



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

For Official Use Only

**EMPLOYER'S CERTIFICATE (Form Med.4)**

**To be completed by the Employer of the Claimant**

I certify that:

- Mr.  
 Mrs.  
 Ms.

\_\_\_\_\_  
*Surname First Name Middle Name(s)*

holder of National Insurance Number \_\_\_\_\_ has been employed with

\_\_\_\_\_  
*Name of Business/Company* ( \_\_\_\_\_ ) from  
*Employer NI#*

\_\_\_\_\_, and will be/has been on  Sickness /  Maternity /  Industrial /  Vacation leave from  
*dd/mm/yyyy*

\_\_\_\_\_ to \_\_\_\_\_ .  
*dd/mm/yyyy dd/mm/yyyy*

Employer/Representative: \_\_\_\_\_  
*Name (printed)*

\_\_\_\_\_  
*Signature*

Position: \_\_\_\_\_

Date: \_\_\_\_\_  
*dd/mm/yyyy*

***Affix Business/Company  
Stamp/Seal at left***

***Note: Contributions are not due for the claimant during the period of incapacity. Application may be made for the refund of contributions paid in error.***

**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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