

THE NATIONAL INSURANCE BOARD
MATERNITY BENEFIT APPLICATION
 (PLEASE USE BLOCK/CAPITALS)

NI 12

(FOR OFFICIAL USE)

CLAIM NO:

SERVICE CENTRE CODE:

NOTE: The Application must be submitted within three (3) months of the date of Delivery.

SECTION "A" - TO BE COMPLETED BY APPLICANT

1. NATIONAL INSURANCE NO.

2. NAME: SURNAME OTHER NAME(S)

3. HAVE YOU CHANGED YOUR NAME OR MARITAL STATUS SINCE REGISTRATION? YES NO
 If "YES", submit Marriage Certificate or Deed Poll.

4. DATE OF BIRTH: YYYY MM DD

5. WAS EVIDENCE OF DATE OF BIRTH PREVIOUSLY SUBMITTED? YES NO
 If "NO", submit Birth Certificate, or valid Driver's Permit, or Passport with this application.

6. *POSTAL ADDRESS: (STREET)
 (CITY/DISTRICT/COUNTY)

7. TELEPHONE NUMBER -- 8. OCCUPATION:

9. EMPLOYER'S NAME:

10. *EMPLOYER'S ADDRESS: (STREET)
 (CITY/DISTRICT/COUNTY)

11. NAME AND ADDRESS OF ACTUAL PLACE OF WORK: (e.g. School/Department/Division)

12. 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)

13. LAST DATE WORKED: YYYY MM DD

14. PLEASE MAKE PAYMENT TO: POSTAL ADDRESS FINANCIAL INSTITUTION
 If Financial Institution is selected, what is,
 NAME OF FINANCIAL INSTITUTION: ACCOUNT NUMBER
 ADDRESS: (STREET)
 (CITY/DISTRICT/COUNTY)

*EXAMPLE: Light Pole No. 8, Southern Main Road, Couva OR Near Bertie's Parlour, Industry Lane, Belmont.

SECTION "D" - FOR OFFICIAL USE**PART I - CUSTOMER SERVICE REPRESENTATIVE**

1. NAME, N.I. NO. AND DATE OF BIRTH CONFIRMED AND UPDATED (IF NECESSARY) ON I.A. SYSTEM YES NO
2. REGISTRATION RECORD COMPLETE? (If "NO" complete forms NI 165/NI 182 as applicable) YES NO
3. CHECK FOR DUPLICATE REGISTRATION (SIRF file included)? (Record Results on Minute Sheet) YES NO
4. CLAIM HISTORY VIEWED?
(If yes, record findings here.) _____
(Use minute sheet if this space is inadequate.) YES NO
5. APPLICATION COMPLETED AND ACCEPTED FOR PROCESSING? YES NO
6. APPLICATION RECORDED? (Print and attach Claim Profile) YES NO
7. CONTRIBUTION RECORDED AND TRANSFERRED? (Print and attach Audit Report) YES NO
8. APPLICATION PROCESSED? YES NO

CUSTOMER SERVICE REPRESENTATIVE

DATE:

YYYY				MM		DD	

PART II - MANAGER/SUPERVISOR/CLERICAL OFFICER II

1. DETAILS OF CLAIM PROFILE VERIFIED? YES NO
2. CONTRIBUTION AUDIT REPORT VERIFIED? YES NO
3. CONTRIBUTION RECORD TRANSFERRED? YES NO
4. CLAIM AUTHORIZED/DISALLOWED? YES NO

MANAGER/SUPERVISOR/CLERICAL OFFICER II

YYYY				MM		DD	

PART "II" - DETERMINATION OF APPLICATION OF MATERNITY BENEFIT ACTION SHEET

1. APPLICANT SATISFIES AGE CONDITION? (16 years to Retirement Age) YES NO
2. PREGNANCY LASTED 26 WEEKS OR RESULTED IN LIVE BIRTH? YES NO
3. EXPECTED/ACTUAL DATE OF DELIVERY:

YYYY				MM		DD	
4. "10 in 13 Test" SATISFIED? (See Section "C", Question 5) YES NO
5. WAS APPLICANT IN RECEIPT OF SICKNESS BENEFIT PRIOR TO MATERNITY BENEFIT PERIOD? YES NO
 (If "YES", state period):

YYYY				MM		DD	

 TO

YYYY				MM		DD	

6. DETERMINATION OF EARNINGS CLASS
- (a) Total of 10 weeks of highest earnings \$ (Refer to question 5 of Section C).
- (b) Average weekly earnings prior to maternity period ($\frac{7a}{10}$) \$
- (c) Earnings Class Determined

7. (a) WEEKLY RATE OF BENEFIT IN CLASS = \$

(b) MATERNITY GRANT APPROVED IN THE SUM OF \$

(c) MATERNITY BENEFIT APPROVED AS FOLLOWS:

WEEKLY RATE	PERIOD					
	FROM			TO		
	YYYY	MM	DD	YYYY	MM	DD

(d) APPLICATION DISALLOWED ON THE GROUNDS THAT:

SIGNATURE: _____
(PROCESSING OFFICER)

DATE:

YYYY				MM		DD	

9. AUTHORISATION:

- (a) PAYMENT OF MATERNITY GRANT/BENEFIT AUTHORISED, FOR THE PERIOD AND RATE, AT 8 ABOVE.
- (b) MATERNITY BENEFIT DISALLOWED ON THE GROUNDS AT 8(d) ABOVE.
- (c) APPLICANT NOTIFIED OF DECISION ON FORM NI 44/NI 53:

YYYY				MM		DD	
- (d) DECISION RECORDED ON I. A. SYSTEM.

YYYY				MM		DD	

SIGNATURE: _____
(MANAGER/SUPERVISOR/C.O. II)

DATE:

YYYY				MM		DD	