



CHECKLIST OF REQUIREMENTS WHEN APPLYING FOR MATERNITY BENEFIT

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

1	Properly Completed Maternity Benefit Claim Form (Form MB 1)	<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 claim form is signed and stamped by the employer. If the employer does not have a stamp that 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 in Line (3) of Employer section is consistent with the date of absence of work as stated by the applicant/employee (e.g. If the employee stated that he/she 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/Midwife is correct i.e. the name is the same name entered by you in your section of the Form. • Ensure date of Expected Date/Actual Date of Confinement is included • Ensure the Medical Practitioner dates, signs and stamps his/her section of the form and that the Medical Practitioner has a valid practicing certificate 		
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 employ the Maternity 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"/>
4	Medical Certificate of Confinement Form - must be submitted to receive the Maternity Grant of \$600	<input type="checkbox"/>
5	Birth Certificate - if you confined overseas (the baby was not born in Saint Lucia)	<input type="checkbox"/>

