



**THE NATIONAL INSURANCE BOARD OF
TRINIDAD AND TOBAGO**

Application / Benefit:	Application		
Form Name:	Medical Report Certifying Multiple Birth		
Form Number:	NI 12		
Section A			
Description	To be completed by Applicant		
Question #	No.	Questions on form	What should be inserted
	1	Name	Surname followed by First name and middle name (if applicable)
	2	Home Address	Where you live currently
	3	Postal Address (if different from above)	Where your mail is delivered (go to). If different from home address
	4	Valid Identification	You are required to select a valid form of identification being used to submit your application and insert identification number
	5	National Insurance No.	What is your National Insurance Number
	6	Date of Birth	What is your Date of Birth (Year/Month/Day)
	7	Email Address	You are require to insert your email address
	8	Was Evidence of Date of Birth Previously Submitted	Did you ever submit a copy of your Birth Certificate for update? If "No" submit Birth Certificate or Passport with application.
	9	Telephone Numbers	Telephone contact - home, office/work or cellular
	10	Marital Status	What position do you hold in your organisation
	11	Occupation	You are required to insert your current job title
	12	Business Name of Employer	The name of your employer
	13	Employers Address	The address of your employer
	14	Name fo Actual Place of Work	The exact name of the place where you report for work
	15	Address of Actual Place of Work	The exact address where you report for work
	16	Are you currently Employed Elsewhere	Do you have a second job? If "Yes" state the Business Name and Address. - Insert second Employer's Name - Insert second Employer's Address
	17(i)	Last Date Worked	Insert the last date you attended work
	17(ii)	Period of Absence	Insert the period in which you would be continuously absent from your last date of work. This period should include all leave- Sick Leave, Vaction Leave, Maternity Leave etc
	18	Please indicate the method of payment of Benefit	Tick the box to state if you would like to have payments posted to your current address or sent to an active financial institution (attach a copy of your financial information for verification): Insert: - Name of Financial Institution: - Address: - Account Number:
Description	Applicant's Declaration		
	Information needed		What should be inserted

	Signature or Mark	Sign name or affix thumb print
	Date	Date when the form was completed by applicant
Description	Application Submitted By Third Party (Person other than Claimant)	
	Information needed	What should be inserted
	I (claimant)	Surname followed by First name and middle name (if applicable)
	Hereby authorize (third party)	Surname followed by First name and middle name (if applicable)
	Third Party information	- Tick Valid Identification Document and insert number - Insert valid telephone number (home, office or cellular) - Relationship to claimant - Signature of Third Party and date form completed
	Signature of Claimant	The signature of claimant
	Date	Date the form was completed by the claimant
	Signature of Third Party	The Signature of third party
	Date	Date the form was completed by the third party
Description	Particulars of witness to Mark (where Claimant/Third Party cannot sign)	
	Information needed	What should be inserted
	Name	The witness surname and other name
	Address	The address of the witness
	Occupation	What position does witness hold
	Valid Identification	Tick the box which ID used - Identification should be a valid form of one of the following: Passport, Driver's Permit or Electoral Identification Card.
	Number	Place number from the ID
	Signature of Witness to mark	The signature of the witness
	Date	Date the form was completed by the witness
Section B		
Section B - Description	To be completed by a Registered Medical Practitioner or Midwife	
	No.	Questions on form
		What should be inserted
	Name	Surname followed by First name and middle name (if applicable) of the applicant
	Date Examined	Medical Practitioner/Midwife is required to insert the date you were examined/checked
	Expected/Actual Date of Delivery	Medical Practitioner/Midwife is required to insert your expected delivery date
	Is Pregnancy result at least 26 weeks old at the Date of Examination	Medical Practitioner/Midwife s required to indicate if your pregnancy lasted at least 26 week at the date of examination
	Did Delivery result in the birth of a living child/ children	Medical Practitioner/Midwife is required to indicate if your delivery resulted in the birth of a living child
	State Number of Children	If your delivery resulted in the birth of a living child the Medical Practitioner/Midwife is required to indicate the number of births in words and figures
	Name of Medical Practitioner/Midwife	Surname followed by First name and middle name (if applicable)
	Office Address of Medical Practitioner/ Midwife	Address of Medical Practitioner/Midwife

2. Application submitted outside of three month time frame a written letter is require giving valid reason for lateness.
3. If late submission is fault of employer, employer must provide a late letter
4. Where the claim is submitted by a third party a certified copy of third party and claimant valid ID is required

5. Who can sign as witness -
 (a) (For a resident of Trinidad and Tobago)
 Any Magistrate, Justice of the Peace, Clergyman, Warden, Councillor/Assemblyman, Bank Manager, Medical Practitioner, Attorney-at-Law, Principal/Vice Principal of any Government/approved School, Head of any Government Institution or any Police/Military officer of the rank of Sargeant and above or Local Office Staff or Supervisory Officer of the National Insurance Board. A member of the Trinidad and Tobago Mission in the Country in which the Beneficiary is a resident OR an Attorney-at-Law, OR a Notary Public, OR a Justice of the Peace OR a Medical practitioner.
 (b) (For a non-resident of Trinidad and Tobago)
 A member of the Trinidad and Tobago Mission in the Country in which the Beneficiary is a resident OR an Attorney-at-Law, OR a Notary Public, OR a Justice of the Peace OR a Medical practitioner.

Supporting Documents

- Claimant Birth Certificate if not previously submitted
- Birth Certificate of infant(s) original and copy
- Any supporting documents or deed poll where necessary
- Marriage Certificate is required for married women whose name has changed for registration
- Decree absolute for divorce women
- Alternative evidence of confinement
- Letter from attending doctor or registered midwife confirming confinement
- Proof of employment (recent payslip; TD4 Slip; Job Letter)
- Foreign Medical Certificate must be accompanied by a letter of authentication in respect of doctor's status from a member of Trinidad and Tobago High Commission of Foreign Affairs in the Country where medical attention was sought
- Form completed by Midwife - a certified copy of the medical certificate or report that the claimant submitted to the employer

List of Errors	No.	Questions on form	Possible Errors
	1		
	2		
	3		