



GUIDELINES AND CHECKLIST

Application / Benefit:	Application
Form Name:	SPECIAL MATERNITY GRANT BENEFIT
Form Number:	NI 13

Section A

Description	To be completed by Applicant - (Mother)
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Question #	Questions on form	What should be inserted
	Name	Surname followed by First name and middle name (if applicable)
	Home Address	Where you live currently
	Postal Address	Where your mail is delivered (go to), if different from home address
	National Insurance No.	What is your National Insurance Number
	Date of Birth	Date of birth of applicant (Year/Month/Day)
	Valid Identification	Tick which forms of identification used and its number. Identification should be a valid form of one of the following: Passport, Driver's Permit or Electoral Identification Card.
	Marital Status	Are you Single, Married, Widowed or Divorced? Tick the box provided
	Telephone Numbers	Telephone contact - home, work or cellular
	Name of Father of Child	Father's surname followed by First name and middle name (if applicable)
	Method of Payment	You must tick whether the funds would be going to an active account in a financial institution or would it be going to your postal address.
	Are you presently employed?	If you are currently employed you tick the option yes, then proceed to give the name and address of your employer

Description	Applicant's Declaration
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	Information needed	What should be inserted
	Signature or Mark	Sign name or affix thumb print
	Date	Date when the form was completed by applicant

Description	Particulars of witness to Mark (where applicant cannot sign)
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	Information needed	What should be inserted
	Name	The witness surname and other name
	Address	The address of the witness
	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
	Occupation	What position does witness hold
	Signature of Witness to mark	The signature of the witness
	Date	Date the form was completed by the witness

Section B

Section B - Description	To be completed by a Registered Medical Practitioner or Midwife		
	No.	Questions on form	What should be inserted
	1	Name of Mother	Surname followed by First name and middle name (if applicable)
	2	Actual Date of Delivery	State the actual date of delivery
	3	Did the pregnancy last at least 26 weeks at the date of delivery?	Tick Yes or No
	4	Did delivery result in the birth of a living child /children?	Tick Yes or No
	4ii	If "YES"	State the number of children in words and figures.
	5	Name of Medical Practitioner/ Midwife	Surname followed by First name and middle name (if applicable)
	6	Office Address	Where is your office located?
	7	Registration Number of Medical Practitioner/Midwife	Registration Number of Medical Practitioner/Midwife as issued by the Medical Board of Trinidad and Tobago or an associated Midwife Association
	8	Telephone Number	Medical Practitioner/Midwife Telephone contact - office/work or cellular
	9	Signature of Medical Practitioner/Midwife	Sign name online provided
	10	Stamp of Medical Practitioner/Midwife	You must affix your stamp in the box provided.

Section C

Description	To Be completed by Mother's Employer		
	This section must be completed if the mother is or would have been employed within the thirteen (13) week period.		
Question #	Information needed		What should be inserted
	1	Employer's Name	State the name of the mother's employer.
	2	Employer's Address	Where is the business located?
	3	Employer's Telephone Number	Employer Telephone contact - office/work or cellular
	4	Employer's Registration Number	Insert your National Insurance Employer Number.
	5i	Actual Week of Delivery began Monday	If the date of delivery does not fall on a Monday, insert the date that falls on the Monday of that week.
	5ii	Sixth Week before the actual date of delivery began Monday	Your employer is required to insert the Monday six weeks prior to the date at 4(a)
	6	Weekly Rate of Pay	Insert the thirteen weeks prior to the actual date of delivery

Employer's Declaration

	Information needed	What should be inserted
	Name	Name of the individual in higher management who completed the employer section of the form.
	Position	Position of the individual in who completed the employer section of the form.
	Signature or Mark	Sign name or affix thumb print

