THE NATIONAL INSURANCE AND SOCIAL SECURITY SERVICE

A GUIDE TO BENEFITS

Revised January 2025



www.nis.gov.bb

This booklet gives general guidance only and must not be treated as a complete and authoritative statement of the law on any particular case.

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THE RELEVANT QUARTER

Throughout this booklet, constant mention is made to "The Contribution Quarter(s)(1) but one before the contribution quarter in which the benefit (2) is payable."

How is this determined?

2024

January

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March

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					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April

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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May

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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June

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						1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July

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21	22	23	24	25	26	27
28	29	30	31			

August

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18	19	20	21	22	23	24
25	26	27	28	29	30	31

September

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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October

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27	28	29	30	31		

November

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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December

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1	2	3	4	5	6	7
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

In the 2024 calendar above, the 2nd Quarter (April-June) is highlighted to show the relevant quarter (3) for which contributions should be paid in order for a benefit to be payable in the 4th Quarter (October – December).

1. A calendar year is divided into four contribution quarters of three months each, ending on 31st March, 30th June, 30th September and 31st December.

2. Financial assistance received in time of sickness, maternity, injury, unemployment, etc. as covered under the National Insurance & Social Security Regulations.

3. The quarter(s) used to determine eligibility for a benefit and the earnings that are used in the computation of that benefit. The relevant quarter is usually the calendar quarter(s) going two quarters back from the one in which the benefit is payable.

2025

January

S	M	T	W	T	F	S
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February

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						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March

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						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April

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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
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December

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Please note that for Maternity and Unemployment Benefits, where more than one quarter is used, the period for determination always ends with the quarter but one before the last.

E.g. If the Unemployment occurs in November of 2025, the relevant quarters to determine eligibility would be the 1st (January-March) and 2nd (April-June) quarters of 2025.

BENEFITS PAYABLE

Introduction

The Barbados National Insurance and Social Security Service in broad terms, covers all working people whether they are self-employed or engaged under a contract of service in Barbados. Persons who are under the age of 16 or over pensionable age are eligible only for Employment Injury.

Insured persons[4] are covered up to the first $1,219 per week of earnings in the case of weekly paid employees and $5,280 per month of earnings in the case of monthly paid employees. All employed persons regardless of age are covered for Employment Injury benefit and the responsibility for paying that element of the contribution rests with employers only. The Service provides for the payment of the following benefits:

- Sickness
- Maternity (Benefit or Grant)
- Invalidity (Benefit or Grant)
- Unemployment
- Funeral Grant
- Employment Injury (Injury Benefit, Disablement Benefit, Medical Expenses, Funeral Grant, Death Benefit)
- Non-Contributory Old Age Pension
- Old Age Contributory (Grant or Pension)
- Survivors' (Grant or Pension)

All benefit payments are made via cheque, bank lodgement (direct deposit) or banker's draft (for overseas recipients). All benefit cheques may be cashed at any commercial bank whilst short term benefit cheques for amounts up to $1,750 may also be cashed at the Post Office, or at the National Insurance and Social Security Service. A cheque is valid for six (6) months from the date it was issued. In the event that a cheque is lost or misplaced and has to be replaced before the six months have expired, the payee is required to visit the Accounts Section at the National Insurance and Social Security Service.

In the event that a cheque is misplaced and later found beyond 6 months, the claimant should return the cheque, and apply to the Board to have the sum re-issued to ease the considerable hardship that the loss would cause.

All benefits to which one has title must be claimed promptly. In some cases one is allowed four (4) days to claim. Details of time allowed for claiming the respective benefit may be obtained from the National Insurance and Social Security Service. If one does not claim a benefit within the time allowed, one may be disqualified for a period, but in some cases one may lose the entire benefit. If one is unsure whether one has title to a benefit, one should submit a claim.

All claim forms must be completed accurately and in cases where forms are completed in duplicate, the original **MUST** be submitted to the National Insurance and Social Security Service. It is important that one's national registration number i.e. the I.D. card number, as well as the national insurance number, be filled in appropriately.

In cases where claims are made and disallowed, claimants have the right to make an appeal to the tribunal to have their case heard. Tribunal forms can be collected from the Customer Service section (Ground Floor) of the National Insurance and Social Security Service, Frank Walcott Building, Flodden, Culloden Road, St. Michael, Barbados.

4. An insured person is any person who has contributed to the National Insurance Service and is insured under the National Insurance & Social Security Act.

REFUND OF CONTRIBUTIONS

A refund of contributions is payable to employees and / or employers who have overpaid contributions. Overpayment can result, for example:

(a) When contributions have been paid at a rate other than that at which they should have been.

(b) Where contributions have been paid for an insured person during the period when that person is receiving benefits. In this case, both the employer and employee are refunded, but the person must have received benefits for a full week from Monday to Saturday to qualify for a refund.

(c) When a contribution has been paid under the erroneous belief that it was payable.

Types of Refunds

Overlapping Refund: This occurs when an employee is paid a sickness, maternity or employment injury benefit for a National Insurance week, which runs from Monday to Saturday and the employer has submitted the contributions on their behalf. The refund is payable to both employee and employer.

Over Pensionable Refund: This occurs when a person reaches pensionable age and their contributions are submitted at the incorrect rate. Both the employer and the employee will be refunded.

