

**NATIONAL INSURANCE CORPORATION**

*Resumption of Employment Form*

**A. TO BE COMPLETED BY EMPLOYER**

- 1. Employer's Reg. #: .....
- 2. Business/Company's Name: .....
- 3. Date of Closure: ..... 4. Resumption Date: .....
- 5. (a) Name of Employer/Representative: .....
- (b) Position Held: .....
- 6. Signature: ..... 7. Date: .....

*N.B. 1. It is an offence under section 82 of the National Insurance Act to make any false statement or representation to the Corporation and such offence is punishable on summary convictions by a fine of \$5,000.00 or 6 months imprisonment or both.*

**B. FOR OFFICIAL USE - TO BE COMPLETED BY A REPRESENTATIVE OF THE NIC**

- (i) current number of employees: ..... (ii) current telephone number .....
- (iii) (a) current location: .....  
*(complete Change of Address or Request for Change of Employer Record)*
- (b) current mailing address: .....

**FOR BUSINESS NAME**

Has owner/director changed? YES  NO

*N.B. If YES, please re-register and complete parts 8 (b) (i) and (ii)  
If NO, please reactivate and complete part 8. (a)*

**FOR COMPANIES**

Has the Owner(s)/Director(s) changed? YES  NO

*N.B. If YES, please ensure that the Change of Director Form is submitted by the employer, and continue with former name, completing part 8 (a) to reactivate  
If NO, continue with reactivation and complete part 8 (a) also*

**COMPANY'S NAME CHANGE**

*If a company has indicated a Change of Name, please re-register and complete parts 8 (b) (i) and (ii) and ensure that the employer submits the proper documents to facilitate the new name.*

(iv) Registration Documents have been submitted: YES  NO  *(if no, please request)*

**N.B. Any changes to the Employer's records, please complete appropriate form**

8. Remarks: .....  
.....  
.....

8. (a) Recommendation: File to be Reactivated  8. (b) (i) Issue New REG. #

8. (b) (ii) New Reg. # ..... Interviewed by: .....  
Print Number

Date: ..... Date Passed to Compliance Clerk: .....

C.

COMPLIANCE DEPARTMENT

9. Date Received by Compliance Clerk: .....

10. (a) Action Taken: File Reactivated  10. (b) Done by: .....  
Print Name

11. (a) Dormant Period entered: Yes  No

11. (b) State Dormant Period: From ..... to .....

12. Date passed to Compliance Supervisor: .....

D.

COMPLIANCE SUPERVISOR

13. Supervisor's Comments: .....

.....  
.....

Other: Audit to be done Yes  No

E.

INSPECTOR

Inspector informed of audit via memo dated: .....

Reactivation Verified by Inspector: Yes  No

Comments: .....

.....  
.....

Date: ..... Inspector's Name: .....