



THE NATIONAL INSURANCE BOARD OF TRINIDAD AND TOBAGO

Application / Benefit:	Application		
Form Name:	SPECIAL MATERNITY GRANT BENEFIT		
Form Number:	NI 13		
Section A			
Description	To be completed by Applicant - (Mother)		
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	Date of birth of applicant (Year/Month/Day)
	6	Valid Identification	Tick which form of identification used and its number. Identification should be a valid form of one of the following: Passport, Driver's Permit or Electoral Identification Card.
	7	Marital Status	Are you Single, Married, Widowed or Divorced? Tick the box provided
	8	Telephone Numbers	Telephone contact - home, work or cellular
	9	Name of Father of Child	Father's surname followed by First name and middle name (if applicable)
	10	Method of Payment	You must tick whether the funds would be going to an active account in a financial institution or would it be going to your postal address.
11	Are you presently employed?	If you are currently employed you tick the option yes, then proceed to give the name and address of your employer	
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 applicant cannot sign)		
	Information needed	What should be inserted	
	Name	The witness surname and other name	
	Address	The address of the witness	
	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	
	Occupation	What position does witness hold	
	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
	1	Name of Mother	Surname followed by First name and middle name (if applicable)
	2	Actual Date of Delivery	State the actual date of delivery
	3	Did the pregnancy last at least 26 weeks at the date of delivery?	Tick Yes or No
	4	Did delivery result in the birth of a living child/children?	Tick Yes or No
	4ii	If "YES"	State the number of children in words and figures.
	5	Name of Medical Practitioner/ Midwife	Surname followed by First name and middle name (if applicable)
	6	Office Address	Where is your office located.
	7	Registration Number of Medical Practitioner/Midwife	Registration Number of Medical Practitioner/Midwife as issued by the Medical Board of Trinidad and Tobago or an associated Midwife Association
	8	Telephone Number	Medical Practitioner/Midwife Telephone contact - office/work or cellular
	9	Signature of Medical Practitioner/Midwife	Sign name on line provided
	10	Stamp of Medical Practitioner/Midwife	You must affix your stamp in the box provided.
Section C			
Description	To Be completed by Mother's Employer		
	This section must be completed if the mother is or would have been employed within the thirteen (13) week period.		
Question #	Information needed		What should be inserted
	1	Employer's Name	State the name of the mother's employer.
	2	Employer's Address	Where is the business located.
	3	Employer's Telephone Number	Employer Telephone contact - office/work or cellular
	4	Employer's Registration Number	Insert your National Insurance Employer Number.
	5i	Actual Week of Delivery began Monday	If the date of delivery does not fall on a Monday, insert the date that falls on the Monday of that week.
	5ii	Sixth Week before the actual date of delivery began Monday	Your employer is required to insert the Monday six weeks prior to the date at 4(a)
	6	Weekly Rate Of Pay	Insert the thirteen week prior to the actual date of delivery
Employer's Declaration			
	Information needed		What should be inserted
	Name		Name of the individual in higher management who completed the employer section of the form.
	Position		Position of the individual in who completed the employer section of the form.
	Signature or Mark		Sign name or affix thumb print

Date	Date when the form was completed by applicant
Company Stamp	You must affix your stamp in the box provided.

Section D

To be completed by the Father of the child

Question #	Information needed	What should be inserted
1	Name	Surname followed by First name and middle name (if applicable)
2	Home Address	Where do you live currently
3	Postal Address	Where your mail is delivered (go to), if different from home address
4	National Insurance No.	National Insurance Number of applicant
5	Date of Birth	Date of birth of applicant (Year/Month/Day)
6	Valid Identification	Tick which form of identification used and its number . Identification should be a valid form of one of the following: Passport, Driver's Permit or Electoral Identification Card.
7	Telephone Numbers	Telephone contact - home, work or cellular
8	Marital Status	Tick which status applies to you. It must be one of the following: Single, Married, Widowed, Divorced. (If you are married you must submit your marriage certificate)
9	Are you the lawful spouse of the applicant?	Tick Yes or No
10	Occupation	State the occupation of the father of the child
11	Employer's Name	State the name of the mother's employer.
12	Employer's Address	Where is the business located.
13	Name of Actual Place of Work	The exact name of the place where you report for work
14	Address of actual place of work	The exact address where you report for work
15	Are you currently employed elsewhere	Tick "YES" or "NO". "YES" is only if the father is currently employed with another employer not mentioned in the above question.
16i	Name of Mother	Surname followed by First name and middle name (if applicable)
16ii	Name of Father of Child	Surname followed by First name and middle name (if applicable)
16iii	Signature or Mark of the Father	Sign name or affix thumb print

Description **Particulars of witness to Mark (where applicant cannot sign)**

	Information needed	What should be inserted
	Name	The witness surname and other name
	Address	The address of the witness
	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
	Occupation	What position does witness hold
	Signature of Witness to mark	The signature of the witness
	Date	Date the form was completed by the witness

Section E

Description **To Be completed by Father's Employer**

Question #	Information needed	What should be inserted
1	Employer's Name	State the name of the mother's employer.
2	Employer's Address	Where is the business located.

3	Employer's Telephone Number	Telephone contact - home, office/work or cellular
4	Employer's Registration Number	Insert your National Insurance Employer Number.
5i	Actual Week of Delivery began Monday	If the date of delivery doesn't fall on a Monday, insert the date that falls on the Monday of that week.
5ii	Sixth Week before the actual date of delivery began Monday	Your employer is required to insert the Monday six weeks prior to the date at 4(a)
6	Weekly Rate Of Pay	Insert the thirteen week prior to the actual date of delivery

Employer's Declaration

Information needed	What should be inserted
Name	Name of the individual in higher management who completed the employer section of the form.
Position	Position of the individual in who completed the employer section of the form.
Signature or Mark	Sign name or affix thumb print
Date	Date when the form was completed by applicant
Company Stamp	You must affix your stamp in the box provided.

Description	For Official Use
	The Customer Service Representative completes the section of the form

- What you should know about this claim**
1. The Special Maternity Grant is payable to the mother of the child/children using the father's contributions.
 2. Where the claim is submitted by a third party , valid ID and letter of authorization to conduct business
 3. Only one (1) Special Maternity Grant is allowed every twenty-four (24) consecutive months.
 4. Who can sign as witness -

- Supporting Documents**
- Birth Certificate of both the Mother and Father.
 - Marriage Certificate (if applicant is legally married)
 - Co-habitation at the time of delivery of the child/children
 - Birth Certificates of the child/children
 - NI 4 (if the mother has never been registered with the national insurance board)

All supporting statutory declarations

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