Excess Refund: This is when an employee works for more than one employer and has paid contributions on earnings that exceed the maximum earnings ceiling, which is subject to change. The maximum earnings ceilings are $1,219 weekly and $5,280 monthly. Only the employee gets a refund.

Temporary-Permanent (T-P) Refund: This occurs when a temporary (T) government employee has been appointed as a permanent (P) employee, but the employer reports their contributions at the incorrect rate of 'T'. The employee is paid a refund from the month after the effective date of appointment to the point where earnings change to 'P'. The refund request application letter, along with the appointment letter and confirmation letter / medical confirmation form must be submitted two (2) years from the end of the contribution year from the date on the confirmation letter. E.g., the date on the confirmation letter was May 2015; the latest date for the submission would be at the end of 2017. Both the employee and employer will be refunded.

Overdrawn Refund: This occurs when the employer overpays the employee. As a result, the employer pays too much contributions. To facilitate the process, amended schedules from the employers must be submitted to show the corrected salary or changes can be made via the NIS Portal. In addition, a letter should be sent to the Chief Executive Officer, National Insurance Office advising of the change.

Employer Error Refund: This occurs when the employer reports incorrect earnings and pay incorrect contributions on behalf of their employees.

Working for More Than One Employer

In cases where an employee works for more than one employer, each employer must pay contributions for the employee. If, in such cases, the total of the employee's share of the contributions for a pay period exceeds the maximum employee contributions payable for the period, the employee may apply to the National Insurance Office for a refund of the excess contributions paid. There will be no refund of the employers' share of the contributions in this instance.

Deadline for the Application of Refunds

Refund applications with the exception of the Excess refund should be submitted:

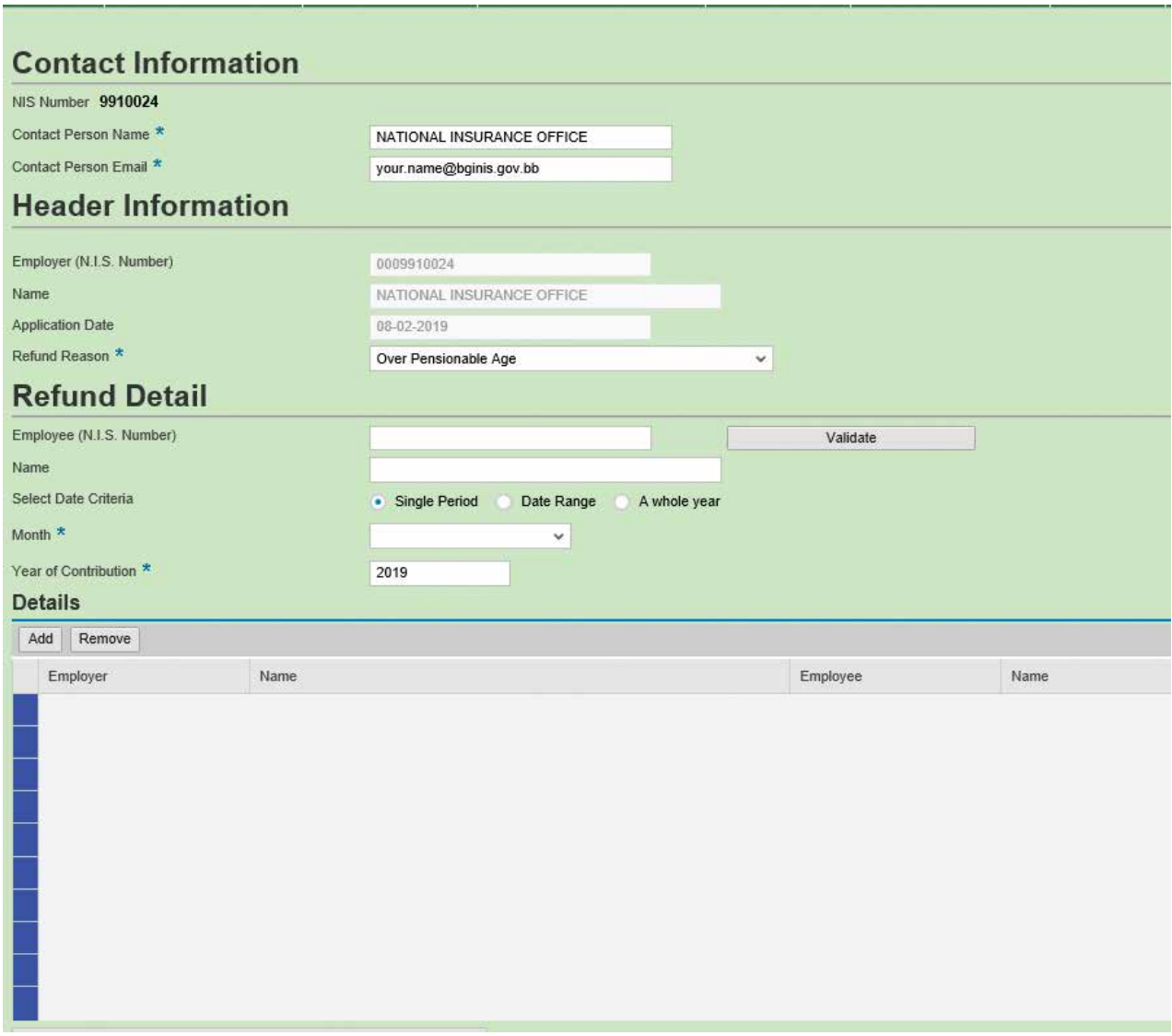
1. If the contribution was paid at the due date, within two years from the end of the contribution year in which that contribution was paid; or

2. If the contribution was paid at a later date than the due date, within 2 years from the end of the contribution year in which the payment was due or within 12 months from the date of actual payment of the contribution, whichever period ends later.

