

# 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 jdac \_\_\_\_\_

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

11<sup>th</sup> May 2021


(2) You will be fit to resume work/today/tomorrow/on 18<sup>th</sup> 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