



TURKS AND CAICOS ISLANDS NATIONAL INSURANCE BOARD SICKNESS BENEFIT APPLICATION

FOR OFFICIAL USE ONLY:

Date Received: _____
Claim#: _____
Signature: _____

- **WHO THIS FORM IS FOR:** Employed persons who are in insurable employment immediately prior to the day in which incapacity for work occurred for sickness.
- **WHEN TO FILL IN THIS FORM:** Within six days of becoming ill (See Section D).
- **WHAT YOU HAVE TO PROVIDE:** Medical Certificate completed by a Medical Practitioner in the TCI.

SECTION A: CLAIMANT INFORMATION

Name: _____ : _____
Last *First* *Middle Initial*

National Insurance Number: _____ Date of Birth: _____ / _____ / _____
Day *Month* *Year*

Address: _____ Occupation: _____

Telephone No.: _____ Email: _____

Date Became Ill: _____ / _____ / _____
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*

Company Stamp

SECTION C: PAYMENT INFORMATION

Please deposit my benefit payment to my: Savings Chequing | CIBC/FCIB Scotia Bank RBC

Account No.: _____ in the name of _____

I do not have an account.

Please make cheque payable to _____

Please make my cheque payable to my Employer (*as stated above*) as I will be receiving full salary.

SECTION D: LATE DECLARATION (*If claim is more than six days late*)

I was unable to submit my claim within the prescribed time due to the following reason(s):

I was bed – ridden.

I was unable to properly execute the documentation – Doctor’s signature required.

I was unable to properly execute the documentation – Employers Signature required.

I was overseas.

Other (*please specify below*)

Note: that no payment will be made if this application is more than thirteen (13) weeks late. National Insurance (Claims and Payments) Regulations 4 (5) (a)

SECTION E: DECLARATION AND CLAIM

Any person who knowingly makes any false statement or false representation or who produces or furnishes or knowingly allows to be produced or furnished any document or information, which he knows to be false, commits a criminal offence punishable by a fine or imprisonment or both.

I CLAIM Sickness Benefit

Claimant’s Signature: _____

Date: _____ / _____ / _____
Day Month Year

**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**

Completed /Signed Benefit Application

NIB CLAIMANT 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).

Signature of Person on behalf of the Employer

Name of Person Signing on behalf of Employer

Position of Person Signing on Behalf of Employer

Email address of Employer contact

Telephone number for Employer

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

Medical Certificate Stating Expected date of confinement by a local Medical Practitioner. National Insurance (Benefit) Regulations 29 &34

NIB CLAIMANT

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)

 Marriage Certificate, if claiming on behalf of spouse *(If not in English, must be translated)*. **INJURY BENEFIT** *(additional Info) Benefit Reg 7*

An accident report signed by the employer

NIB CLAIMANT

A completed injury medical report

A signed witness statement from at least two (2) witness mentioned on the injury form.