The Excess refund must be submitted one year from the end of the contribution year during which the contribution was made.

A contribution year runs from January to December.

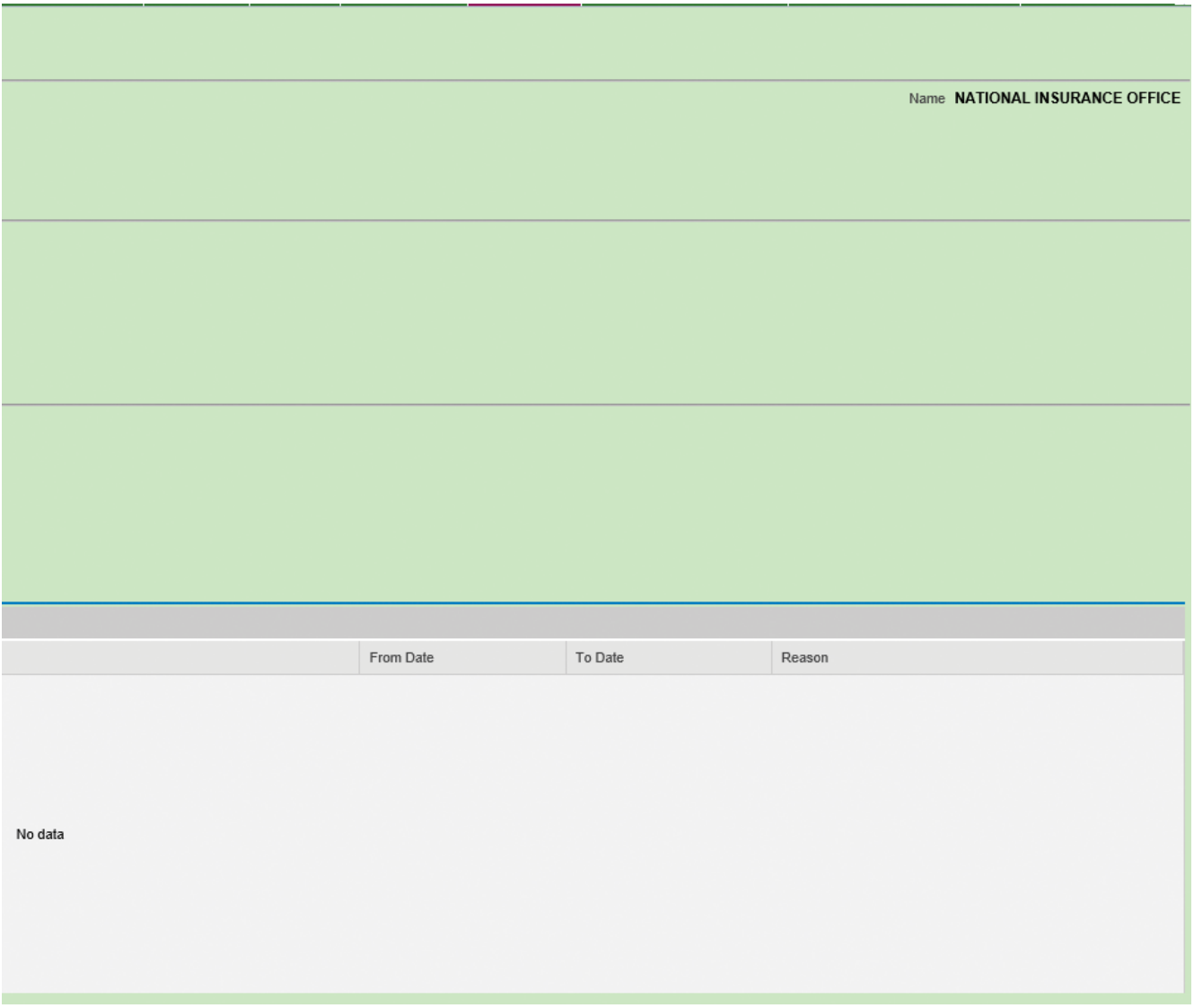
The NIS Portal Refund Request Screen



The Refund Request Application Letter

Applications for a refund of contributions should be made in writing to the Chief Executive Officer, National Insurance Office and should contain the following information:

- Name and address of the insured person
- National insurance number of the insured person
- Name and address of the employer
- Registration number of the employer
- The period for which the refund is being requested
- Reason for the refund



SICKNESS BENEFIT

To qualify for the sickness benefit, one must:

(a) have paid or credited not less than 7 contributions in the quarter but one before the contribution quarter in which one became ill;

(b) (i) have been engaged in employment immediately before becoming ill, or

(ii) have not less than 39 contributions paid or credited to one's account in the four consecutive quarters ending with the quarter but one before the contribution quarter in which the incapacity occurred.

