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 INVALIDITY 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)