



NATIONAL INSURANCE SCHEME

COVID-19 SICKNESS BENEFIT

For official use only
Accepted by: _____
Date: _____
Claim No.: _____

SECTION I – To Be Completed by The Claimant

Names on claim form **MUST** be the same as they appear on certified birth certificate, marriage certificate and other legal documents. Please note that you may be required to submit certified documents, if necessary.

Surname

NIS No.

First Name

Date of Birth
Y Y Y Y M M D D

Other Name(s)

Gender Male Female

Maiden Name

Occupation _____

Marital Status Married Divorced Single

E-mail Address _____

Contact Numbers

Address

Home

Work

Mobile

Postal Address (if different from above): _____

Employer(s) worked with in the last 8 months: (Beginning with your present employer)

1..... Address _____

2..... Address _____

SECTION II – To Be Completed by The Claimant

The NIS considers the following information provided as instructions from you regarding the deposit of your benefit payment to the financial institution of your choice. The NIS is NOT liable for any payment issued to an inaccurate financial institution or account based on these instructions.

Claimant's Account Details (Complete if benefit will be paid to you)

Name of Financial Institution: _____ Account No.

Name on Account _____ Account Type: Savings Chequing

Claimant's signature _____ Date:
Y Y Y Y M M D D

Assignment to Employer (Complete if benefit will be paid to your employer)

I _____ authorize and instruct the Director of the National Insurance Scheme to pay to my employer _____ sickness benefit resulting from this claim.

Claimant's Signature
Y Y Y Y M M D D

Witness/Notary's Statement where claimant cannot sign or is overseas:

I hereby certify that _____ appeared before me and affixed his/her "mark" as indicated above. Tel. No. [] [] [] [] [] [] [] [] [] []

Witness/Notary Name E-mail Address

Witness/Notary Title Notary Public Registration No. _____

Witness/Notary Signature..... Date [] [] [] [] [] [] [] [] [] []
Y Y Y Y M M D D

**WITNESS/NOTARY
STAMP**

Witnesses must be a Notary Public, Justice of Peace, Medical Practitioner, School Principal, Snr. Civil Servant, Minister of Religion, or Barrister-at-Law. (Claim forms being completed in a foreign country MUST be attested by a registered Notary Public).

SECTION III – To Be Completed by Employer

Employer's/Business Name _____ Registration No. [] [] [] [] [] [] [] [] [] []

Commencement date of employment: [] [] [] [] [] [] [] [] [] [] Tel. No. [] [] [] [] [] [] [] [] [] []
Y Y Y Y M M D D

Date last worked immediately before illness: [] [] [] [] [] [] [] [] [] []
Y Y Y Y M M D D

Will employee be paid his/her full salary for the period? Yes No

If yes, is he/she required to reimburse, the employer? Yes No

Name of Employer's Financial Institution: _____ Account No. [] [] [] [] [] [] [] [] [] []

Name on Account _____ Account Type: Savings Chequing

I hereby certify that Mr./Mrs./Miss _____ is absent from work commencing [] [] [] [] [] [] [] [] [] [] and ending [] [] [] [] [] [] [] [] [] []
Y Y Y Y M M D D Y Y Y Y M M D D

The employee's absence is as a result of:

- Quarantine/Isolation** - He or she is required to abstain from work because he or she may have been exposed to COVID-19 through direct or indirect contact/ He or she is required to abstain from work because he or she has signs or symptoms of COVID-19 and has not yet been tested positive.
- COVID-19** – He or she is required to abstain from work because he or she has been diagnosed with COVID-19.

IF COVID-19 IS SELECTED, PLEASE ENSURE THE RELEVANT MEDICAL CERTIFICATE FROM A MEDICAL PRACTITIONER OR A MEDICAL OFFICER UNDER THE MINISTRY OF HEALTH IS ATTACHED TO THIS FORM.

I, _____ hereby certify the information given is true and correct.

Employer's Signature

Y	Y	Y	Y	M	M	D	D

BUSINESS STAMP

SECTION V – Reasons for Late Claim

IMPORTANT: If you are applying for Sickness benefit, this claim must be submitted within three (3) months from the start date of your illness. Late claims may mean loss of some benefit. If this claim is late please detail the reason/s.

Warning: Any person who knowingly makes any false statement or false representation for the purpose of obtaining a benefit commits a criminal offence punishable by fine or imprisonment or both.