Special provisions apply if an employed person becomes insurable from a period later than mentioned in (a) above.

If a person is self-employed, the condition stated above in (b)(ii) must be satisfied to qualify for the benefit.

How is the Sickness Benefit Computed?

The daily rate of sickness benefit is 66 2/3% of the insured person's average insurable weekly earnings, divided by 6.

Benefit payable from: 1st January 2019
Relevant quarter: July to September 2018
Monthly salary during the relevant quarter: $3,000
Total Insurable Earnings in the relevant quarters: $3,000 X 3 = $9,000
Average weekly rate: $\frac{\$9,000}{13} = \$692.31$
Weekly benefit rate: $\$692.31 \times \frac{2}{3} = \$461.54$
Daily benefit rate: $\frac{\$461.54}{6}$
= $76.92

Average insurable weekly earnings means the sum of the insurable earnings[6] on which contributions were based over the contribution quarter but one before the contribution quarter in which the first day of the continuous period of incapacity for work commenced divided by the number of weeks in that quarter.

Two or more periods of illness which are not separated by more than 13 weeks are treated as one continuous period of illness starting on the first day of the first period of illness, and the rate of benefit payable for the whole period is the rate payable during the first period of illness.

The sickness benefit is payable for each day of illness, excluding Sundays, subject to a maximum of 26 weeks in any continuous period of illness. However, where a person has been engaged in employment for 150 contribution weeks and has 75 contributions paid or credited to his account in the three complete contribution years immediately prior to commencement of incapacity, the sickness benefit may be paid for a further 26 weeks.

The sickness benefit entitlement is not affected by the fact that the employee might be in receipt of wages during the period of incapacity. Sickness benefit is however only payable for periods during which the claimant is not at work . Sickness benefit is also not payable if the person is on holiday and receiving holiday pay.

The first 3 days of a period of incapacity are treated as "waiting days" and benefit is not payable for these days, unless the incapacity lasts for 2 weeks or more.

The sickness benefit is not payable if a person is out of the island unless the person has gone abroad temporarily for the purpose of receiving medical treatment for an illness which commenced before the person left Barbados.

6. Insurable earnings are any earnings of an insured person, as set out in the Schedule to the Collections of Contributions Regulations.

BARBADOS SOCIAL SECURITY

S12015A

National Insurance & Social Security Act, Cap.47

CLAIM FOR SICKNESS/INJURY BENEFIT

TO BE COMPLETED BY INSURED PERSON

Please complete all relevant sections. Failure to do so will delay processing of this claim.

OFFICIAL USE ONLY

SPECIMEN ONLY

Section 1 - PERSONAL DETAILS

National Insurance No. | National Registration No.

Last Name | First Name | Middle Name

Address | Date of Birth (Year Month Day)

District | Parish

Tel. No. | Cell No. | Postal Code BB

E-mail Address

I am incapable of work as a result of :(Please tick appropriate box)

☐ Accident/injury or bodily disablement in the course of duty ☐ Illness/Injury not work related

Is automobile accident responsible? Yes ☐ No ☐

Please provide details of ALL work-related accidents overleaf.

Section 2 - EMPLOYMENT DETAILS

OFFICIAL USE ONLY

I am/was employed by

Name of Employer in (BLOCK CAPITALS)

OFFICIAL USE ONLY

Occupation

The last date I attended work before my incapacity was (Year Month Day)

If on vacation please state period *from* (Year Month Day) *until* (Year Month Day)

I am incapable of work and claim benefit from (Year Month Day)

Are you receiving vacation pay for the period? Yes ☐ No ☐

DECLARATION

I declare that the information given in this form is true to the best of my knowledge and belief. I will not claim or receive benefit in respect of a period during which I was working for my employer, working for another employer, gainfully employed or self-employed, or receiving vacation pay.

Signature of Claimant | Date (Year Month Day)

Section 3 - TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER ONLY - MEDICAL CERTIFICATE OF INCAPACITY TO WORK

I certify that I have examined Mr./Mrs./Miss

Name of Patient (BLOCK CAPITALS)

Your incapacity for work commenced on (Year Month Day)

and in my opinion you are incapable of work by reason of:

(State specific disease, bodily or mental disablement, or injury as required by Benefits Regulations 1967)

In my opinion you should be fit to resume work on (Year Month Day)

Is this incapacity as a result of an occupational hazard or disease? Yes ☐ No ☐

Name of Medical Practitioner

Medical Practitioner's National Insurance No.

Medical Practitioner's Registration No.

Signature of Medical Practitioner

OFFICIAL USE ONLY

Date (Year Month Day)

The information on the medical certificate of incapacity must not be tampered with.
In the event that there is a problem on the certificate please return to the registered medical practitioner for modification and initials.
PLEASE SUBMIT ORIGINAL CERTIFICATE TO THE NATIONAL INSURANCE OFFICE.

SPECIMEN ONLY

Section 4 - DETAILS OF ACCIDENT/INCIDENT

When did the accident/incident occur? Give date and time. Year Month Day Time AM/PM

Where did the accident/incident occur? (Provide specific place of accident/incident.)

State briefly how the accident/incident occured and any parties involved.

