



CHECKLIST OF REQUIREMENTS WHEN APPLYING FOR SICKNESS BENEFIT

NOTE: Your application will be delayed if the form is not completed accurately

1	Properly Completed Sickness Benefit Applicant Form (Form SB2)	<input type="checkbox"/>
<p>Employee Section:</p> <ul style="list-style-type: none"> • Ensure the name on the claim form is the same as that which you would have on your NIC Records <i>(If unsure, please walk with your original birth certificate or Passport to facilitate rectification of any discrepancy)</i> • Ensure you have included the correct NIC Number • Ensure your contact number is up to date which would allow the NIC to contact you should it become necessary to do so. <p>Employer Section</p> <ul style="list-style-type: none"> • Ensure Employer Section of the Form is fully completed • Ensure the form is dated, signed and stamped by the employer. If the employer does not have a stamp this should be stated on the form • Ensure Employer Section Line 4 is properly completed (i.e. if a dollar value is inserted the employer must indicate what percentage of salary the \$ figure represents) • Ensure information stated Line (3) of Employer section is consistent with the date of absence of work as stated by you(employee)(e.g. If you (employee) stated that you last worked on Monday April 26,2021, then Employer Section Line 3 should state the employee has been absent from Tuesday April 27,2021. Any variations to this scenario must be explained in writing by the employer. <p>Medical Section</p> <ul style="list-style-type: none"> • Ensure your Name as stated by the Medical Practitioner is correct i.e. the name is the same as the name entered by you in your section of the Form. • Ensure Sickness Code or Nature of Illness is inserted • Ensure date of commencement of sickness is included • Ensure the Medical Practitioner dates, signs and stamps his/her section of the form and has a valid practicing certificate • Ensure the Medical Practitioner provides an explanation in the remarks section if the date signed is more than 1 day after the commencement date of sickness. 		
2	Bank Information Form, Properly completed, signed and validated by the relevant bank/financial institution	<input type="checkbox"/>
3	Authorization - If you have been paid in full by your employer and it is expected that you refund your employer the sickness benefit payment, please include the authorization which allows the NIC to disclose to your employer the period and amount paid to you by the NIC.	<input type="checkbox"/>

Attached is a sample of a properly Completed Sickness Benefit Claim Form



National Insurance Corporation

FORM SB2
(Reg.31)

CLAIM FOR SICKNESS BENEFIT

I the undersigned, hereby apply for sickness benefit under the National Insurance Corporation Act, 2000 and furnish a Medical Certificate, together with the following particulars:

My full name is John Doe _____
(Please Print)

My Nat. Ins. No. is 234567 _____

Date of Birth 1st February 1901 _____

My Address is Cedars, Castries _____

Tel No. 715-0000 _____

When I became ill I was employed by BCD Inc _____

My occupation was Cashier _____

I finished working there on 10th May 2021 _____

I understand that a false Statement of Misrepresentation makes me liable to a penalty under the National Insurance Corporation Act, 2000.

Date 11.05.2021 _____
Signature or Mark of Claimant jdoe _____

NOTE: Where the claimant cannot sign, a responsible person (Lawyer, J.P., Doctor, Senior Civil Servant on permanent establishment, etc.) Should witness the Mark by signing on the line below.

Witness to Mark _____

Profession or Occupation _____

Address _____

Date _____

TO BE COMPLETED BY EMPLOYER:

1. Name of Employer and Registration No. BCD Inc #657985 _____

2. Tel. No. 455-5255 _____

3. The above named employee has been absent from work continuously since 11th May 2021 _____
on account of _____

4. This Employee has been/will be paid wages/salary at the rate of 35% per week/month during the period of absence from work up to and including 17th May 2021 _____

(Insert last date from which wages/salary will be paid if absence continues)

I certify that the above statements are true to the best of my knowledge and belief and I assume full responsibility as to their correctness. I also undertake to notify the National Insurance Corporation as soon as possible, of the return of the employee to my employ.

Date 12.05.2021 _____

Signature Sebastien S _____

Print Sebastien Schol _____

Position Accountant _____

Stamp _____



National Insurance Corporation

MEDICAL CERTIFICATE - SICKNESS

IN CONFIDENCE TO:

Mr./Mrs./Miss. John Doe
(Print Name)

I Dr. Primose Henry a duly

Qualified Registered Medical Practitioner, hereby certify that in my opinion you were at the time of my examination suffering from:

JOI

As a result of this illness you will

(1) Remain incapable of work for a period of 7 days commencing on 11th May 2021

(2) You will be fit to resume work/today/tomorrow/on 18th May 2021

Any Other Remarks by Doctor _____

Doctor's Name Dr. Primose Henry
(In Block Letters)

Address Rodney bay, Gros Islet Tel# 457-8910

Doctor's signature and stamp Primose H  DOCTOR CO. Date 11.05.2021