



NATIONAL INSURANCE SCHEME CLAIM FOR 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 and marriage certificates. Please note that you may be required to submit certified documents.

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 _____

Address

Contact Numbers

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 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 _____ Date
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 The Employer

Employer's/Business Name _____ Registration No.

Commencement date of employment
Y Y Y Y M M D D Tel. No.

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 the information given is true and correct.

Employer's Signature
Y Y Y Y M M D D

BUSINESS STAMP

SECTION IV – To Be Completed by The Claimant and A Registered Medical Practitioner

I, _____ hereby authorize that the Director of the National Insurance Scheme be provided with the specific disease or bodily or mental disablement in respect of my claim.

Is the nature of illness employment injury related? YES or NO

Y	Y	Y	Y	M	M	D	D

Claimant's Signature or Mark

I hereby certify that Mr./Mrs./Miss _____ is incapable

of work from

Y	Y	Y	Y	M	M	D	D

 to

Y	Y	Y	Y	M	M	D	D

Specific disease or bodily or mental disablement: _____

_____ or
Equivalent ICD code _____

Medical Practitioner: Name: _____ Registration No.: _____

Y	Y	Y	Y	M	M	D	D

Medical Practitioner's Signature

OFFICIAL STAMP

SECTION V – Reason(s) for Late Claim

IMPORTANT: A Sickness Benefit claim must be submitted to the National Insurance Scheme within three (3) months from the start date of your illness. Late claims may mean loss of some benefit. If this Sickness Benefit claim is late, please provide details of the reason(s) for lateness.

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.