	Date	Date when the form was completed by applicant
	Company Stamp	You must affix your stamp in the box provided.
Section D		
To be completed by the Father of the child		
Question #	Information needed	What should be inserted
1	Name	Surname followed by First name and middle name (if applicable)
2	Home Address	Where do you live currently
3	Postal Address	Where your mail is delivered (go to), if different from home address
4	National Insurance No.	National Insurance Number of applicant.
5	Date of Birth	Date of birth of applicant (Year/Month/Day)
6	Valid Identification	Tick which forms of identification used and its number. Identification should be a valid form of one of the following: Passport, Driver's Permit or Electoral Identification Card.
7	Telephone Numbers	Telephone contact - home, work or cellular
8	Marital Status	Tick which status applies to you. It must be one of the following: Single, Married, Widowed, Divorced. (If you are married you must submit your marriage certificate)
9	Are you the lawful spouse of the applicant?	Tick: Yes or No
10	Occupation	State the occupation of the father of the child
11	Employer's Name	State the name of the mother's employer.
12	Employer's Address	Where is the business located?
13	Name of Actual Place of Work	The exact name of the place where you report for work
14	Address of actual place of work	The exact address where you report for work
15	Are you currently employed elsewhere	Tick "YES" or "NO". "YES" is only if the father is currently employed with another employer not mentioned in the above question.
16i	Name of Mother	Surname followed by First name and middle name (if applicable)
16ii	Name of Father of Child	Surname followed by First name and middle name (if applicable)
16iii	Signature or Mark of the Father	Sign name or affix thumb print
Description	Particulars of witness to Mark (where applicant cannot sign)	
	Information needed	What should be inserted
	Name	The witness surname and other name
	Address	The address of the witness
	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
	Occupation	What position does witness hold
	Signature of Witness to mark	The signature of the witness
	Date	Date the form was completed by the witness
Section E		
Description	To Be completed by Father's Employer	
	Information needed	What should be inserted
	1 Employer's Name	State the name of the mother's employer.
	2 Employer's Address	Where is the business located?

	3	Employer's Telephone Number	Telephone contact - home, office/work or cellular
	4	Employer's Registration Number	Insert your National Insurance Employer Number.
	5i	Actual Week of Delivery began Monday	If the date of delivery doesn't fall on a Monday, insert the date that falls on the Monday of that week.
	5ii	Sixth Week before the actual date of delivery began Monday	Your employer is required to insert the Monday six weeks prior to the date at 4(a)
	6	Weekly Rate of Pay	Insert the thirteen weeks prior to the actual date of delivery

Employer's Declaration

	Information needed	What should be inserted
	Name	Name of the individual in higher management who completed the employer section of the form.
	Position	Position of the individual in who completed the employer section of the form.
	Signature or Mark	Sign name or affix thumb print
	Date	Date when the form was completed by applicant
	Company Stamp	You must affix your stamp in the box provided.

Description

For Official Use

The Customer Service Representative completes the section of the form

What you should know about this claim

1. The Special Maternity Grant is payable to the mother of the child/children using the father's contributions.
2. Where the claim is submitted by a third party, valid ID and letter of authorization to conduct business
3. Only one (1) Special Maternity Grant is allowed every twenty-four (24) consecutive months.
4. Who can sign as witness -

Supporting Documents

- Birth Certificate of both the Mother and Father.
- Marriage Certificate (if applicant is legally married)
- Co-habitation at the time of delivery of the child/children
- Birth Certificates of the child/children
- NI 4 (if the mother has never been registered with the national insurance board)

All supporting statutory declarations.

List of Errors	No.	Questions on form	Possible Errors
	1		
	2		
	3		

CHECKLIST

SPECIAL MATERNITY

- Claim Form – **N.I. 13**. This form is completed where the insured has delivered a child. If the applicant is entitled to the Maternity benefit, complete **N.I. 12**.
- **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 prior to delivery.
 - c. **Section "C"** to be completed by the Employer.

- ⊖ The form **MUST** be signed, dated and stamped by the Employer.
 - ⊖ The Employer's Registration number 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.
- Identification Card of the Applicant.
- Original & Copy of the Birth Certificate / Affidavit / Deed Poll where there is a change to the applicant's or insured's name.
- Original & Copy of the child's Birth Certificate.
- Original & Copy of the Marriage Certificate.
 - ⊖ In instances where there is no Marriage Certificate, affidavits **MUST** be submitted: (1) one from the applicant and the insured, (1) one from a close relative (mother, father, brother, sister) of the insured and (1) one from a prominent person (Pastor, Sergeant, Manager etc). If an affidavit cannot be obtained from a close relative, then (2) two affidavits **MUST** be completed by prominent persons.
- 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, **not** older than three (3) months, 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, **not** 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 the date of delivery, if not a letter **MUST** be written with an explanation for the late submission.