



TURKS AND CAICOS ISLANDS NATIONAL INSURANCE BOARD MATERNITY BENEFIT APPLICATION

FOR OFFICIAL USE ONLY:Date Received: _____
Claim#: _____
Signature: _____

- **WHO THIS FORM IS FOR: Maternity Benefit:** For employed/self-employed persons who are in insurable employment six (6) months prior to making a maternity claim.
Maternity Grant: Woman who have been confined.
- **WHEN TO FILL IN THIS FORM: Maternity Benefit:** No earlier than five weeks before your expected date of confinement and no later than 21 days before your expected date of confinement.
Maternity Grant: After Confinement.
- **WHAT YOU HAVE TO PROVIDE: Maternity Benefit:** Medical Certificate completed by a Medical Practitioner in the TCI.
Maternity Grant: Medical Certificate of Confinement, Marriage Certificate (*where applicable*)
- **TYPE OF BENEFIT:** **MATERNITY BENEFIT** **MATERNITY GRANT**

SECTION A: CLAIMANT INFORMATION

Name: _____ : _____
Last First Middle
National Insurance Number: _____ Date of Birth: _____ / _____ / _____
Day Month Year
Address: _____ Occupation: _____
Telephone No.: _____ Email: _____
Date Cease Work: _____ / _____ / _____ Date Became Ill: _____ / _____ / _____
Day Month Year Day Month Year

SECTION B: EMPLOYER DETAILS *(To be completed by Employer)*

Employer's Name: _____ Registration No.: _____
Telephone No.: _____ Email Address: _____
Employer's Address: _____
Date Employee Last Worked: _____ / _____ / _____
Day Month Year_____
Authorized Signature Print Name Position
Date: _____ / _____ / _____
Day Month Year**Note:**

1. In the case TCIG Non-Public Officer, this form has to be signed by the HR Directorate
2. Maternity allowance is paid for a total of fourteen (14) weeks.
3. The earliest payment can commence is five (5) weeks before the expected date of confinement.
4. A cheque is generated every two (2) weeks for a total of seven (7) cheques.

Company Stamp

**TURKS AND CAICOS ISLANDS NATIONAL INSURANCE BOARD****TCI NIB / USER BENEFIT CHECKLIST**

Date: _____

TYPE OF BENEFIT: Sickness Benefit Maternity Benefit Maternity Grant Injury Benefit**GENERAL INFORMATION REQUIRED**

	NIB	CLAIMANT
Completed /Signed Benefit Application	<input type="checkbox"/>	<input type="checkbox"/>
Completed Medical Certificate (Form NIS 047) signed by a local Medical Practitioner. (If not the certificate will need to be rewritten by one and MUST state the period of incapacity and nature of illness).	<input type="checkbox"/>	<input type="checkbox"/>
Signature of Person on behalf of the Employer	<input type="checkbox"/>	<input type="checkbox"/>
Name of Person Signing on behalf of Employer	<input type="checkbox"/>	<input type="checkbox"/>
Position of Person Signing on Behalf of Employer	<input type="checkbox"/>	<input type="checkbox"/>
Email address of Employer contact	<input type="checkbox"/>	<input type="checkbox"/>
Telephone number for Employer	<input type="checkbox"/>	<input type="checkbox"/>

MATERNITY ALLOWANCE/GRANT *(additional information to accompany application)*

	NIB	CLAIMANT
Medical Certificate Stating Expected date of confinement by a local Medical Practitioner. National Insurance (Benefit) Regulations 29 &34	<input type="checkbox"/>	<input type="checkbox"/>
After the birth of the baby one of the following: a medical certificate (Form NIS 063) stating actual confinement date/ Birth Announcement / Birth Certificate or Photo Page of passport)	<input type="checkbox"/>	<input type="checkbox"/>
Marriage Certificate, if claiming on behalf of spouse <i>(If not in English, must be translated)</i> .	<input type="checkbox"/>	<input type="checkbox"/>

INJURY BENEFIT *(additional Info) Benefit Reg 7*

	NIB	CLAIMANT
An accident report signed by the employer	<input type="checkbox"/>	<input type="checkbox"/>
A completed injury medical report	<input type="checkbox"/>	<input type="checkbox"/>
A signed witness statement from at least two (2) witness mentioned on the injury form.	<input type="checkbox"/>	<input type="checkbox"/>