THE NATIONAL INSURANCE BOARD MATERNITY BENEFIT APPLICATION

(PLEASE USE BLOCK/CAPITALS)

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

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SECTION "A" - TO BE COMPLETED BY APPLICANT								
1. NATIONAL INSURANCE NO.								
2. NAME: OTHER NAME(S)								
SURNAME OTHER NAME(S) 3. HAVE YOU CHANGED YOUR NAME OR MARITAL STATUS SINCE REGISTRATION? If "YES", submit Marriage Certificate or Deed Poll.								
4. DATE OF HOLD BIRTH: YYYY MM DD								
5. WAS EVIDENCE OF DATE OF BIRTH PREVIOUSLY SUBMITTED? YES NO If "NO", submit Birth Certificate, or valid Driver's Permit, or Passport with this application.								
6. *POSTAL ADDRESS:								
(STREET) (CITY/DISTRICT/COUNTY)								
7. TELEPHONE S OCCUPATIONS								
NOMBER								
9. EMPLOYER'S NAME:								
10. *EMPLOYER'S ADDRESS:								
(STREET)								
(CITY/DISTRICT/COUNTY)								
11. NAME AND ADDRESS OF								
ACTUAL PLACE OF WORK: (e.g. School/Department/Division)								
12. 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)								
(CITY/DISTRICT/COUNTY)								
13. LAST DATE WORKED: YYYY MM DD								
14. PLEASE MAKE PAYMENT TO: POSTAL ADDRESS FINANCIAL INSTITUTION If Financial Institution is selected, what is,								
NAME OF FINANCIAL INSTITUTION:								
ADDRESS:								
(STREET)								
(CITY/DISTRICT/COUNTY)								
(CITY/DISTRICT/COUNTY)								

^{*}EXAMPLE: Light Pole No. 8, Southern Main Road, Couva OR Near Bertie's Parlour, Industry Lane, Belmont.

SEC	TION <u>"C" - TC</u>	BE C	<u>ON</u>	1 <u>PL</u>	ETED	BY	′ <u>T</u>	HE EMPLOYER (CC	NT'D					
3. Applicant is still employed no longer employed.									OF SEPARATIO					
lf	"No Longer Employe	ed" state	reasc	on(s).	·							YYY\ 	Y MM	DD
INS	TRUCTIONS FOR	R COMF	PLET	rion	V OF Q	UES	STIC	NS 4(a) TO 5(c)						
(i). (a) In completing Que	stion 4(a)	refe	r to (expected	l date	e of c	delivery in SECTION "B".						
(b) Check 6 weeks before the expected week of delivery and enter date at 4 (b).														
(c) Complete colums T	able IA (ō) for	the	13 weel	k peri	iod p	rior to the week established	at 4 (b).					
(ii). li	n completingTable IA	. (5) deter	rmine	we:	ekly earn	ings	as fo	llows:						
(a) Where pay frequency is monthly: Monthly Earnings x 3 e.g. \$800 x 3 = \$184.62 (weekly) OR;														
(a	ı) Where pay frequen	cy is forti	night	ly:	Fortni		Earn 2	e.g. \$200 =	\$100.00) (weekl	y)			
4. (a	a) Expected Week of	delivery	begir	าร M	onday:						TAE	3LE	IA	
		MM	DD .]				5					E OF PAY	
(b) Sixth week before expected date of delivery begins Monday:								ek period	BEF	ORE	ay for the the week as ion C.			
L YYYY MM DD							(a) WK NO.	D.			(c) ACTUAL EARNINGS	ACTUAL		
6.		TAE	BLE	IB						YYYY	мм	DD	\$	С
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l dec	lare that the informat	tion giver	n abo	ve is				TO DECEMBE	<u> </u>				OFFICIAL STAMP	\ /
NAM	IE:	SURNA	ME					OTHER NA	ME(S)					
											DA L	ATE:		
	P	OSITION:	:			_		SIGNATURE		-		$\gamma\gamma\gamma$	Y MM	DD

WARNING! Pursuant to Section 33 of the National Insurance Act, a person who makes any false statement is liable on summary conviction to a fine \$3,000.00 and to imprisonment for two years.

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SECTION "D" - FOR OFFICIAL USE				
PART I - CUSTOMER SERVICE REPRESENTATIVE				
			_	
1. NAME, N.I. NO. AND DATE OF BIRTH CONFIRMED AND UPDATED (IF NECESSARY) ON I.A. SYSTEM	Ш	YES	Ш	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:		~//v	MM	DD
PART II - MANAGER/SUPERVISOR/CLERICAL OFFICER II				
1. DETAILS OF CLAIM PROFILE VERIFIED?		YES		NO
2. CONTRIBUTION AUDIT REPORT VERIFIED?		YES		NO
3. CONTRIBUTION RECORD TRANSFERRED?		YES		NO
4. CLAIM AUTHORIZED/DISALLOWED?		YES		NO
MANAGER/SUPERVISOR/CLERICAL OFFICER II		AV I	мм в	DD O
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PART "II" - DETERMINATION OF APPLICATION OF MATERNITY BENEFIT ACT	TION SHEET	
APPLICANT SATISFIES AGE CONDITION? (16 years to Retirement Age)	YES	□ NO
2. PREGNANCY LASTED 26 WEEKS OR RESULTED IN LIVE BIRTH?	YES	□ NO
3. EXPECTED/ACTUAL DATE OF DELIVERY:		
4. "10 in 13 Test" SATISFIED? (See Section "C", Question 5)	YES	☐ NO
5. WAS APPLICANT IN RECEIPT OF SICKNESS BENEFIT PRIOR TO MATERNITY BENEFIT PERIOR (If "YES", state period): TO	O? YES	□ NO
6. DETERMINATION OF EARNINGS CLASS (a) Total of 10 weeks of highest earnings (b) Average weekly earnings prior to maternity period (\frac{7a}{10}) (c) Earnings Class Determined 7. (a) WEEKLY RATE OF BENEFIT IN CLASS = \$ (b) MATERNITY GRANT APPROVED IN THE SUM OF (c) MATERNITY BENEFIT APPROVED AS FOLLOWS:		
(d) APPLICATION DISALLOWED ON THE GROUNDS THAT:	PERIOD MM DD YYYY M	M DD
SIGNATURE: (PROCESSING OFFICER)	DATE:	YY MM DD
9. AUTHORISATION: (a) PAYMENT OF MATERNITY GRANT/BENEFIT AUTHORISED, FOR THE PERIOD (b) MATERNITY BENEFIT DISALLOWED ON THE GROUNDS AT 8(d) ABOVE. (c) APPLICANT NOTIFIED OF DECISION ON FORM NI 44/NI 53: YYYYY MM (d) DECISION RECORDED ON I. A. SYSTEM.	AND RATE, AT 8	ABOVE.
SIGNATURE: (MANAGER/SUPERVISOR/C.O. II)	DATE:	YY MM bb