Did you report the accident/ incident to the employer? Yes ☐ No ☐ If so, when? Year Month Day Time AM/PM

When did you commence employment at your current employer? Year Month Day

Describe briefly what injury you sustained as a result of the accident/incident.

Section 5 - EMPLOYMENT HISTORY

LIST PERIODS OF EMPLOYMENT AND NAMES OF OTHER EMPLOYERS DURING THE LAST 12 MONTHS

From Year Month Day To Year Month Day

Name of Employer (BLOCK CAPITALS)

Address of Employer

From Year Month Day To Year Month Day

Name of Employer (BLOCK CAPITALS)

Address of Employer

DECLARATION

I declare that the information given in this form is true to the best of my knowledge and belief. I will not claim or receive benefit in respect of a period during which I was working for my employer, working for another employer, gainfully employed or self-employed, or receiving vacation pay. Where I sustain personal injury that entitles me to claim benefits from the National Insurance Scheme and to bring an action against a person other than my employer, the National Insurance Board is authorised to recover the payments it has made to me, from that person.

Signature of Claimant _____ Date Year Month Day

Please ensure that this claim is signed. You may authorize someone to sign on your behalf if you cannot write. If this claim is more than 4 days late, you should submit a reason for its lateness.

WARNING: Any person who makes a false declaration or tampers with the medical certificate is liable to repay any benefits received and is also liable on conviction to a fine and/or term of imprisonment.

i. Employed Persons

To qualify for the maternity benefit, an employed person:

a. must have been insured for at least 26 contribution weeks; and

b. must have paid at least 16 contributions in the two contribution quarters but one before the contribution quarter in which the benefit could become payable.

ii. Self-Employed Persons

To qualify for the maternity benefit, a self-employed person:

a. must have not less than 39 contributions paid or credited to her account in the four consecutive quarters, ending with the quarter but one before the contribution quarter in which benefit could become payable; and

b. must have paid at least 16 contributions in the two contribution quarters but one before the contribution quarter in which the benefit could become payable.

Payment of Maternity Benefit

Providing that the required conditions have been met/ satisfied, the daily rate of maternity benefits is 100% of the insured person's average insurable weekly earnings, divided by 6.

How is the Maternity Benefit Computed?

Benefit payable from: 1st January 2019
Relevant quarter: April to September 2018
Monthly salary during the relevant quarter: $3,000
Total Insurable Earnings in the relevant quarters: $3,000 X 6 = $18,000
Average weekly rate: $\frac{\$18,000}{26} = \$692.31$
Weekly benefit rate: $692.31 X 100% = $692.31

Daily benefit rate: $\frac{\$692.31}{6}$
= $115.38

Average insurable weekly earnings means the sum of the insurable earnings on which contributions were based over the two contribution quarters but one before the contribution quarter in which maternity benefit is payable divided by the number of weeks in the quarter.

If at the end of the maternity benefit period, the insured person is incapable of work because of pathological complications of confinement,[7] sickness benefit may be paid provided that on the first day from which maternity benefit was payable the insured person had title to sickness benefit.

Payment of the maternity benefit is not affected by any payments which the employer may make to the claimant while she is off for maternity leave.

The maternity benefit is not payable to a person who is out of the island unless that person has gone for the purpose of receiving medical attention.

7. Childbirth resulting in the issue of a living child or childbirth after 28 weeks of pregnancy resulting in the issue of a child, whether alive or dead.

SPECIMEN ONLY

BARBADOS SOCIAL SECURITY

National Insurance & Social Security Act, Cap.47

CLAIM FOR MATERNITY BENEFIT/GRANT

TO BE COMPLETED BY INSURED PERSON

Please complete all relevant sections. Failure to do so will delay processing of this claim.

M12015A

OFFICIAL USE ONLY

State whether you are applying for a Maternity Benefit or Maternity Grant.
Please tick appropriate box. See overleaf for information regarding the Maternity Benefit and Maternity Grant.

☐ Maternity Benefit ☐ Maternity Grant

Section 1 - PERSONAL DETAILS

National Insurance No. | | | | | | |

National Registration No. (Barbados ID Card) | | | | | | | | | | |

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth | | | | | | | | |
Year *Month* *Day*

District _____ Parish _____

Tel. No. | | | | | | | | Cell No. | | | | | | | | Postal Code BB | | | | | |

E-mail Address _____

Section 2 - EMPLOYMENT DETAILS OF MOTHER OF CHILD

I am/was employed by _____
Name of Employer in (BLOCK CAPITALS)

OFFICIAL USE ONLY | | | | | | | |

And STOPPED work on | | | | | | | | |
Year *Month* *Day*

OFFICIAL USE ONLY | | | |

Occupation _____

Section 3 - PERSONAL DETAILS OF MALE SPOUSE/FATHER OF CHILD. SECTION 3 SHOULD ONLY BE COMPLETED IF APPLICATION IS BEING MADE FOR MATERNITY GRANT.

