



# National Insurance Act, 1986

## CERTIFICATE OF CONFINEMENT

To be completed by a medical practitioner or a registered midwife only.

To: Mrs./Miss .....  
(Full Name)

National Insurance Number: |\_|\_|\_|\_|\_|\_|\_|\_|

Address: ..... Tel. #: .....

I certify that I attended you at your confinement which took place on the:

.....  
(Date)

Resulting in the **\*live/still birth** of ..... child/children

Signature .....  
*Medical Practitioner/Registered Midwife*

Date .....

To: The insured woman who was awarded Maternity Allowance before confinement

**PLEASE SUBMIT ABOVE CERTIFICATE WITHIN THREE (3) WEEKS AFTER DATE OF CONFINEMENT. PAYMENT OF MATERNITY ALLOWANCE WILL BE DISCONTINUED AFTER CONFINEMENT IF THIS CERTIFICATE IS NOT RECEIVED AT THE NATIONAL INSURANCE OFFICE BY THE PRESCRIBED TIME.**

- Delete whichever is appropriate.