

**THE NATIONAL INSURANCE BOARD
SICKNESS BENEFIT APPLICATION**

NI 15

(FOR OFFICIAL USE)

CLAIM NO:

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SERVICE CENTRE CODE:

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(PLEASE USE CAPITAL LETTERS)

NOTE: This Application must be submitted within 3 months of onset of illness or Loss of Earnings which ever is later.

SECTION "A" - TO BE COMPLETED BY APPLICANT

1. NAME:

 SURNAME

 OTHER NAME(S)

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. BIRTH CERTIFICATE PIN NO: (IF KNOWN)

7. WAS EVIDENCE OF DATE OF BIRTH PREVIOUSLY SUBMITTED? YES NO

If "NO" submit Birth Certificate or Passport with this application.

8. GENDER: MALE FEMALE 9. MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED

10. TELEPHONE NUMBERS:

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 (HOME)

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 (OFFICE/WORK)

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 (CELLULAR)

11. OCCUPATION:

12. EMPLOYER'S NAME:

13. *EMPLOYER'S ADDRESS:

 (STREET)

 (CITY/DISTRICT/COUNTY)

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

15. ADDRESS OF ACTUAL PLACE OF WORK:

 (STREET)

 (CITY/DISTRICT/COUNTY)

16. 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 EMPLOYER

INSTRUCTIONS FOR COMPLETION

- (i) This Section must be completed by the Employer before the Application is submitted to the Board.
- (ii) In completing Column 5 (c) and 6 (d) below calculate weekly earnings as follows:
 - (a) Earnings mean wages or salary and include overtime payments, long service payments, commissions, payment for standby duty, all allowances, etc.
 - (b) $Weekly\ Earnings = \frac{Monthly\ Earnings}{13} \times 3$ (e.g. $\frac{\$ 800}{13} \times 3 = \$ 184.62$) OR;
 - (c) $Weekly\ Earnings = \frac{Fortnightly\ Earnings}{2}$ (e.g. $\frac{\$ 240}{2} = \$ 120.00$)
 - (d) $Daily\ Earnings = \frac{Weekly\ Earnings}{7}$ e.g. $\frac{\$ 120}{7} = \$ 17.14$

1. EMPLOYER'S NAME:

REGISTRATION NO:

TELEPHONE NO:

2. This is to certify that Mr/Mrs/Ms SURNAME OTHER NAME(S)

has been absent from work continuously since Y Y Y Y M M D D

- 3. Is Sickness as a result of an accident on the job? YES NO
- 4. Is Applicant still employed? YES NO

If "NO", state reason (s):

DATE OF SEPARATION: Y Y Y Y M M D D

5. WEEKLY RATE OF PAY

State Weekly Rates of Pay for the 13 week period BEFORE the week in which the employee's incapacity started. 5(b) Mondays only.				
(a) WK NO.	(b) DATE			(c) ACTUAL WEEKLY EARNINGS \$ c
	YYYY	MM	DD	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

6. DAILY EARNINGS DURING SICKNESS

(a) NO.	(b) PERIOD OF ABSENCE						(c) TOTAL NO. OF DAYS	(d) DAILY EARNINGS DURING SICKNESS	
	FROM			TO				\$	c
	YYYY	MM	DD	YYYY	MM	DD			
1									
2									
3									
4									
5									

7. Was Loss of Earnings CAUSED BY SICKNESS?
- (a) YES (b) NO
- If "NO", Please state reason for Loss of Earnings
- _____
- _____
- _____
- _____

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

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 OF EMPLOYER

SECTION "D" - FOR OFFICIAL USE

APPLICATION RECEIVED BY:

PART "I" - CUSTOMER SERVICE REPRESENTATIVE

NAME:
SURNAME OTHER NAME(S)

1. NAME, N.I. NO. AND DATE OF BIRTH CONFIRMED ON I.A. SYSTEM? YES NO
2. IS THE CLAIMANT LINKED TO EMPLOYER? YES NO
3. IS THE REGISTRATION RECORD COMPLETE?
(If "NO" complete forms NI 4/NI 165/NI 182 as applicable). YES NO
4. CHECK FOR DUPLICATE REGISTRATION. (SIRF file included) YES NO
5. IS REGISTRATION RECORD UPDATED?
(If "NO", state reason) YES NO

