



Sickness Benefit Invalidity Benefit

Revised 3/11

Sickness Benefit

“You Never Know where Sickness Is.”

Sickness Benefit is a payment made weekly to eligible insured persons who are temporarily unable to work and so lose employment income because of illness. It is paid at a weekly rate of 60 percent of your average weekly insurable wage or income for the period in which your qualifying conditions were satisfied. The minimum payment for Sickness Benefit is \$66.42 per week, and the maximum is \$300 per week (as of January 1, 2011).

Sickness Benefit is not paid for illness caused by the habitual use of alcohol or drugs other than those prescribed specifically by a medical practitioner.

TO QUALIFY FOR SICKNESS BENEFIT a person must be employed on the day of, or on the day prior to onset of illness. Additionally, he/she must satisfy two contribution conditions:

- ❖ He/she must have paid at least 40 contributions into the National Insurance Programme since it started in 1974; **AND**
- ❖ He/she must have paid and/or been credited with at least:
 - i) 13 contributions in the 26 weeks immediately before the week the illness started; **OR**
 - ii) 26 contributions in the 52 contribution weeks immediately before the week the illness started; **OR**
 - ii) 26 contributions in the immediate preceding contribution year.

TO CLAIM SICKNESS BENEFIT you must be examined by a medical doctor as soon as possible after you become ill, and have the doctor complete page one of the medical certificate of incapacity (*Med 1*). You will have to complete pages two and three of the same form. Claims by employed persons for Sickness Benefit must be accompanied by a Med 4 - the *Employers Certification* form - on which the employer confirms an employee's time off from work. The claim will not be processed without it.

CLAIMS SHOULD BE SENT IN to NIB no later than **six months** after the first day that the illness began. A delay of more than six months can result in the delay or loss of benefit.

THE FIRST DAY OF YOUR SICKNESS BENEFIT CLAIM PERIOD is the day after the day on which you stopped work. In the event you see the doctor on that day, your doctor should factor in that day, when computing your period of incapacity (e.g., if you fall ill while at work on a Monday, and go to see the doctor on Tuesday, the doctor, if it is his/her intended prognosis that you would be fit to return to work the following Saturday, should give you four days off, and not three days off). Persons in New Providence and Grand Bahama, must see a doctor within 7 days of stopping work; for persons in the other Family Islands, this period is extended to four (4) weeks. In all cases, persons who are unable to see a doctor right away, must explain in writing the reason for the delay.

If you become ill while temporarily unemployed or on vacation, then the first day of your Sickness Benefit claim period is the day on which you are examined by a doctor. Sickness Benefit is not paid for the first three days of a claim period - called **“waiting days”**

SICKNESS BENEFIT CAN BE PAID for up to 156 days or 26 weeks. It can be extended an additional 84 days - up to a maximum 240 days or 40 weeks - if the Board's Medical Officer is satisfied that your health is likely to improve with additional medical treatment. If at the end of this additional period you are still incapable of work, you will again need to be examined by a doctor; if you are found to be permanently incapable of work, you can claim Invalidity Benefit.

PAYMENT OF SICKNESS BENEFIT WILL STOP IF:

- ❖ you do any work for which you are paid;
- ❖ you fail, without good reason, to attend for an examination or undergo specific treatment that may be required by the Board;
- ❖ you go to prison, or are detained in legal custody; or
- ❖ you become incapable of work through your own negligence or misconduct.

Invalidity Benefit

“For Your ‘Rainy Day’ ”

Invalidity Benefit is a payment made to eligible insured persons who have been certified by a medical doctor to be permanently unable to work as a result of an illness that is not job-related. (A person suffering permanent incapacity as a result of a job-related illness, should claim **Disability Benefit**.)

TO QUALIFY FOR INVALIDITY BENEFIT, a person must have paid at least 150 contributions into the National Insurance Programme since it started in 1974.

THE RATE OF PAYMENT FOR INVALIDITY BENEFIT ranges from a minimum of fifteen percent (15%) to a maximum of

sixty percent (60%) of the insured person's average weekly insurable wage or income. The minimum Invalidity Benefit payable (as of January 1, 2011), is \$287.82.

CLAIMS SHOULD BE SENT IN to NIB no later than **three months** after the diagnosis by your doctor. A delay of more than three months can result in the delay or loss of benefit.

INVALIDITY BENEFIT IS PAID as a monthly pension. All recipients of Invalidity Benefit (with the exception of persons who live on Bahamian islands where there are no banks) are required to have their monthly payments sent to banks of their choice in The Bahamas. Payments may also be sent to accounts at the Post Office Bank, which has branches around the country.

Persons who live on islands where there are no banks, may collect their monthly cheques from their nearest local office. Pensioners who live abroad may apply to any one of the commercial banks in The Bahamas to open an account for the express purpose of depositing monthly cheques.

FURTHER INFORMATION

CHANGE OF CIRCUMSTANCES

Notify the Director, in writing, as soon as possible after the award of the benefit if you recover sufficiently to be able to resume work as an employed or self-employed person.

VERIFICATION

Once you are in receipt of Invalidity Benefit, you must produce evidence of your continuing right to the benefit. Such *verification* must take place during your birth month and exactly six months thereafter. **Your payments will stop** if you fail to be verified as indicated.

To be verified, visit any one of NIB's Local Offices with your passport or voter's card, and your National Insurance card. Or have the NIB Verification Form duly notarized by a *sanctioned authority* and returned to the Pension Verification Department in the New Providence Local Office.

A “**Sanctioned Authority**,” is an Officer of the National Insurance Board; Counsel or Attorney of the Supreme Court; a Public Officer above the rank of Assistant Head of Department; an ordained Minister of Religion; a Bank Manager; Magistrate; or Justice of the Peace, who is not a member of your immediate family. For pensioners who live outside The Bahamas, a *sanctioned authority* may also be a Notary Public, a Lawyer, or a Chief of Police.

RIGHT OF APPEAL

If you disagree with any decision made on your claim for Sickness or Invalidity Benefit and have evidence as to why the decision should be overturned, you can appeal in writing to the nearest Local Office within 21 days of the date you were notified of the decision. Appeals are heard and decided by a panel of three independent practitioners.

PENALTIES

Any person who, for the purpose of obtaining a benefit under the National Insurance Act, either for himself or some other person, makes any false statement or false representation, or produces any false documents, etc, shall be liable to a fine not exceeding \$2,500, or to imprisonment for up to twelve months, or both.

THE NATIONAL INSURANCE ACT

This leaflet gives basic information on **Invalidity Benefit**; for further details on this or any other provisions of our Social Security Programme, please refer to the *National Insurance Act (Chapter 320) Statute Laws of The Bahamas*.