the employer to his designated ESIC Branch Office. Each claim thus generated will have an auto generated unique ID number.

4. On receipt of the claim the details as mentioned by the applicant IP will be checked in the system by the staff at the Branch Office under supervision of the Branch Manager. The system will calculate the claimant’s eligibility for relief under the scheme and its quantum for which the claimant is entitled based upon the details provided by the IP as well as the contribution and other details available in the system. The payment of the relief will be made to the IP’s bank account.

K. Mode of payment.

1. The Relief under ABVKY shall be paid/ payable by Branch Office to IPs directly in their bank account electronically only. In the event of death of IP, the amount of Relief under ABVKY shall be paid/ payable to his/her nominee/legal heir as prescribed under Para(s) P.3.79.1 to P.3.81 of the Branch Office Manual by the account payee cheque only.

2. The bank account details of the claimant in the ESIC Database is a pre-condition for claiming this relief, but in case the bank account details of the claimant are not available in the ESIC Database or the IP has changed his bank account then the same may be authenticated by the Branch Manager on the basis of the canceled cheque leaf or the passbook of the bank account having name of the claimant on it,
which the claimant will provide along with the claim for this relief. The claim shall be processed on AB-3.

L. Maintenance of records and registers at branch office.

Register as per prescribed proforma in Form AB-4 shall be maintained by the Branch Office.

M. Preparation of payment docket and schedule sheet.

The payment of Relief under ABVKY shall be passed only by Branch Manager and the payment will be booked under the head “Other Benefits” with a distinct sub-head “ABVKY Relief” which should be reflected separately in Form MISLO-01 (Old form ESIC-19), as well as in MISLO-02, and monthly summary. Corresponding entries should be made in ledger sheet in red ink.

The Claim form, covering note from the employer, instructions to the Insured Person, Payment docket and format of register for maintaining the records are appended in Annexure-I to V and the draft notification.

Enclosure: - As above.

(A.K.Sinna)

INSURANCE COMMISSIONER

To,

1. PPS to the Director General/ Financial Commissioner/ Chief Vigilance Officer for information.
2. PPS/ PS to all Divisional Heads, ESIC Hqrs./ NTA, New Delhi.
3. All Additional Commissioner/Regional Directors/ SRO In-charge.
4. Director (M) Delhi/ Noida/ K K Nagar.
5. All Medical Superintendents, ESIC / Model Hospitals.
6. All Deans, ESIC Medical Educational Institution.
7. All JD (F)/ DD (F) Regional offices/ Sub-Regional Offices/ESIC / Model Hospitals/ D(M) Delhi/ Noida/ KK Nagar/ ESIC Educational Institutions.
8. Website content Manager, for uploading on ESIC website.
9. Guard File.
10. Spare Copies.
Annexure-I

Claim Id: - - - - - (Year)/ - - - - (RO/SRO code)/ - - - - (No.)

Form AB-1

EMPLOYEES' STATE INSURANCE CORPORATION

CLAIM FOR PAYMENT UNDER ATAL BEEMIT VYAKTI KALYAN YOJANA

(To be prepared on Rs 20/- Non-judicial Stamp paper Duly notarized)

I ____________________________ s/w/d of Sh. ____________________________ Insurance
No. ___________________________ Aadhaar No. __________________________ declare that I have been rendered
unemployed w.e.f. ___________________________. I claim amount of relief under the Atal Beemit Vyakti
Kalyan Yojana for the period from ______ to ______.

The amount due may be paid to me directly into my bank account details of which are as under:-
Bank Account Number________________________
Name of the bank and branch __________________________
Name of the Account Holder________________________
IFSC Code________________________(Canceled cheque enclosed).

I further also declare that:-

1. I have not taken up any gainful employment during the above period.
2. I am not in receipt of any other similar benefit admissible under the provisions of any
   other enactment.
3. I have not attained the age of superannuation during the period of claim.
4. I have not been convicted under Section 84 of ESI Act.
5. My unemployment has not been as a result of any punishment for misconduct or
   superannuation or Voluntary retirement.
6. I have not been dismissed / terminated under disciplinary action.
7. I hereby undertake to repay the whole amount forthwith on demand by the ESIC, if it is
   discovered at any time that I was not lawfully entitled to that amount.

Dated: -
Place: -

Claimant's Signature/Thumb Impression __________________________

Permanent address of the claimant __________________________

________________________

Mobile Number of the claimant __________________________
Claim Id:- ..........(Year)/ ..........(RO/SRO code)/ ..........(No.)
Form – AB-2
(to be furnished by the last employer)

To
The Manager,
Branch Office______________________________
Employees' State Insurance Corporation,
________________________________________
Subject:-Report in respect of Insured Person declared unemployed.