6. CLAIM HISTORY GENERATED. YES NO
7. HAS THIS INSURED PERSON APPLIED FOR A BENEFIT PREVIOUSLY? YES NO
8. (a) CONTRIBUTION RECORD GENERATED? YES NO
- (b) OUTSTANDING CONTRIBUTION RECORDS CAPTURED? YES NO
9. APPLICATION COMPLETE AND ACCEPTABLE FOR PROCESSING? YES NO

SERVICE CENTRE
RECEIVED
STAMP

DATE:
YYYY MM DD

SIGNATURE OF CUSTOMER SERVICE REPRESENTATIVE

SECTION "D" - FOR OFFICIAL USE (CONT'D)

PART "II" - SUPERVISOR/ CLERICAL OFFICER II

- 1. Details of Claim Profile Verified? YES NO
- 2. Claim Authorised? YES NO
- 3. Voucher Generated and Authorised? YES NO

DATE:

YYYY				MM		DD

SIGNATURE OF SUPERVISOR/CLERICAL OFFICER II

PART "III" - DETERMINATION OF APPLICATION

- 1. DOES THE APPLICANT SATISFY AGE CONDITION? (16 years to retirement) YES NO
- 2. WAS THE APPLICANT IN INSURABLE EMPLOYMENT WHEN INCAPACITY COMMENCED? YES NO
- 3. WAS LOSS OF EARNINGS SUFFERED? YES NO
- 4. IS THE "10 IN 13" TEST SATISFIED? (See Section "C", Question 5 on page 4) YES NO
- 5. DOES APPLICATION LINK WITH AN EARLIER SPELL OF INCAPACITY:
(If "YES", state period): YES NO
- 6. WAS APPLICANT INJURED ON THE JOB?
(If "YES", investigate for Employment Injury). YES NO

7. DETERMINATION OF EARNINGS CLASS AND LOSS EARNINGS

- (a) Total of 10 weeks of highest earnings \$
(Calculate from section C question 5(c) on pg.4)
- (b) Average weekly earnings $\frac{7(a)}{10}$ = \$
- (c) Earnings Class Determined
- (d) Average daily earnings prior to Sickness $\frac{7b}{7}$ = \$
- (e) Daily Earnings during Sickness:

(i) PERIOD OF ABSENCE				(ii) NO. OF DAYS	(iii) DAILY EARNINGS DURING SICKNESS	(iv) DAILY LOSS [7 (d) - 7(e) (iii)]	(v) TOTAL LOSS OF EARNINGS [7(e)(ii) x 7(e) (iv)] \$
FROM		TO					
YYYY	MM	DD	YYYY	MM	DD		
TOTAL							

SECTION "D" - FOR OFFICIAL USE (CONT'D)

PART "III" - DETERMINATION OF APPLICATION (CONT'D)

8. (a) WEEKLY RATE OF BENEFIT IN CLASS = \$ (See Section "D", Part III Question 7(c)).

(b) DAILY RATE OF BENEFIT IN CLASS $\frac{8(a)}{7}$ = \$

(Consider 3 day waiting period. Recommend payment at rate calculated at 7(e) (iv) where 7(e) (iv) is less than 8(b). Recommend payment at rate calculated at 8(b) where 7(e) (iv) is greater than 8(b)).

(c) APPLICATION RECOMMENDED FOR ALLOWANCE AS FOLLOWS:

DAILY RATE	PERIOD						WEEKS	DAYS
	FROM			TO				
	YYYY	MM	DD	YYYY	MM	DD		

9. APPLICATION RECOMMENDED FOR DISALLOWANCE ON THE GROUNDS THAT:

SIGNATURE OF PROCESSING OFFICER

DATE:
Y Y Y Y M M D D

10. DECISION/AUTHORISATION:

(a) SICKNESS BENEFIT ALLOWED AND AUTHORISED, FOR THE PERIOD AND RATE, AT 8(c) ABOVE.

(b) SICKNESS BENEFIT DISALLOWED ON THE GROUNDS AT 9 ABOVE.

(c) APPLICANT NOTIFIED OF DECISION ON FORM NI 44/ NI 53;

DATE:
Y Y Y Y M M D D

(d) DECISION RECORDED ON I.A. SYSTEM:

DATE:
Y Y Y Y M M D D

SIGNATURE OF MANAGER/SUPERVISOR/C.O. II

DATE:
Y Y Y Y M M D D