NATIONAL INSURANCE SERVICES
P.O. Box 305, Administrative Centre

Tel.: (784) 456 1514
Fax: (784) 456 2604

NATIONAL INSURANCE ACT #33 OF 1986
CLAIM FOR DISABLEMENT BENEFIT

Warning: Any person who knowingly makes a false statement or false representatives for the purpose of obtaining benefit commits a criminal offence punishable by a fine or imprisonment or both.

To be completed by Applicant

PART A - *PERSONAL INFORMATION*

Name (in block capitals) …….
Surname **Other Names**

Date of birth |__|__|__| Telephone #: ……

Postal Address: ……. NIS #. |__|__|__|__|__|__|

…….. Sex: Male [ ] Female [ ]

Marital Status: Married [ ] Single [ ] Widow/Widower [ ] Divorced [ ]

Next of Kin ……...

Last Employer(s) …… Address ……

I have been medically certified as permanently incapable of work.

- Attached are copies of my birth certificate as proof of age and my marriage certificate as proof of marriage.
- (Delete whichever does not apply).

If you are unable to sign this form it must be witnessed by a Justice of the Peace, Medical Doctor, Senior Civil Servant, Minister of Religion, Member of Parliament, Police Officer (above the rank of Inspector).

Form must be accompanied by a medical certificate.

I declare that the foregoing statements are true to the best of my knowledge and belief.

Signature of Claimant: ……. Date: …….

N.B: Please complete fully and send to the National Insurance Services. Failure to apply within 3 months of eligibility may mean loss of some benefit.

Form INP 1. (Revised October 1998)