National Insurance No. of Spouse | | | | | | |

National Registration No. of Spouse (Barbados ID Card) | | | | | | | | | | |

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth | | | | | | | | |
Year *Month* *Day*

District _____ Parish _____

Tel. No. | | | | | | | | Cell No. | | | | | | | | Postal Code BB | | | | | |

E-mail Address _____

I am/was employed by _____

I hereby declare that I have lived with the claimant as her spouse from | | | | | | | | |
Year *Month* *Day*

_____ Date Signed | | | | | | | | |
Signature of Spouse/Father of Child *Year* *Month* *Day*

MATERNITY GRANT

To qualify for a Maternity Grant:

a. (i) a woman must not be an insured person; or

(ii) she must be an insured person who does not satisfy the contribution conditions for Maternity Benefit.

b. the woman's spouse must have been an insured person and has paid the requisite number of contributions that would have enabled the woman to qualify had she paid them herself.

c. the child must be born in Barbados.

Amount of Maternity Grant

The amount payable as a Maternity Grant[8] is currently $1,280. It may only be claimed by the woman who has had a confinement. For purposes of a Maternity Grant, "spouse" includes a single man who is living together with a single woman for a period of not less than 2 years or 1 year, plus named as the father on the child's birth certificate. "Single man" and "single woman" include a widower and a widow respectively.



8. A lump sum of money issued in settlement of a benefit .

SPECIMEN ONLY

Section 4 - MEDICAL CERTIFICATE OF EXPECTED CONFINEMENT - TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONER ONLY

I certify that I have examined Mrs./Ms. _____
Name of Patient (BLOCK CAPITALS)

And in my opinion you are pregnant and should be CONFINED on:

Year				*Month*		*Day*		

_____
Signature of Medical Practitioner

Name of Medical Practitioner _____

Medical Practitioner's National Insurance No. | | | | | | |

Medical Practitioner's Registration No. | | | | |

Date Signed

Year				*Month*		*Day*		

Section 5 - MEDICAL CERTIFICATE OF CONFINEMENT - TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONER/MIDWIFE ONLY

I certify that I have examined Mrs./Ms. _____
Name of Patient (BLOCK CAPITALS)

Her confinement took place on:

Year				*Month*		*Day*		

_____
Signature of Medical Practitioner/Midwife

Name of Medical Practitioner/Midwife _____

Medical Practitioner's/Midwife's National Insurance No. | | | | | | |

Medical Practitioner's/Midwife's Registration No. | | | | |

Date Signed

Year				*Month*		*Day*		

Section 6 - DECLARATION

I declare that the information given in this claim is true to the best of my knowledge and belief. I will not claim or receive benefit in respect of a period during which I was at work at my employer; at work at another employer; or gainfully employed or self-employed.

_____
Signature of Claimant

Date Signed

Year				*Month*		*Day*		

Please ensure that this claim is signed and dated. If you are unable to sign this application, it may be signed on your behalfby someone else who should state that they have done so.

IMPORTANT NOTICE TO CLAIMANT

A maternity benefit is payable for a period starting from a date not earlier than six weeks before the expected date of confinement and continuing until six weeks after actual confinement or until twelve weeks of benefit has been paid, whichever is later. However, benefit cannot be paid for a period while the insured person is at work and any person who receives benefit for a period while she is at work commits an offence.

A maternity grant is payable to a woman who does not satisfy the conditions for maternity benefit but whose spouse is an insured person and has paid the requisite number of contributions that would have enabled the woman to qualify had they been paid by her.

WARNING: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit, commits a criminal offence punishable by a fine or imprisonment or both.

FUNERAL GRANT

A funeral grant is payable in respect of the death of an insured person who at the time of death was in receipt of (or had title to) Sickness Benefit, Maternity Benefit, Unemployment Benefit, Invalidity Benefit or Old Age Contributory Benefit.

A funeral grant is also payable in respect of the death of the spouse of an insured person in respect of whom a grant would have been payable (had he/she died) whether or not the spouse has predeceased the insured person.

Where death results from an employment injury or an occupational disease, a Funeral Grant is also payable.



Amount of Funeral Grant

The amount payable as a funeral grant is $2,220. This amount is common to persons insured at any level or in any class under the National Insurance Office and applies whether or not the grant is payable as the result of a death following an employment injury or an occupational disease.

A funeral grant, is, however, not payable where the deceased person was entitled to a Non-Contributory Old Age Pension unless that person had received or had title to an Invalidity Grant or an Old Age Contributory Grant or was the spouse of an insured person.

The Grant is payable to the person who has met or is liable to meet the cost of the funeral of the deceased person.

FUG12015

National Insurance & Social Security Act, Cap.47

CLAIM FOR FUNERAL GRANT

Please complete all relevant sections. Failure to do so may delay the processing of this claim.
All applications MUST be accompanied by ORIGINAL documents.

1. Original Death Certificate of the deceased insured person
2. A receipt for the funeral expenses paid by the claimant or funeral director's invoice for outstanding funeral expenses.
3. Original Marriage Certificate.

Notes: For applicants residing overseas, please provide notarized copies of the documents listed above. If there are uncashed cheques related to the deceased, these cheques MUST be returned to the National Insurance Office immediately. This claim should be submitted within 12 months of the date of death.Written authorization must be provided if benefit is being paid to the funeral home or alternative payee.

