

## GUIDELINES AND CHECKLIST

<b>Application / Benefit:</b>	<b>Application</b>		
<b>Form Name:</b>	<b>Medical Report Certifying Multiple Birth</b>		
<b>Form Number:</b>	<b>NI 12</b>		
<b>Section A</b>			
<b>Description</b>	<b>To be completed by Applicant</b>		
<b>Question #</b>	<b>No.</b>	<b>Questions on form</b>	<b>What should be inserted</b>
	1	Name	Surname followed by First name and middle name (if applicable)
	2	Home Address	Where you live currently
	3	Postal Address (if different from above)	Where your mail is delivered (go to). If different from home address
	4	Valid Identification	You are required to select a valid form of identification being used to submit your application and insert identification number
	5	National Insurance No.	What is your National Insurance Number
	6	Date of Birth	What is your Date of Birth (Year/Month/Day)
	7	Email Address	You are required to insert your email address
	8	Was Evidence of Date of Birth Previously Submitted	Did you ever submit a copy of your Birth Certificate for update? If "No" submit Birth Certificate or Passport with application.
	9	Telephone Numbers	Telephone contact - home, office/work or cellular
	10	Marital Status	What position do you hold in your organization
	11	Occupation	You are required to insert your current job title
	12	Business Name of Employer	The name of your employer
	13	Employers Address	The address of your employer
	14	Name of Actual Place of Work	The exact name of the place where you report for work
	15	Address of Actual Place of Work	The exact address where you report for work
	16	Are you currently Employed Elsewhere	Do you have a second job? If "Yes" state, the Business Name and Address. - Insert second Employer's Name - Insert second Employer's Address
	17(i)	Last Date Worked	Insert the last date you attended work
	17(ii)	Period of Absence	Insert the period in which you would be continuously absent from your last date of work. This period should include all leave- Sick Leave, Vacation Leave, Maternity Leave etc
	18	Please indicate the method of payment of Benefit	Tick the box to state if you would like to have payments posted to your current address or sent to an active financial institution (attach a copy of your financial information for verification):  Insert: - Name of Financial Institution: - Address: - Account Number:
<b>Description</b>	<b>Applicant's Declaration</b>		
	<b>Information needed</b>	<b>What should be inserted</b>	

	Signature or Mark	Sign name or affix thumb print
	Date	Date when the form was completed by applicant
<b>Description</b>	<b>Application Submitted by Third Party (Person other than Claimant)</b>	
	<b>Information needed</b>	<b>What should be inserted</b>
	I (claimant)	Surname followed by First name and middle name (if applicable)
	Hereby authorize (third party)	Surname followed by First name and middle name (if applicable)
	Third Party information	- Tick Valid Identification Document and insert number - Insert valid telephone number (home, office or cellular) - Relationship to claimant - Signature of Third Party and date form completed
	Signature of Claimant	The signature of claimant
	Date	Date the form was completed by the claimant
	Signature of Third Party	The Signature of third party
	Date	Date the form was completed by the third party
<b>Description</b>	<b>Particulars of witness to Mark (where Claimant/Third Party cannot sign)</b>	
	<b>Information needed</b>	<b>What should be inserted</b>
	Name	The witness surname and other name
	Address	The address of the witness
	Occupation	What position does witness hold
	Valid Identification	Tick the box which ID used - Identification should be a valid form of one of the following: Passport, Driver's Permit or Electoral Identification Card.
	Number	Place number from the ID
	Signature of Witness to mark	The signature of the witness
	Date	Date the form was completed by the witness
<b>Section B</b>		
<b>Section B - Description</b>	<b>To be completed by a Registered Medical Practitioner or Midwife</b>	
	<b>No.</b>	<b>Questions on form</b>
		<b>What should be inserted</b>
	Name	Surname followed by First name and middle name (if applicable) of the applicant
	Date Examined	Medical Practitioner/Midwife is required to insert the date you were examined/checked
	Expected/Actual Date of Delivery	Medical Practitioner/Midwife is required to insert your expected delivery date
	Is Pregnancy result at least 26 weeks old at the Date of Examination	Medical Practitioner/Midwife s required to indicate if your pregnancy lasted at least 26 weeks at the date of examination
	Did Delivery result in the birth of a living child/ children	Medical Practitioner/Midwife is required to indicate if your delivery resulted in the birth of a living child
	State Number of Children	If your delivery resulted in the birth of a living child, the Medical Practitioner/Midwife is required to indicate the number of births in words and figures
	Name of Medical Practitioner/Midwife	Surname followed by First name and middle name (if applicable)
	Office Address of Medical Practitioner/ Midwife	Address of Medical Practitioner/Midwife

Registration Number	Registration Number of Medical Practitioner/Midwife as issued by the Medical Board of Trinidad and Tobago or an associated Midwife Association
Telephone Numbers	Medical Practitioner telephone contact - office/work or cellular
Signature of Medical Practitioner/Midwife	Medical Practitioner/Midwife to sign
Stamp	Medical Practitioner to affix stamp

