

SECTION "C" - PARTICULARS OF ILLNESS

15. Are you in receipt of sickness or other benefits? Yes No

16a. If answer to question 15 is yes, please state type of benefit. _____

16b. Date of commencement

YYYY				MM		DD			

SECTION: "D" - DETAILS OF WORK DONE IN CARICOM COUNTRIES

17. EMPLOYMENT RECORD IN CARICOM COUNTRIES. (Use additional sheets if necessary).

NAME OF EMPLOYER	ADDRESS	EMPLOYER REGISTRATION NUMBER (If known)	PERIOD OF EMPLOYMENT					
			FROM			TO		
			YYYY	MM	DD	YYYY	MM	DD

18. DECLARATION OF APPLICANT

I hereby declare that to the best of my knowledge and belief the information given is true and correct, and I undertake to notify the National Insurance System of any change that might affect my entitlement to this benefit.

18.1 SIGNATURE OF CLAIMANT

DATE:

YYYY		MM		DD			

19. DECLARATION OF WITNESS

(Where Claimant Cannot Sign)

I have read this application to the applicant, who appears to understand the contents and has affixed his/her mark. To be witnessed by Minister of Religion, J.P, Notary Public, Lawyer, Permanent Secretary, Bank Manager, Senior Official of Social Security Scheme, with accompanying stamp.

19.1 NAME OF WITNESS:

SURNAME OTHER NAME(S)

19.2 ADDRESS OF WITNESS: _____

19.3 SIGNATURE OF WITNESS: _____

DATE:

YYYY		MM		DD			

20. (FOR OFFICIAL USE)

20.1 I hereby declare that I have examined and certified the documents submitted by the claimant with the application form.

NAME OF RECEIVING OFFICER _____
SURNAME OTHER NAME(S)

Signature of Receiving Officer

DATE:

YYYY		MM		DD			

**CARICOM AGREEMENT ON SOCIAL SECURITY
ACKNOWLEDGEMENT OF CLAIM**

Dear Sir/Madam

Acknowledgement is made of your claim for _____ dated _____
which has been accepted. Kindly look forward in the near future for further communication with regard to your claim.

SIGNATURE:

DOCUMENTARY EVIDENCE REQUIRED

PROOF OF AGE

- a) Certified Birth Certificate and Affidavit if applicant's name does not appear on the Birth Certificate or
- b) Valid Passport or;
- c) Electoral Identification Card

Where applicable.

CHANGE OF NAME

- a) Marriage Certificate or
- b) Deed Poll

OTHER

- a) Medical Certificate

This form should be submitted to the National Insurance Office in the country in which you reside.