



**National Insurance Scheme**  
**CLAIM FOR INVALIDITY BENEFIT(NATIONAL INSURANCE ACT - CH205/1990)**

**SECTION A PARTICULARS OF CLAIMANT**

Surname

First Name

Middle Name

Maiden Name

N.I.S #

Gender  Male  Female

Date of Birth

YYYY MM DD

**Submit original birth certificate and  
marriage certificate.  
(Affidavit or deed poll if applicable)**

Aliases used during employment

Marital Status Married  Divorced  Single  Widowed  Separated  Common Law

Address

Street

Parish

Telephone Number

Home

Mobile

Work

Occupation

Postal address if different from above:.....

Email address:.....

If you are receiving any other benefit presently, please state which one:.....

**SECTION B List all employers for whom you have worked since April 1983:**

<u>NAME OF EMPLOYERS (MOST RECENT FIRST)</u>	<u>YEAR/PERIOD WORKED</u>
.....	.....
.....	.....
.....	.....
.....	.....

If you worked during 1970 to 1983, give names and addresses of estates worked:

<u>NAME OF ESTATE</u>	<u>ADDRESS</u>	<u>PERIOD WORKED</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....