### Section C

<b>Section C - Description</b>	<b>To be Completed by Employer</b>
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	Information Needed	What should be inserted
1	Employer's Name	Your employer is required to insert the name of the company / business
	Registration Number	Your employer is required to insert the company's registration number
	Telephone number	Your employer is required to insert a valid company's contact number
2	Claimant's Name and Period of Maternity Leave	Your employer is required to insert your name- Surname first, followed by Other Name(s) and ONLY the period of Maternity Leave
3	Is applicant still employed	Tick "still employed" or "no longer employed" If "no longer employed" employer must state reason
	Date of Separation	Employer to insert date of separation
4(a)	Expected Week of Delivery begins MONDAY	Your employer is required to insert the date of Monday of your expected date of delivery
4(b)	Sixth Week before expected date of delivery begins MONDAYS	Your employer is required to insert the Monday six weeks prior to the date at 4(a)
5	Weekly Rates of Pay	Your employer is required to insert weekly rates of pay prior to the date at 4(b)
6	Period of Absence	Your employer is required to insert the period in which you were continuously absent from work as it relates to your last date work. This should include all leave Maternity, Sick leave, Vacation Leave

<b>Description</b>	<b>Employer's Declaration</b>
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	Information needed	What should be inserted
	Name	Your employer is required to insert their name- Surname, Other Name(s)
	Position	Your employer is required to insert their position/ job title /employer's representative
	Signature of Employer	Your employer/ employer's representative is required to sign the declaration
	Company Stamp	Your employer is required to affix the company's stamp
	Date	Your employer is required to date the declaration

<b>Section D - Description</b>	<b>For Official Use</b>
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<b>Part I</b>	<b>The Customer Service Representative completes the section of the form</b>
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<b>What you should know about this claim</b>
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1. Time frame for the submission of claim - 3 months from the date of delivery

2. Application submitted outside of three-month time frame a written letter is require giving valid reason for lateness.			
3. If late submission is fault of employer, employer must provide a late letter			
4. Where the claim is submitted by a third party a certified copy of third party and claimant valid ID is required			
5. Who can sign as witness - (a) (For a resident of Trinidad and Tobago) Any Magistrate, Justice of the Peace, Clergyman, Warden, Councilor/Assemblyman, Bank Manager, Medical Practitioner, Attorney-at-Law, Principal/Vice Principal of any Government/approved School, Head of any Government Institution, or any Police/Military officer of the rank of Sargeant and above or Local Office Staff or Supervisory Officer of the National Insurance Board. A member of the Trinidad and Tobago Mission in the Country in which the Beneficiary is a resident OR an Attorney-at-Law, OR a Notary Public, OR a Justice of the Peace OR a Medical practitioner. (b) (For a non-resident of Trinidad and Tobago) A member of the Trinidad and Tobago Mission in the Country in which the Beneficiary is a resident OR an Attorney-at-Law, OR a Notary Public, OR a Justice of the Peace OR a Medical practitioner.			
<b>Supporting Documents</b>			
Claimant Birth Certificate if not previously submitted			
Birth Certificate of infant(s) original and copy			
Any supporting documents or deed poll where necessary			
Marriage Certificate is required for married women whose name has changed for registration			
Decree absolute for divorce women			
Alternative evidence of confinement			
Letter from attending doctor or registered midwife confirming confinement			
Proof of employment (recent payslip; TD4 Slip; Job Letter)			
Foreign Medical Certificate must be accompanied by a letter of authentication in respect of doctor's status from a member of Trinidad and Tobago High Commission of Foreign Affairs in the Country where medical attention was sought			
Form completed by Midwife - a certified copy of the medical certificate or report that the claimant submitted to the employer			
<b>List of Errors</b>	<b>No.</b>	<b>Questions on form</b>	<b>Possible Errors</b>
	1		
	2		
	3		

# CHECKLIST

## MATERNITY

- Claim Form – **N.I. 12**. This form is completed where the insured is certified as pregnant.
- Claim Form – **N.I. 12A**. This form is completed in instances of multiple births from a single pregnancy.
- **ALL** fields must be completed. **ALL** changes **MUST** be initialed and / or stamped.
- a. **Section “A”** to be completed by the insured.
  - The form **MUST** be signed and dated by the Insured.
  - If the insured is unable to sign, the thumbprint will be certified at the NIBTT.
  - If the claim is being submitted by a third party, at the “Particulars of Witness to Mark” the thumbprint should be certified by an approved authority.
- b. **Section “B”** to be completed by a Registered Medical Practitioner.
  - The form **MUST** be signed, dated and stamped by the Registered Medical Practitioner.
  - The Registered Medical Practitioner’s registration number **MUST** be correctly stated.
  - This section **MUST NOT** be completed earlier than the 11th week prior to the expected / actual date of delivery.
  - The pregnancy **MUST** be at least twenty-six (26) weeks old at the date of examination.
  - In instances where the pregnancy is less than twenty-six (26) weeks the delivery **MUST** have resulted in a live birth.
- c. **Section “C”** to be completed by the Employer.
  - The form **MUST** be signed, dated and stamped by the Employer.
  - The Employer’s Registration no. and contact information **MUST** be correctly stated.
  - If the insured is employed by more than one employer **EACH** employer **MUST** complete Section “C”.
- Identification Card of Insured.
- Original & Copy of the Birth Certificate / Affidavit / Deed Poll where there is a change to the insured’s name.
- Original & Copy of the child’s Birth Certificate where Section “B” was completed by a MIDWIFE.
- Original & Copy of payslip (older than three (3) months prior to the date of delivery) / Job letter (**not** older than three (3) months prior to the date of delivery) / TD4 (year prior to the year of delivery).
- If the method of payment is **Financial**, the bank statement reflecting the name of the bank, the account number and the branch should be submitted. If the method of payment is **Postal** a utility bill, no older than three (3) months should be submitted.
- If the claim is being submitted by a third party, the Identification Card of the third party **MUST** be presented.
- The claim **MUST** be submitted within three (3) months from date of delivery, if not a letter **MUST** be written with an explanation for the late submission.