



The National Insurance Board
Of The Commonwealth of The Bahamas
The National Insurance Act, 1972

For Official Use Only

MEDICAL CERTIFICATE OF INCAPACITY FOR WORK (Form Med.1A)
(Beyond 156 days [26 weeks] of Continuous Incapacity)

Section A: To be completed by a Registered Medical Practitioner

Note: This Certificate is NOT to be used if the claimant can be deemed an invalid at the time of the examination.

1. In Confidence to:

- Mr.
 Mrs.
 Ms.

2. I certify that I examined you on _____ and that in my opinion, you were incapable of
dd/mm/yyyy

working at the time of the examination by reason of the following diagnosis:

ICD-9 Code	Description of Diagnosis

3. You are being certified for _____ weeks beyond the specified Twenty-Six (26) week period.
(**Note: The maximum weeks available on this certificate is 14 weeks**)

4. Doctor: _____
Name (printed)

Signature

Date: _____
dd/mm/yyyy

**Note: Claims from Registered
Medical Practitioners outside the
Bahamas MUST be accompanied
by a business card.**

Affix Doctor's Stamp above

Section B: Explanatory Notes

- 5. Please be informed that you have been paid Sickness Benefit/Assistance for One Hundred and Forty-Four (144) days. This period may be extended for another Twelve (12) days for a total of One Hundred and Fifty-Six (156) days.
- 6. However, if you are likely to recover your health with continued medical treatment, Regulation 94 of The National Insurance (Benefits and Assistance) Regulations, 1984 provides that this period may be extended for an additional Eighty-Four (84) days, increasing your period of incapacity to a maximum of Two Hundred and Forty (240) days.
- 7. Consequently, you are requested to have a doctor complete the details on page 1 (overleaf) of this form, to confirm that you are likely to recover your health if your medical treatment is continued.
- 8. This claim form **MUST** be accompanied by a completed Employer Certificate (Form Med.4), if you are currently employed. **This claim WILL NOT be processed until the Form Med.4 is received. (The Form Med.4 is not required for Self-Employed Persons.)**

Section C: Claimant's Declaration *(To be completed by the Claimant)*

I declare that:

- 9. My N.I.# is _____.
 - 10. My last day at work was _____.
dd/mm/yyyy
 - 11. I am incapable of work and have done no paid work since the date shown at question 10.
 - 12. I claim Benefit/Assistance under the National Insurance Act, 1972.
 - 13. Claimant's Signature: _____
- OR**, if unable to sign,
Agent/Representative's _____
Name (printed) _____
Signature
- Date: _____

Note: For further information about the Sickness or Industrial Benefit, please ask for the **Sickness Benefit / Invalidity Benefit** leaflet at your nearest Local Office or visit **www.nib-bahamas.com**.

IMPORTANT NOTE: Any person who for the purpose of obtaining benefit under The National Insurance Act, for himself or for some other person, knowingly makes any false statement or false representations or produces any document, etc. which he knows to be false, shall be liable to a fine not exceeding Two Thousand Five Hundred Dollars (\$2,500), or to imprisonment for a period not exceeding twelve (12) months or both.

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