OFFICIAL USE ONLY

SPECIMEN ONLY

Section 1 - PERSONAL DETAILS OF THE DECEASED

National Insurance No. | | | | | | |

National Registration No.: (Barbados ID Card) | | | | | | | | | | |

Last Name _____ First Name _____ Middle Name _____

Address _____

District _____ Parish _____ Postal Code | | | | | |

Date of Birth | | | | | | | | | Year Month Day

Date of Death | | | | | | | | | Year Month Day

Marital Status (S-Single, M-Married, D-Divorced, W-Widowed) |

Was death from an accident at work? Yes | | No | | Date of Accident | | | | | | | | | Year Month Day

Section 2 - PERSONAL DETAILS OF SPOUSE (MARRIED OR COMMON LAW)

National Insurance No. | | | | | | |

National Registration No.: (Barbados ID Card) | | | | | | | | | | |

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Marriage | | | | | | | | Year Month Day

District _____ Parish _____

Postal Code | | | | | | Tel. No. Area Code | | | | | | | | | | Cell No. Area Code | | | | | | | | | |

To be completed where claimant was not married to the deceased

(a) Were you and the deceased living together at the time of death as man and wife? Yes | | No | |

(b) Are you married to someone else? Yes | | No | |

(c) At the time of the deceased death, was there a surviving spouse of the deceased? Yes | | No | |

(d) If the answer to (a) is YES, please state how long you were together Years | | Months | |

Section 3 - PERSONAL DETAILS OF CLAIMANT

National Insurance No. | | | | | | |

National Registration No.: (Barbados ID Card) | | | | | | | | | | |

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth | | | | | | | | Year Month Day

District _____ Parish _____

Postal Code | | | | | | Tel. No. Area Code | | | | | | | | | | Cell No. Area Code | | | | | | | | | |

E-mail Address _____

Section 4 - BANKING DETAILS - TO BE COMPLETED WHERE PAYMENT OF THIS CLAIM IS TO BE DEPOSITED TO A BANK ACCOUNT

I hereby authorize payment in respect of this benefit to be lodged to the bank account given below.

Name(s) on Account _____ Account No. _____ Name and Location of Branch _____

Please provide proof of bank account – The header of the bank statement or an official stamp from your bank verifying your account details.

SPECIMEN ONLY

Section 5 - ALTERNATE PAYEE DETAILS - TO BE COMPLETED IF PAYMENT IS TO BE PAID TO SOMEONE ON YOUR BEHALF

National Insurance No. _____ National Registration No.: (Barbados ID Card) _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth _____ (Year Month Day)

District _____ Parish _____

Postal Code _____ Tel. No. (Area Code) _____ Cell No. (Area Code) _____

E-mail Address _____

Section 6 - UNDERTAKING TO PAY FUNERAL EXPENSES - TO BE COMPLETED ONLY WHEN AN INVOICE FROM THE FUNERAL DIRECTOR IS SUBMITTED

Please answer all questions. Failure to do so will delay the processing of this claim.

To the Director, National Insurance Office

I, _____ hereby declare that in consideration of the award to me of the funeral grant payable on the death of the deceased insured person at Section 1 overleaf, that

(a) I am the person entitled to make a claim for the funeral grant

(b) I am liable to the National Insurance Board to pay the sum of $_____ for and towards the cost of the funeral of the deceased.

In default of the sum of $_____ received by me for and towards the said expenses, I accept legal liability to repay the National Insurance Board the sum of $_____

Witnessed by: _____ Witnessed by: _____

of (address) _____ of (address) _____

Date _____ (Year Month Day) Date _____ (Year Month Day)

Section 7 - DECLARATION

I, the above named claimant hereby declare that I am the _____ (State Relationship to Deceased) of the deceased insured person in Section 1.

I *have paid/*am liable to pay the amount of the funeral expenses. I claim the funeral grant in respect of the insured person's death.

I hereby declare that the information given on this form is true to the best of my knowledge and belief.

Signature of Claimant _____ Date Signed _____ (Year Month Day)

WARNING: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit, commits a criminal offence punishable by a fine or imprisonment or both.

UNEMPLOYMENT BENEFIT

To qualify for the unemployment benefit, one must:

a. have been insured for at least 52 weeks.

b. have at least 20 contributions paid or credited in the 3 consecutive quarters ending with the quarter but one before that in which unemployment began.

c. have at least 7 contributions paid or credited in the relevant quarter, which is one quarter preceding the contribution quarter in which the unemployment commenced.

How is Unemployment Benefit Computed?

The daily rate of unemployment benefit is 60% of the insured person's average insurable weekly earnings, divided by 6.

Average insurable weekly earnings means the sum of the insurable earnings on which contributions, (paid or credited) were based over the continuous period of the quarter but one before the contribution quarter in which unemployment began or is deemed to have begun, divided by 13.

Two or more periods of unemployment which are not separated by more than thirteen (13) weeks are treated as one continuous period of unemployment starting on the first day of the first period of unemployment, and the rate of benefit payable for the whole period is the rate payable during the first period of unemployment.

Payment of Unemployment Benefit

The unemployment benefit is payable for each day of unemployment, excluding Sundays, as long as unemployment continues, subject to a maximum of 26 weeks in any continuous period of unemployment; or for an aggregate of 26 weeks in the 52 weeks immediately preceding the commencement of the current week of unemployment.

A person who becomes unemployed should report to the **Unemployment Section at the E. Humphrey Walcott Building, corner Collymore Rock and Culloden Road, St. Michael, Barbados** or at such other place as may be determined by the Chief Executive Officer, National Insurance and Social Security Service, to complete a claim form.

