

# NATIONAL INSURANCE CORPORATION

FORM MBI  
(Reg. 44(1))

## CLAIM FOR MATERNITY ALLOWANCE AND GRANT

(In accordance with the National Insurance Corporation Act, 2000).

I hereby apply for Maternity Benefit under the National Insurance Corporation Act, 2000, and furnish a Certificate of expected/Actual Confinement, together with the following particulars:

My full name is Jane Doe  
My Nat.Ins.No. is 123456 (Print Name)  
My address is Ti Rocher, Castries  
My Tel.No.is 450-0000  
My Date of Birth is 1st January 1901  
I am/was employed by ABC Studios  
I last worked there on 10th May 2021  
The period for which I claim benefits is from 11.05.2021 to 10.08.2021

I do not expect to receive any wages or salary from my employer during my absence from work. I will be given \_\_\_\_\_ weeks Maternity leave, from \_\_\_\_\_ to \_\_\_\_\_ during which period I will be paid \_\_\_\_\_ per week/month.

I understand that a False Statement or Misrepresentation makes me liable to a Penalty under the National Insurance Corporation Act, 2000.

11th May 2021 Date J.Doe Signature or Mark of Claimant


NOTE: Where the Claimant cannot sign, a responsible persons (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:

- Name of Employer and Registration No. ABC Studios #657891
- Tel. No. 777-7347
- The above named employee has been absent from work continuously since 11.05.2021 on account of Pregnancy
- 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 10.08.2021  
(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 Stanton E  
Employers Signature  
Print Name Stanton Eugenie  
Position HR Manager  
Stamp 

# NATIONAL INSURANCE CORPORATION

## MEDICAL CERTIFICATE OF EXPECTED/ACTUAL CONFINEMENT

(TO BE GIVEN BY A REGISTERED MEDICAL PRACTITIONER OR REGISTERED MIDWIFE)  
(A or B to be completed as appropriate)

To:

Mrs Jane Doe

(Print Name)

### A. EXPECTED CONFINEMENT

I certify that I examined you on 5th April 2021  
and that in my opinion you may expect to be confined on the 21st day  
of May 20 21

Any other Remarks by Doctor or Midwife

### B. ACTUAL CONFINEMENT

I certify that I attended to you during your confinement which took place at  
on the day of

CHILD

LIVING

And that you delivered Male/Female

CHILDREN

DEAD

Name of Doctor or Midwife Doctor Sarah Delivery  
(Block Letters)

Signature and Stamp

DS Delivery



DOCTOR CO.

Address Mon Repos, Micoud

Tel. No. 451-2345

Date 05.04.2021