

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.



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

For Official Use Only

CLAIM FOR MATERNITY BENEFIT

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Section A: Medical Certificate of Expected/Actual Confinement

(To be completed by a Registered Medical Practitioner or Certified Midwife.)

1. In Confidence to: Mrs. Ms.

_____ *Last Name* *First Name* *Middle Name(s)*

2. Complete the appropriate type of Confinement below:

Expected Confinement

I certify that I examined you on _____ and that in my opinion, you may expect to be confined on _____.
dd/mm/yyyy *dd/mm/yyyy*

Actual Confinement

I certify that I attended you in connection with your confinement on _____ at _____ and that you were delivered of _____ child(ren).
dd/mm/yyyy
Name of Medical Facility or Place

I certify that your confinement resulted in the birth of _____ live child(ren).

3. Doctor: _____
Name (printed)

_____ *Signature*

Affix Doctor's Stamp here

Date: _____
dd/mm/yyyy

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

4. If Certified Midwife, Registration #: _____ Certificate Date: _____
 Address: _____

5. Remarks by Doctor/Midwife: _____

Section B: Claimant Details (To be completed by the Claimant)

Note: This claim form **MUST** be accompanied by a completed **Employer's 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.)** You are encouraged to submit a completed Registration Form (Form R.4) for each live birth as soon as possible after the birth of your child(ren).

6. Mrs./ Ms. _____
Last Name *First Name* *Middle Name(s)*

7. N.I.# _____ 8. Date of Birth _____
dd/mm/yyyy

9. House # & Street: _____

10. Telephone #1: _____ 11. Telephone #2: _____

12. P.O. Box: _____ 13. Email Address: _____

Employment Details

14. Occupation: _____

15. Are you Self-Employed? Yes No (If your response is 'Yes' then proceed to question 20)

16. Department: _____ 17. Supervisor: _____

18. Your Work Employee #: _____

19. Employer/Company: _____

20. Employer/Self-Employed N.I.#: _____

21. Employer/Company Address: _____

22. Telephone #1: _____ 23. Telephone #2: _____

24. P.O. Box: _____ 25. Email Address: _____

26. Employment History:

Previous Employer/Company Name	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)

27. If you were on vacation during pre-confinement period, please state when: _____ to _____
dd/mm/yyyy *dd/mm/yyyy*

28. If unemployed during the pre-confinement period, please state date employment ceased: _____
dd/mm/yyyy

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

I declare that:

29. My last day at work was _____
dd/mm/yyyy

30. This is my First Second claim for this pregnancy.

31. I do not expect to work for salary or wages in respect of the period for which benefit is being claimed.

32. I, hereby, claim Maternity Benefit and/or Grant in accordance with the Medical Certificate in Section A.

33. The information given by me on this form is true and correct to the best of my knowledge and belief.

34. Claimant's Signature: _____

OR, if unable to sign,

Agent/Representative's _____
Name (printed) *Signature*

Date: _____
dd/mm/yyyy

Section D: Explanatory Notes

35. Maternity Benefit is payable for a period of thirteen (13) weeks. Payment of Maternity Benefit will begin either six (6) weeks before the expected day of confinement or the day you stopped work.

36. If you claim the benefit before your baby is born and the actual confinement is delayed, the payment period may be extended by one (1) week for each week that confinement is delayed.

37. Confinement is so defined by the National Insurance (Benefits and Assistance Regulations), that a certificate can only be given:-

- i. where labour results in the issue of a living child, or
- ii. where labour results in the issue of a still-born child and pregnancy has lasted for at least twenty-four (24) weeks.

The certificate must not be given in any other circumstances.

38. Claimants who have paid at least fifty (50) contributions may be entitled to a Grant of four hundred dollars (\$400) when labour results in the issue of a living child.

39. Where a claimant does not meet the contribution condition for the Grant, but her husband meets the contribution condition for the award of the Benefit, the claimant would be paid the Grant. In this case, the claim for Maternity Grant (Spouse) (Form Med.3B) must be completed.

40. For further information about the Maternity Benefit and Grant, please ask for the **Maternity Benefit** leaflet at your nearest Local Office or visit **www.nib-bahamas.com**.