



Turks and Caicos Islands National Insurance Board

Claim for MATERNITY ALLOWANCE *PARA RECLAMAR BENEFICIOS DE MATERNIDAD* REKLAMASYON DWA PEYMAN POU MATENITE

MATERNITY ALLOWANCE	* is a National Insurance benefit you may be able to receive as a result of pregnancy.
BONIFICACION DE MATERNIDAD	<i>si usted es un beneficiario del seguro nacional usted puede obtenerlo durante su embarazo y su parto</i>
<i>DWA PAYMEN MATENITE</i>	<i>se yon benefis ou kapab ginyin nan asirans nasyonal pandan ou ansint epi apre ou fin-n akouche</i>
THIS FORM IS FOR	* employed/self-employed persons who are in insurable employment prior to making a claim for maternity allowance.
PARA QUIEN ES ESTE FORMULARIO	<i>las personas que estan aseguradas por su trabajo antes de hacer un reclamo para beneficos de maternidad</i>
<i>POU KI MOUN FOM SA YE</i>	<i>se pou moun ki ap travay epi ki peye asirans avan li reklame dwa peyman pou matenite-a</i>
WHEN TO SUBMIT THIS FORM	* within five weeks before your expected date of confinement. Failure to do so within 1 month may result in the partial/total loss of your benefit.
<i>CUANDO SE DEBE LLENAR ESTE FORMULARIO</i>	<i>Cinco semanas antes de su parto</i>
KILE POU OU RANPLI-L	(5) sink semen-n avan dat akouchman.
WHAT YOU HAVE TO PROVIDE	* Medical certificate of confinement.
<i>QUE ES LO QUE USTED TIENE QUE PROVEER</i>	<i>Un certificado medico de maternidad</i>
KI SA OU BEZOUIN	Papye Dokte ba ou. Setifika medikal pou akouchmon

PART 1 : DETAILS TO BE PROVIDED BY CLAIMANT

1. Name:
Nombre
Non

2. National Insurance Number:
Numero del Seguro Nacional
Nimewo Kat Asirans

3. Date of Birth:
Fecha de nacimiento
Dat ou te fet

Day	Mth	Year

4. Address:
Direccion
Adres

(Postal Box, Street, District/ Settlement & Island)

6. Telephone:
Telefono
Tele Phon-n

7. Occupation
Ocupacion
Ki travay ou fe

8. Date ceased to work:
Fecha en que dejo de trabajar
Dat ou te kanpe nan travay

Day	Mth	Year

PART 2: DECLARATION AND CLAIM

I UNDERSTAND: that if I give information that is incorrect, action may be taken against me.

Yo Entiendo Si doy informacion que es incorrecta, accion puede tomarse en contra Mia

Mouin Konpran-n Si-m bay infomasyon ki pa korek nan fom nan, yo ka pran kinpot aksyon Kont mouin.

I DECLARE: that the information I have given on this form is correct and complete.

Yo Declaro que la informacion que ha dado en este formulario es correcta y completa

Mouindeklare Infomasyon mouin bay nan fom sa korek epi yo konplet

I CLAIM: maternity allowance.

Firma de su patron beneficios de enfermedad

Mouin reklame dwa peyman pou matenite

Claimant's signature

Firma del Reclamador

Sinyati ou

Date:

Fecha

Dat

Day	Mth	Year

*

NOTE:

If you do not have all the supporting documents for this claim, submit the application without the documents within the time prescribed on page 1 to avoid loss of benefit.

Form Ins. 062