

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

(Documents required when receiving benefit include: Social Security Card and Valid National Identification Card or Valid Passport)

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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