



NATIONAL INSURANCE ACT, 1986

CLAIM FOR MATERNITY GRANT

To be completed by wife of an insured man or by a single woman living in a common law relationship with a single man who is insured.

I
(Full name in block capitals)

Date of Birth: | | | |

residing at

Tel. #

hereby claim Maternity Grant in respect of my confinement on
(Date of Confinement)

I am the wife/common law wife of Mr.

Of

an insured person whose NIS # is | | | | | | | |

I hereby declare that I have lived with Mr.

as wife/common law wife from the day of 20.....

(Attached is a copy of my marriage certificate which you must please return)

My husband/common law husband is/was last employed by
(Name and Address of Employer)

I attach a Certificate of Confinement signed by:

Date Signature of claimant or person

Authorized to sign on behalf of claimant.

CERTIFICATE OF CONFINEMENT

To be completed by a Medical Practitioner or a Regional Midwife only.

To: Mrs. /Miss

I certify that I attended to you at your confinement which took

place on

resulting in the *live/still birth of M [] F [] child/children
(number)

Signature
(Medical Practitioner/Registered Midwife)

Date

* Delete whichever is appropriate

DECLARATION: (to be completed by permanent Civil Servant, Justice of the Peace, Minister of Religion, Teacher, Lawyer, or any reputable person in the area)

I declare that Miss and Mr. were living together for the past as man and wife and that he is the
(Yrs.) (Mths.)
father of the said child/children.

Name:

Signature:

Date:

Tel. #: