

Maternity Grant

Maternity Grant is a one-time payment of \$465 (as of July, 2014) made to a woman whose pregnancy results in the birth of a **live** infant. It is paid in respect of each live infant. To qualify she must have paid at least 50 contributions in to the National Insurance Programme since it began



in 1974. If she has not paid the required number of contributions it can still be paid if her husband satisfies the conditions for the award of the Benefit (see “to qualify for Maternity Benefit” section overleaf).

TO CLAIM THE GRANT, a woman must submit a *Form Med. 2*, duly certified by her doctor, stating that she has been delivered of a live infant.

CLAIMS FOR MATERNITY BENEFIT AND GRANT, must be made within three (3) months of start of the benefit payment period. The Benefit may be lost if the claim is made after this date.

CLAIMANTS MAY APPEAL any decision made on their claims. Such appeals must be submitted in writing to the Local Office **within 21 days of the date the claimant was notified of the decision.**

FURTHER INFORMATION:

THE NATIONAL INSURANCE ACT

This leaflet gives basic information on **Maternity Benefit & Grant**; for further details on these or any other provisions of our Social Security Programme, please refer to the *National Insurance Act (Chapter 350) Statute Laws of The Bahamas*.

PENALTIES:

Any person who, for the purpose of obtaining a benefit under the National Insurance Act, either for himself or some other person, makes any false statement or false representation, or produces any false documents, etc, shall be liable to a fine not exceeding \$2,500, or to imprisonment for up to twelve months, or both.

If you have questions concerning Maternity Benefit or any National Insurance related matter, please visit your nearest NIB Local Office, or call

“CALL NIB”
(225-5642)

Website: www.nib-bahamas.com

Revised July 2014

**Maternity Benefit
& Grant**

“For You and Baby”

Maternity Benefit

Maternity Benefit is a payment made weekly to eligible insured women while they remain at home during late pregnancy and confinement. *Confinement* means labour resulting in the birth of a live child or, in the case of a still born, labour after 24 weeks. The benefit is paid at a weekly rate of 66.66 percent of the woman's average insured income.

TO QUALIFY FOR MATERNITY BENEFIT, a woman must satisfy two contribution conditions:

- * She must have paid at least 50 contributions into the National Insurance Programme since it started in 1974;
AND
- * She must have paid and/or been credited with at least:
 - i) 26 contributions in the 40 weeks immediately before the week in which she either stops work or has the baby; **OR**
 - ii) 26 contributions in the immediate preceding contribution year.

MATERNITY BENEFIT IS ORDINARILY PAID for up to 13 weeks, however, where an illness arises out of the confinement that result in further incapacity, the Maternity Benefit period may be extended up to six weeks. Additionally, where a woman stops work six weeks prior to her expected date of confinement but her actual date of confinement is delayed, the payment period may be extended by one week for each week that confinement is delayed.

A woman has two options for claiming Maternity Benefit. The first is to stop work in advance of her expected date of confinement. National Insurance will pay her up to six weeks before her week of confinement, then for the week of confinement, and for the six weeks immediately following her confinement.

A woman does not, though, have to stop work six weeks in advance. She may, for example, wish to stop three weeks in advance, in which case, the conditions are the same: Payments for the weeks of pre-confinement, the week of confinement, and the weeks following, for a total of 13 weeks.

The second option available to a pregnant insured woman, is to work right up to her date of confinement; in which case she would be paid the Benefit, beginning with the week of confinement, for a total of 13 weeks.

It must be noted that the National Insurance Board will only pay the Benefit for those weeks that the woman remains at home during her maternity period.

BROKEN MATERNITY PERIOD ALLOWED: Ordinarily, once a woman returns to work, her payments will stop, and will not resume, even if she only returned to work for one day. The exception is in the case of women whose children are born with medical problems which necessitate them remaining in hospital after their mothers have been discharged. Where the hospital stay is for an extended period, some mothers may choose to return to work so as to keep

portions of their Maternity Leave to care for and bond with the baby when eventually discharged. Such a woman may apply for the (broken) payment of benefit, where the balance of the benefit payments are paid when she resumes her leave to take care of the child, provided that it is within 26 weeks of the actual date of confinement.

If a woman dies during her Maternity Benefit payment period, the unpaid portion of her entitlement would be paid in a single sum to the guardian of the newborn child.

TO CLAIM MATERNITY BENEFIT a woman must submit a Maternity Benefit claim form - *Form Med. 2*. Claim forms must be certified by the attending physician, who must state the expected date of confinement.

Claims by employed persons for Maternity Benefit must be accompanied by a Med 4 - the *Employers Certification* form - on which the employer confirms an employee's time off from work. The claim will not be processed without it.

IF AT THE END OF THE MATERNITY BENEFIT PAYMENT PERIOD, a woman is too ill to return to work, other than for illness arising out of her confinement, she should submit a medical certificate of incapacity, thus enabling her to be considered for the award of *Sickness Benefit*.

NO CONTRIBUTIONS ARE REQUIRED for those weeks that a woman receives Maternity Benefit. If contributions are paid in error, both the woman and her employer may apply, in writing, for a refund.