



**NATIONAL INSURANCE SCHEME
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 representation 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
D M Y

Address: NIS No.

..... Sex: Male [] Female []

Marital Status: Married [] Single [] Widow/Widower [] Divorced []

Next of Kin

Last Employer 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:

NB: Please complete fully and send to the National Insurance Scheme. Failure to apply within 3 months of eligibility may mean loss of some benefit.

Form INP 1. (Revised October 1998)