



THE NATIONAL INSURANCE BOARD OF TRINIDAD AND TOBAGO

Application / Benefit:	Application		
Form Name:	Child Allowance - Medical Report		
Form Number:	NI 34A		
For Official Use (top right hand corner)			
To be completed by the Customer Service Representative			
Section A			
Description	To be completed by Applicant - (Particulars of Deceased)		
Question #	No.	Questions on form	What should be inserted
	1	Deceased Name	Surname followed by First name and middle name (if applicable)
	2	Date of Death	Date of Death (Year/Month/Date)
	3	National Insurance No.	National Insurance number of the deceased
To be completed by Applicant			
	1	Applicant's Name	Surname followed by First name and middle name (if applicable)
		Signature or Mark of Applicant	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.
		Date	Telephone contact - home, work or cellular
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:
	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 - Medical Report			
Description	To be completed by a Registered Medical Practitioner		
	Information needed		What should be inserted
	1	Child's Name	Surname of the child followed by First name and middle name (if applicable)
	2	Home Address	Where does the child live currently
	3	Date of Birth of Child	Insert the date of birth of the child
	4a	Is child physically disabled?	Tick the relevant box yes or no

4b	Is child mentally disabled?	Tick the relevant box yes or no
5a	If the answer to question 4(a) or (b) is "Yes" (a) Please give a full clinical description of the disability.	Doctor to give a full clinical description of the disability of the child
5b	(b) Please state the date on which the disability was diagnosed.	Date insert the date on which the disability was diagnosed
6	How long have you been treating this patient?	Insert words and figures (Days/Month/Year)

Description	Section B- Medical Report cont'd - Particulars of Medical Practitioner
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Information needed	What should be inserted
Name of Medical Practitioner	Surname of the doctor followed by First name and middle name (if applicable)
Office Address	The address from which the doctor operates out of
Registration Number of Medical Practitioner	The doctor registration number
Telephone Number	telephone contact - home, work or cellular
Signature of Medical Practitioner	Sign name or affix thumb print
Medical Practitioner's Stamp	Stamp from the Medical Practitioner
Date	Date when the form was completed by doctor

Section C

Section C - Description	For Official Use
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	The Customer Service Representative completes the section of the form
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What you should know about this claim
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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

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

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