



# 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



IF COVID-19 IS SELECTED, PLEASE ENSURE THAT 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

<b>BUSINESS STAMP</b>
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### SECTION IV – 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/exposure/absence. Late claims may mean loss of some benefit. If this claim is late, please detail the reason/s.

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**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.