

**THE NATIONAL INSURANCE BOARD
MATERNITY BENEFIT APPLICATION**

NI 12

(FOR OFFICIAL USE)

CLAIM NO:

--	--	--	--	--	--

SERVICE CENTRE CODE:

--	--	--	--	--	--

(PLEASE USE BLOCK/CAPITALS)

NOTE: The Application must be submitted within three (3) months of the date of Delivery.

SECTION "A" - TO BE COMPLETED BY APPLICANT

1. NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 OTHER NAME

2. HOME ADDRESS:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (STREET)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (CITY/DISTRICT/COUNTY)

3. *POSTAL ADDRESS (if different from above):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (STREET)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (CITY/DISTRICT/COUNTY)

4. NATIONAL INSURANCE NO.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 5. DATE OF BIRTH:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 YYYY MM DD

6. WAS EVIDENCE OF DATE OF BIRTH PREVIOUSLY SUBMITTED? YES NO
If "NO", submit Birth Certificate or Passport with this application.

7. TELEPHONE NUMBERS:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (HOME)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (OFFICE/WORK)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (CELLULAR)

8. HAVE YOU CHANGED YOUR NAME OR MARITAL STATUS SINCE REGISTRATION? YES NO
If "YES", submit Marriage Certificate or Deed Poll.

9. OCCUPATION:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. EMPLOYER'S NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11. *EMPLOYER'S ADDRESS:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (STREET)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (CITY/DISTRICT/COUNTY)

12. NAME OF ACTUAL PLACE OF WORK: (e.g. School/Department/Division)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

13. ADDRESS OF ACTUAL PLACE OF WORK:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (STREET)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (CITY/DISTRICT/COUNTY)

14. ARE YOU CURRENTLY EMPLOYED ELSEWHERE? YES NO
If "YES", state Business Name and Address of other employer.

BUSINESS NAME OF EMPLOYER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EMPLOYER'S ADDRESS:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (STREET)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (CITY/DISTRICT/COUNTY)

*EXAMPLE: Light Pole No. 8, Southern Main Road, Couva OR Near Bertie's Parlour, Industry Lane, Belmont.
08/2011

SECTION "C" - TO BE COMPLETED BY THE EMPLOYER (CONT'D)

1. EMPLOYER'S NAME:

REGISTRATION NO: TELEPHONE NUMBER

*2. This is to certify that Miss/Mrs SURNAME OTHER NAME(S)

has been absent from work effective YYYY MM DD to YYYY MM DD on maternity leave.

*Please refer to Table of Absence, IB, at question (6).

3. Applicant is still employed no longer employed.

DATE OF SEPARATION YYYY MM DD

If "No Longer Employed" state reason(s). _____

4. (a) Expected Week of delivery begins Monday:

YYYY MM DD

(b) Sixth week before expected date of delivery begins Monday:

YYYY MM DD

6. **TABLE IB**

PERIOD OF ABSENCE						
TYPE OF LEAVE	FROM			TO		
	YYYY	MM	DD	YYYY	MM	DD

5. **TABLE IA**
WEEKLY RATE OF PAY

State Weekly Rates of Pay for the 13 week period BEFORE the week as calculated at 4(b) in Section C.

(a) WK NO.	(b) DATE			(c) ACTUAL EARNINGS	
	YYYY	MM	DD	\$	c
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
Total					

EMPLOYER'S DECLARATION

I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.

NAME: SURNAME OTHER NAME(S)

POSITION:

**COMPANY
STAMP
(If any)**

DATE: YYYY MM DD

SIGNATURE _____

SECTION "D" - FOR OFFICIAL USE

APPLICATION RECEIVED BY:

NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OTHER NAME(S)



DATE:

YYYY				MM		DD	

SIGNATURE OF SERVICE CENTRE STAFF

PART I - CUSTOMER SERVICE REPRESENTATIVE

- 1. NAME, N.I. NO. AND DATE OF BIRTH CONFIRMED AND UPDATED (IF NECESSARY) ON I.A. SYSTEM YES NO
- 2. REGISTRATION RECORD COMPLETE? (If "NO" complete forms NI 165/NI 182 as applicable) YES NO
- 3. CHECK FOR DUPLICATE REGISTRATION (SIRF file included)? (Record Results on Minute Sheet) YES NO
- 4. CLAIM HISTORY VIEWED?
(If yes, record findings here.) _____
(Use minute sheet if this space is inadequate.) YES NO
- 5. APPLICATION COMPLETED AND ACCEPTED FOR PROCESSING? YES NO
- 6. APPLICATION RECORDED? (Print and attach Claim Profile) YES NO
- 7. CONTRIBUTION RECORDED AND TRANSFERRED? (Print and attach Audit Report) YES NO
- 8. APPLICATION PROCESSED? YES NO

CUSTOMER SERVICE REPRESENTATIVE

DATE:

YYYY				MM		DD	