

CLAIM FOR SICKNESS BENEFIT

I, the undersigned hereby apply for Sickness Benefit under the National Insurance and Social Security Act, 1969, and furnish a Medical Certificate at back hereof, and the following particulars: -

- 1. My full name is (please print).....
.....
- 2. My address is
- 3. My National Insurance Number is
- 4. When I became ill
I was employed by.
- 5. My occupation was
- 6. I finished working there on ata.m./p.m
- 7. In Industrial Accident cases state date of accident

I declare that the information given above is true and correct to the best of my knowledge and belief.

Date
Signature or mark of Claimant

NOTE - Where the insured person cannot sign his/her name he/she should make his/her mark and have it witnessed by a responsible person (Doctor, Lawyer, Teacher, J.P. etc) who should sign on the dotted line below.

Witness to mark
Address
Profession or Occupation
Date

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NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969
(In accordance with the National Insurance
and Social Security (Medical Certification)
Regulations, No. 36 of 1969)
MEDICAL CERTIFICATE

I.....
a duly qualified registered medical practitioner hereby certify that
M.....
(Name)
of.....
(Address)
was examined by me on.....a.m/p.m*
at for the *first/second time and in my
opinion *he/she was at the time of examination suffering from
.....
As a result of this disability *he/she –
(Complete (a) will be fit to resume work *today/
(a) or (b) tomorrow/ on +
or
whichever (b) will remain incapable of work for a period of
is appropriate) @.....
days
Any other remarks by Doctor.....
.....
.....

Date
Doctor's Signature
Address

+The date indicated must be more than seven days (Public Holidays, including Sundays included) after the date of examination.

@ The period entered must not exceed 14 days (Public Holidays including Sundays included) in the case of a first or second certificate or 28 days for a third or subsequent certificate.

*Delete where inapplicable

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