CLAIM FOR MATERNITY BENEFIT

Section A: Medical Certificate of Expected/Actual Confinement
(To be completed by a Registered Medical Practitioner or Certified Midwife.)

1. In Confidence to: ☐ Mrs. ☐ Ms.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name(s)</th>
</tr>
</thead>
</table>

2. Complete the appropriate type of Confinement below:

☐ Expected Confinement
I certify that I examined you on ________________ and that in my opinion, you may expect to be
confined on ________________

☐ Actual Confinement
I certify that I attended you in connection with your confinement on ________________ at
______________________ and that you were delivered of _____ child(ren).
I certify that your confinement resulted in the birth of ______ live child(ren).

3. Doctor: ____________________________________________________________

Name (printed)  Signature

Date: ___________________

Affix Doctor’s Stamp here

dd/mm/yyyy

Note: Claims from Registered Medical Practitioners outside the Bahamas MUST be accompanied by a business card.

4. If Certified Midwife, Registration #: ___________________ Certificate Date: ________________

Address: ____________________________________________________________

5. Remarks by Doctor/Midwife: ________________________________________

______________________________________________________________________

Form Med 2 (Revised 2009)
Section B: Claimant Details (To be completed by the Claimant)

Note: This claim form MUST be accompanied by a completed Employer's Certificate (Form Med.4), if you are currently employed. This claim WILL NOT be processed until the Form Med.4 is received. (The Form Med.4 is not required for Self-Employed Persons.) You are encouraged to submit a completed Registration Form (Form R.4) for each live birth as soon as possible after the birth of your child(ren).

6. ☐ Mrs./ ☐ Ms. ____________________________________________________________________

7. N.I.# ___________________________ 8. Date of Birth _____________________________

9. House # & Street: __________________________________________________________________

10. Telephone #1: ________________________ 11. Telephone #2: _________________________

12. P.O. Box: ___________________________ 13. Email Address: __________________________

Employment Details

14. Occupation: ____________________________________________________________________

15. Are you Self-Employed? ☐ Yes ☐ No (If your response is ‘Yes’ then proceed to question 20)


20. Employer/Self-Employed N.I.#: ___________________________

21. Employer/Company Address: __________________________________________________________________

22. Telephone #1: ___________________________ 23. Telephone #2: ___________________________

24. P.O. Box: ___________________________ 25. Email Address: ___________________________

26. Employment History:

<table>
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<tr>
<th>Previous Employer/Company Name</th>
<th>Start Date (dd/mm/yyyy)</th>
<th>End Date (dd/mm/yyyy)</th>
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27. If you were on vacation during pre-confinement period, please state when ___________ to ___________.

28. If unemployed during the pre-confinement period, please state date employment ceased: ___________.

Section C: Claimant’s Declaration (To be completed by the Claimant)

I declare that:

29. My last day at work was ___________.

30. This is my ☐ First ☐ Second claim for this pregnancy.

31. I do not expect to work for salary or wages in respect of the period for which benefit is being claimed.

32. I, hereby, claim Maternity Benefit and/or Grant in accordance with the Medical Certificate in Section A.

33. The information given by me on this form is true and correct to the best of my knowledge and belief.

34. Claimant’s Signature: ____________________________________________________________

OR, if unable to sign, Agent/Representative’s ____________________________________________

Name (printed) ___________________________ Signature ___________________________

Date: ___________.

Section D: Explanatory Notes

35. Maternity Benefit is payable for a period of thirteen (13) weeks. Payment of Maternity Benefit will begin either six (6) weeks before the expected day of confinement or the day you stopped work.

36. If you claim the benefit before your baby is born and the actual confinement is delayed, the payment period may be extended by one (1) week for each week that confinement is delayed.

37. Confinement is so defined by the National Insurance (Benefits and Assistance Regulations), that a certificate can only be given:-

i. where labour results in the issue of a living child, or

ii. where labour results in the issue of a still-born child and pregnancy has lasted for at least twenty-four (24) weeks.

The certificate must not be given in any other circumstances.

38. Claimants who have paid at least fifty (50) contributions may be entitled to a Grant of four hundred dollars ($400) when labour results in the issue of a living child.

39. Where a claimant does not meet the contribution condition for the Grant, but her husband meets the contribution condition for the award of the Benefit, the claimant would be paid the Grant. In this case, the claim for Maternity Grant (Spouse) (Form Med.3B) must be completed.

40. For further information about the Maternity Benefit and Grant, please ask for the Maternity Benefit leaflet at your nearest Local Office or visit www.nib-bahamas.com.