



THE NATIONAL INSURANCE BOARD OF TRINIDAD AND TOBAGO

Application / Benefit:	Application		
Form Name:	Maternity Benefit		
Form Number:	NI 12A		
Section A			
Description	To be completed by Applicant - (This is person who is making the application)		
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	Where your mail is delivered (go to). If different from home address
	4	National Insurance No.	What is your National Insurance Number
	5	Date of Birth	What is your Date of Birth (Year/Month/Day)
	6	Telephone Numbers	Telephone contact - home, office/work or cellular
	7	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.
	7(a)	If "No", Did the pregnancy result in the birth of a living child/children	Tick "Yes" or "No".
	8	How many children were delivered	You are required to insert in words and figures the number of children delivered
	9(a)	Did you complete and submit - NI 12 - Maternity Benefit Application	Tick "Yes" or "No". If "No" please complete and attach
	9(b)	Did you complete and submit - NI 13 - Special Maternity Grant Application	Tick "Yes" or "No". If "No" please complete and attach
	10	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	Particulars of witness to Mark (where Claimant 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

**To be completed by a Registered Medical Practitioner or Midwife
Certificate of Actual Delivery Resulting in Multiple Births**

Section B - Description	Information needed	What should be inserted
	I hereby certify that Miss/Mrs	Surname followed by First name and middle name (if applicable) of the applicant
	Delivered	Medical Practitioner/Midwife to insert the number of children delivered in words and figures
	Date of Delivery (on)	Medical Practitioner/Midwife to insert the exact date of delivery
	Name of Institution/Place of Delivery	Medical Practitioner/Midwife to insert the Name of the institution/place the delivery occurred
	Name of Medical Practitioner/Midwife	Surname followed by First name and middle name (if applicable)
	Address of Medical Practitioner/ Midwife	Address of Medical Practitioner/Midwife
	Registration Number	Registration Number of Medical Practitioner/Midwife as issued by the Medical Board of Trinidad and Tobago or an associated Midwife Association
	Telephone Numbers	Medical Practitioner telephone contact - office/work or cellular
	Signature of Medical Practitioner/Midwife	Medical Practitioner/Midwife to sign
	Stamp	Medical Practitioner to affix stamp

What you should know about this claim

1. Time frame for the submission of claim - 3 months from the date of delivery
2. Application submitted outside of three month time frame a written letter is required giving valid reason for lateness.
3. A copy and the original of the children's birth certificate
4. Who can sign as witness -
(a) (For a resident of Trinidad and Tobago)

Supporting Documents

Children Birth Certificate

Claimant to submit a late letter (if applicable)

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