



NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969  
CLAIM FOR SICKNESS BENEFIT – MEDICAL CARE

(e) Has employee been in your employment over the last 50 weeks? .....

If no, state number of weeks .....

(f) How many contributions have you paid for employee during period referred to at e) above?

.....

(g) Were contributions paid for employee for the last 13 weeks before commencement of illness? .....

If yes, state number of contributions .....

4. **STATEMENT OF EARNINGS:** (Complete this Section only if there is loss of earnings – disregard when claim is for Medical Expenses only).

a) Salary/Wage paid to Employee for the last 3 months/13 weeks worked.

MONTH	SALARY	WEEK-ENDING	WAGE	WEEK-ENDING	WAGE
1		1		8	
2.		2.		9.	
3.		3.		10.	
		4.		11.	
		5.		12.	
		6.		13.	
		7.			

b) Rate of Salary/Wage to be paid to Employee when absent from work:

..... per month/week from ..... to .....

(To be completed only when the Employee will be paid during the period of illness)

I certify that the above statements are true to the best of my knowledge and belief and I assume full responsibility as to their correctness.

Signature of Employer/Representative: .....

Date: .....

Employer's Stamp

WARNING: Any person who knowingly makes a false statement or false representation for the purpose of obtaining any payment for himself or some other person under the National Insurance and Social Security Act, 1969 or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

I, the undersigned hereby apply for reimbursement of Medical Care Expenses under the National Insurance and Social Security Act, 1969 and furnish information with regard to such Medical Care charges and the following particulars:

1. PARTICULARS OF INSURED PERSON

a) Name in Full

b) Address

c) NIS No.

d) ID No.

e) Date of Birth

f) Sex

g) Date of Commencement of illness

h) Last Date Worked

2. PARTICULARS OF MEDICAL CARE

a) I was examined by .....  
Name of Doctor (Hospital)  
of .....  
(Address)

b) My expense was \$..... and I have attached receipt(s) to the value of \$..... which sum was paid by me for such medical care.

See breakdown overleaf at (c)