Sir/Madam,

It is informed that the Insured Person Sh./ Smt./Ms.________________________.Insurance
No._______________________who worked in M/s.______________________________ from the period ____________
to______________ on the post ______________has become unemployed due to ____________________________
(reason(s) for unemployment).

It is requested to consider his claim for relief under the Atal Beemit Vyakti Kalyaan Yojana. The
Claim for relief is also enclosed.

Signature of authorized officer:-__________________________________________
Name:-______________________________________________________________

Seal of the Institution:-________________________________________________
Instruction for the Insured Person

1. On entering the relevant information online, based upon the data available, the system will process to generate a claim form AB-1 and covering letter from the employer.

2. Take a printout of both these documents (AB-1 and covering letter form last employer) and sign/put the left thumb impression on the claim form and get the forwarding letter signed by the last employer or authorized signatory.

3. Submit these documents in the designated ESIC Branch Office along with a canceled cheque or self attested photocopy of the bank Passbook.

4. The Relief under ABVKY is 25% of the average earning per day (total earning during the four consecutive contribution period/730 days) during the previous four contribution periods to be paid up to maximum 90 days of unemployment once in lifetime. The relief is paid for clear month of unemployment only.

5. The eligibility criteria for relief under ABVKY are :-
   (a) The Insured Person should have been rendered unemployed during the period the relief is claimed.
   (b) The Insured Person should have been in insurable employment for a minimum period of two years immediately preceding to unemployment.
   (c) The Insured Person should have contributed not less than 78 days during each of the preceding four contribution periods.
   (d) The contribution in respect of him should have been paid or payable by the employer.
   (e) The contingency of the unemployment should not have been as a result of any punishment for misconduct or superannuation or voluntary retirement.
   (f) Aadhar and Bank Account of the Insured Person should be linked with insured person data base.
Annexure-IV

Claim Id:- ..........(Year)/.........(RO/SRO code)/.........(No.)

Form AB-3

BRANCH OFFICE ________________________

EMPLOYEES' STATE INSURANCE CORPORATION

1. Insurance Number of I.P. ____________________________
2. Name of insured person ____________________________
3. Father's / husband's name __________________________
4. Permanent address ________________________________

5. Name, code No. & address of the employer ________________________________

6. Date of appointment _______________________
7. Date of Unemployment __________________________
8. Details of Contributory particulars:-

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Contribution Period (s)</th>
<th>No. of days</th>
<th>Amount of Wages</th>
<th>Sl. No. of R.C./CCP/ESIC 71 Register</th>
<th>Code No. of the Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Whether employer's forwarding is enclosed YES/NO
10. Whether the I.P. is in receipt of any other similar Benefit:- YES/NO
11. Whether eligible for Relief under ABVKY YES/NO
14. Daily Rate of Relief under ABVKY: Rs.________ (Rs.________)

15. Total Rs.________ for the period _____ to _____ paid to Sh.________ as relief under ABVKY.

Signature of D.A.       Signature of Checker       Signature of Br. Manager

10
<table>
<thead>
<tr>
<th>Name of I.P./I.W.</th>
<th>Insurance No.</th>
<th>Daily Rate of Relief under ABV KY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Claim</th>
<th>Period of Claim</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prep. By</th>
<th>Checked by</th>
<th>Initial of BM</th>
<th>S.S. No. &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>
कर्मचारी राज्य बीमा निगम
अधिसूचना
नई दिल्ली, 26 नवम्बर, 2016

सं.एन–12/13/1/2016 भी एनडी—कर्मचारी राज्य बीमा अधिनियम, (1948 का 34) की धारा 97 की उप धारा (1) के अंतर्गत प्रदत्त शक्तियों का प्रयोग करते हुए कर्मचारी राज्य बीमा निगम, एण्डरवर्स अधिनियम की धारा 2(9) के अंतर्गत व्यापक कर्मचारियों के लिए क्रमांक उपयोग के तौर पर जीवनशास्त्र में एक घरीया नये (50) दिनों तक नकद शक्ति की रूप में धारा 19 के अंतर्गत “अटल बीत्ता व्यक्ति कार्यक्रम योजना” हारां, अधिसूचित करता है, जिसका दावा वेरेजवारी करने की स्थिति में एक अधिकारी दो समयांतर में तीन माह पर पत्र द्वारा योजना द्वारा वेरेजवारी में दो मूल्य पूर्ण लिखित करने वाले लोकतंत्र अधिकारी संगठन अधिकार में अस्तित्व (75) दिनों से अधिक अब्दा हो नहीं होगी।

2. वेरेजवारी की आवश्यकता हारां के लिए किसी दूसरे अधिकारी अधिनियम अधिवक्ता संचालन परिवर्तन के प्रति अस्वस्थ होने नहीं होगी।

3. प्रतिवेदन अधिकारी, बार लगातार अंतिम अधिकार के दौरान प्रदत्त मजबूत योजना की पूर्ण राशि को सप्त तीन (730) दिनों से बाद देने पर होगा।

4. प्रदत्त संस्थान: विज्ञापन संचालित अधिनियम अधिनियम अधिकारियों ने, शक्ति का संयुक्त क.पी.टी.नि.गमन जारी वेतन से स्वामित्व की जाएगी।

5. यह वोजना दिनांक 01.07.2018 से प्रभावी नहीं जाएगी तथा भूगलन के लिए तीन मह जा पूर्व कर देगी।

6. वीमबुल्क व्यक्ति शासन पत्र में, अन्य आविष्कारित शासक कार्यालय को उसके पिछले नियोजना द्वारा विज्ञापन अधिकार प्रारंभ कर्त्य ‘-1 (संस्थान)’ में अपना दावा प्रस्तुत करेगा / करेगी।

7. यह वोजना दो घरीया के लिए प्रामाण्य अधिकार पर शुल्क की गई है।

इस अधिनियम के संस्थान में किसी भी व्यक्ति से प्रकाशन की विधि से तीस (30) दिनों से प्रति कोई अपारत अधिकार सुधार कार्य किया जाएगा, हो सकता है, तो कर्मचारी राज्य बीमा निगम द्वारा उस पर विवरण किया जाएगा। यदि कोई अवांत लागू नहीं है, तो श्री एस. रविकृष्ण, अपर आमूल (सो. एन्ड वि), कर्मचारी राज्य बीमा निगम, पंडित भवन, सी. आई. जी. नाम, नई दिल्ली-110002 (ई-मेल: dir-pnd@esic.nic.in) को संबंधित किए जाएँ।

एस. रविकृष्ण, अपर आमूल (यो.एन.वि.)
[विज्ञापन-III/4/असकारण/391/18]
EMPLOYEES' STATE INSURANCE CORPORATION
NOTIFICATION
New Delhi, the 26th November, 2018

No. N-12/13/1/2016-P&D.—In exercise of the powers conferred under sub section (1) of Section 97 of the Employees' State Insurance Act, 1948 (34 of 1948), the Employees' State Insurance Corporation, do hereby notify a relief ATAL BIMIT VYAKTI KALYAN YOJANA under Section 19 of the Act as a welfare measure for employees covered under Section 2(9), in the form of cash compensation up to Ninety (90) days, once in a lifetime, to be claimed after three months in one or more spells for being rendered unemployed; provided the employee should have completed two years of insurable employment and have contributed not less than seventy eight (78) days in each of the four consecutive contribution periods immediately preceding the claim of relief. The relief shall not exceed twenty five per cent (25%) of the average earning per day.

2. The contingency of unemployment should not have been as a result of any punishment for misconduct or superannuation or voluntary retirement.

3. The average earning per day shall be the total amount of wages received during the four consecutive contribution periods divided by seven hundred and thirty (730) days.

4. The identity shall ordinarily be established from ESIC data base having duly verified or authenticated Aadhar Number.

5. The Scheme shall be treated effective from 01-07-2018 and shall become due for payment after three months.

6. The Insured Person shall furnish his/her claim in an affidavit, the form AB-I (Annexure) duly forwarded by his last employer to his/her allotted Branch Office.

7. The Scheme is introduced on pilot basis for a period of two years.

Any objection or suggestion, which may be received from any person in respect of this notification within a period of thirty (30) days from the date of publication, will be considered by the Employees' State Insurance Corporation. The objections and suggestions, if any, may be addressed to Shri S. Ravichandran, Addl. Commissioner (P&D), Employees' State Insurance Corporation, Panchdeep Bhawan,C.I.G Marg, New Delhi-110002 (email: slr.pnd@esic.nic.in).

S.RAVICHANDRAN, Addl.Commissioner (P&D)
[ADVT.-III/4/Exty./391/18]