



# CHECKLIST OF REQUIREMENTS WHEN APPLYING FOR SICKNESS BENEFIT

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

<b>1</b>	<b>Properly Completed Sickness Benefit Claim Form (Form SB2)</b>	<input type="checkbox"/>
<p><b>Employee Section:</b></p> <ul style="list-style-type: none"> <li>• 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></li> <li>• Ensure you have included the correct NIC Number</li> <li>• Ensure your contact number is up to date which would allow the NIC to contact you should it become necessary to do so.</li> </ul> <p><b>Employer Section</b></p> <ul style="list-style-type: none"> <li>• Ensure Employer Section of the Form is fully completed</li> <li>• 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</li> <li>• 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)</li> <li>• Ensure information stated on 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.</li> </ul> <p><b>Medical Section</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Ensure Sickness Code or Nature of Illness is inserted</li> <li>• Ensure date of commencement of sickness is included</li> <li>• Ensure the Medical Practitioner dates, signs and stamps his/her section of the form and has a valid practicing certificate</li> <li>• 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.</li> </ul>		
<b>2</b>	<b>Bank Information Form, Properly completed, signed and validated by the relevant bank/financial institution</b>	<input type="checkbox"/>
<b>3</b>	<b>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.</b>	<input type="checkbox"/>

