



JAMAICA

**CLAIM FOR
INVALIDITY BENEFIT**

FOR OFFICIAL USE

Claim No.

Nat. Ins. No.

IMPORTANT: Please read the instructions on page 5 before completing.

Date stamp of local National Insurance Office indicating date of receipt of claim:

PART 1. PERSONAL PARTICULARS

1. Enter your name (Please use **BLOCK CAPITALS**) *Mr.
*Mrs.
*Miss

.....
First Name *Middle Name* *Surname*

2. What other names, if any, have you been known by, apart from the one given above?

3. Enter your full address:	4. Your Jamaican National Insurance Number: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
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5. Your Age	6. Your date of birth (Year, Month, Date)	7. Sex (Tick <input checked="" type="checkbox"/>) <input type="checkbox"/> Male <input type="checkbox"/> Female
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8. Place of birth (<i>Include parish if in Jamaica</i>)	9. Is your birth certificate enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Is other evidence of birth enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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11. Enter your Father's full name	12. Enter your Mother's full name at her birth (<i>her Maiden Name</i>)
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13. Marital Status:
 SINGLE MARRIED SEPARATED WIDOWED DIVORCED

14. (a) Have you ever claimed a National Insurance benefit before this one?
 Yes. No.

(b) If "Yes", state - (i) the benefit you claimed
 (ii) the claim number, if you know it
 (iii) the result of the claim

15. (i) At what Post Office or Postal Agency would you like your pension paid if one is awarded?	(ii) If you cannot go to the Post Office to draw the pension and would like arrangements made for someone to draw it for you please state the reason, say whom you would like to draw the pension for you.
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• Cross out whichever does not apply.

PART 11

PARTICULARS OF EMPLOYMENT AND INCAPACITY

(Every claimant must fill out this part)

16. (a) List all your employers of your employment in Jamaica:

Name and Address of Employer	Works No. (if any)	Occupation	Period of Employment	
			From	To
.....				
.....				
.....				

(b) Did any of these employers deduct wage-related contribution from your pay because you were earning \$12 a week or \$46 a month, or more ?

Yes

No

If "Yes", place an "X" against that name.

17. (a) What is the nature of your illness?

.....

(b) When did you become incapable of work on account of your illness?.....

Year

Month

Date

PART 111

PARTICULARS OF DEPENDENT SPOUSE

(You must fill out this part if you are claiming an increased benefit for a Wife or Husband or a common law Partner)

18. If you are claiming for an increase for a spouse, give his or her name

.....

YOU MUST ALSO COMPLETE A SEPARATE CLAIM FOR THIS PURPOSE ON FORM B.E. 14 WHICH YOU CAN OBTAIN AT ANY NATIONAL INSURANCE OFFICE

19. State his or her age.....

PART IV.

PARTICULARS OF SUGAR INDUSTRY EMPLOYMENT

(You must fill out this part if you were at any time a Registered Sugar Worker in Jamaica)

20. Enter your Sugar Workers Pensions Scheme Registration Number

21. Give details of your employment with Sugar Manufacturers or Registered Cane Farmers in Jamaica since 1961:

Name and Address of Employer	Type of Work	Period of Employment	
		From	To
.....			
.....			
.....			

PART V.

PARTICULARS OF FOREIGN EMPLOYMENT

22. (a) Have you ever worked as an employed, or self-employed person in any other country besides Jamaica?

Yes

No

(b) If "Yes", please supply the information below:

Country	PERIOD		Social Security Number.
	From	To	
.....
.....
.....

PART VI. DECLARATION AND CERTIFICATE

SECTION B: Claimant's Declaration and Signature

I declare that the information given on this form relates to myself and is correct.

I claim Invalidity Benefit.

*Signature or Mark
Of Claimant X*

Date

SECTION B: Witness' Certificate and Signature

I hereby certify that-

- * (a) the claimant signed the above declaration in my presence.
- * (b) the claimant made the necessary mark to the above declaration in my presence. The contents of the foregoing claim and declaration were first carefully read over and explained to the claimant who, being unable to read or write, in order to express full understanding of their meaning and to vouch thereto, affixed the necessary mark as aforesaid.

I also certify that the claimant is known to me and that the particulars given are correct to the best of my knowledge and belief.

Signature of Witness XX

Date

Address

*Qualification
or Occupation*

*Cross out words which do not apply.

PART V11. AUTHORITY BY CLAIMANT TO MEDICAL PRACTITIONER TO REVEAL THE NATURE OF HIS ILLNESS

I hereby authorize the medical practitioner completing the certificate in Part V111 hereof to disclose the nature of my illness for the purpose of my claim.

(Name of Claimant)

*Signature or Mark
of Claimant*

***Signature of Witness*

Date

**** Necessary only if Claimant is unable to write.**

PART V111. CERTIFICATE OF MEDICAL PRACTITIONER

Note to Doctor

Among the conditions for Invalidity Benefit are that the insured person must be incapable of work by reason of some specific disease or bodily or mental disablement which is likely to be permanent and he or she must have been so incapable for a continuous period of not less than 26 weeks.

I certify that *Mr.
*Mrs.
*Miss

- (1) is incapable of work by reason of; and
- (2) to my knowledge or in my judgement he/she has been so incapable for a continuous period of at least 26 weeks; and
- (3) that in my opinion his/her incapacity is likely to be permanent, but should be reviewed after a period of months; and
- (4) to the best of my knowledge or belief, the incapacity began on or about.....
(Date)

General Remark(s).....
.....
.....

Signature and Qualifications

Date

*Cross out whichever does not apply.

PART 1X. REVIEW BY MEDICAL PRACTITIONER

.....
.....
.....
.....
.....
.....

Signature and Qualifications

Date

INSTRUCTIONS TO CLAIMANT

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THE FORM

- (1) Use this form to claim Invalidity Benefit. If you wish to claim an increase for a dependent wife or husband you must make a separate claim on Form BE 14 which you may obtain at any National Insurance Office.
- (2) Do not put off claiming the benefit or your claim may be too late, causing you to lose money.
- (3) Be sure to answer every question that applies to you or there may be a delay in you getting your pension or grant.
- (4) Where a box () is provided for your answer please place a check mark (✓) in the box next to the word that will answer the question.
- (5) If you have a birth certificate send it with this form. If you have not got a certificate send in the form without it. You can send in the certificate later. If you do not have a birth certificate but have other documents which would help the Ministry to determine your age please send them. Examples of such documents are: vaccination certificate, baptismal certificate, school record or passport.
- (6) On this form any reference to husband, wife, widow or widower includes a common law relationship, that is a single man living with a single woman, a widower living with single woman, or a widow living with a single man.
- (7) Among the condition for Invalidity Benefit are that you must be incapable of work by reason of some specific disease or bodily or mental disablement which is likely to be permanent and you must have been so incapable for a continuous period of not less than 26 weeks. Those things must be certified to by medical practitioner. You must, therefore, have Part V111 of this form completed by your doctor before you send the form to the Ministry.
- (8) If you have any stamp cards give them in along with this form.
- (9) Before you fill up Part V1 you must take the form to someone who knows you but is not related to you. You must fill out Section A of Part V1 in the presence of that person and sign the form at "X". That other person should complete Section B and sign at "XX".
- (10) If you need any help in filling up this form you may get in touch with a local National Insurance Office where you will get help.
- (11) When you have completed this form you must take or send it to a local National Insurance Office.
- (12) **If you have also contributed to the social security scheme of another country besides Jamaica, please complete PART V of the claim form.**

WARNING: ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT ON THIS FORM IS LIABLE TO PROSECUTION.