Where an insured person has exhausted entitlement to the unemployment benefit, that person shall not be entitled to another such benefit until the expiration of 52 contribution weeks from the last week in respect of which benefit was paid.

The first three (3) days of a period of unemployment are treated as "waiting days". Unemployment benefit is not payable for these days unless the period of unemployment lasts for two (2) weeks or more.

Unemployment benefit is not payable for any period spent out of the island nor for any period more than 2 weeks from the initial date of registration at the E. Humphrey Walcott Building, corner Collymore Rock and Culloden Road, St. Michael, Barbados. Subsequent visits to the Unemployment Section or renewal of registration via the Unemployment Declaration form at www.nis.gov.bb every three weeks allow for continued payment of the benefit.

Termination of Services/Layoff Certificate

Employers are required to complete form U-3 Termination of Services/Layoff Certificate in duplicate as soon as the employee's services are terminated or the employee is laid off.

The certificate must be given to the insured person and the duplicate sent to the National Insurance and Social Security Service. This form contains information vital to the computation of the employee's Unemployment Benefit.

SPECIMEN ONLY

National Insurance & Social Security Act, Cap. 47

TERMINATION OF SERVICES/LAYOFF CERTIFICATE

OFFICIAL USE ONLY

Under Regulation 47 of the National Insurance and Social Security (Benefit) Regulations PARTICULARS are to be completed by Employer and given to Employee on date of termination

UNU32015

OFFICIAL USE ONLY

Termination of Services	Where an employer terminates the employment of an employee or where the employee leaves the employment, the employer MUST give a Termination of Services/Lay-off Certificate to the employee and send a copy to the National Insurance Office within one week of the date of termination. An employee who wishes to claim Unemployment Benefit MUST submit the Certificate with his/her claim. A Termination of Services/Layoff Certificate must be given to the employee even if he/she was only employed for a day or part thereof.
Penalty	Failure to provide the Employee with Termination of Services/Lay-off Certificate within one week of termination will result in a penalty. Regulation 47(5) of the Benefit Regulations provides that the penalty is $1,000 for failing to comply with the requirements, where the contravention continues or the failure continues after conviction, the penalty is $1,000 together with a further $200 for each day on which the offence is continued.

Termination refers to permanent separation i.e. the employee no longer works with the business. Self-termination refers to an employee who has resigned from the job while employee terminations refers to an employee who has been terminated by his/her employer.

EXAMPLE 1 Date of Termination

Employer terminates John Brown on May 31st and pays him monies due, including holiday pay and payment in lieu of notice. In this case, date of termination is **May 31st**. (No NIS should be deducted from payment in lieu of notice). All wages **MUST** be reported in the week of termination for weekly paid employees and in the month of termination for monthly paid employees.

EXAMPLE 2 Date of Termination

On May 31st employer gives John Brown one month's notice of termination, including salary for the month of June as well as holiday pay and any other monies due.
(John Brown is still employed but would not be required to report for work during June). In this case, **June 30th** is the date of termination. If the period notice is longer or shorter, the end of period date is the date of termination.

All wages **MUST** be reported in the week of termination for weekly paid employees and in the month of termination for monthly paid employees.

Provide Date of Termination in Section 3

Section 1 - PERSONAL DETAILS OF EMPLOYEE

National Insurance No. ☐☐☐☐☐☐

National Registration No.: (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____

District _____ Parish _____

Postal Code ☐☐☐☐☐ Tel. No. ☐☐☐☐☐☐☐ Cell No. ☐☐☐☐☐☐☐

E-mail Address _____

Section 2 - EMPLOYER DETAILS

Name of Employer _____ Employer's Registration No. ☐☐☐☐☐☐☐

Address _____

District _____ Parish _____

Postal Code ☐☐☐☐☐ Tel. No. ☐☐☐☐☐☐☐ Fax No. ☐☐☐☐☐☐☐

Section 3 - EMPLOYMENT DETAILS

Occupation _____ Date employment commenced [ ][ ][ ][ ][ ][ ][ ][ ] Year Month Day

Position within organisation _____ Last day at work [ ][ ][ ][ ][ ][ ][ ][ ] Year Month Day

Date of termination [ ][ ][ ][ ][ ][ ][ ][ ] Year Month Day Last day for which employee will be paid [ ][ ][ ][ ][ ][ ][ ][ ] Year Month Day

STATE REASON FOR UNEMPLOYMENT

_____

_____

_____

COMPLETE ONLY IF EMPLOYEE WAS LAID OFF

Date of lay-off [ ][ ][ ][ ][ ][ ][ ][ ] Year Month Day Expected date of re-employment [ ][ ][ ][ ][ ][ ][ ][ ] Year Month Day

Section 4 - OTHER DETAILS

Is the employee receiving or entitled to a pension from employer? Yes ☐ No ☐

If yes, give start date of pension [ ][ ][ ][ ][ ][ ][ ][ ] Year Month Day

Was holiday pay given to employee who was laid off ? Yes ☐ No ☐

If holiday was given, state period: **From** [ ][ ][ ][ ][ ][ ][ ][ ] Year Month Day **To** [ ][ ][ ][ ][ ][ ][ ][ ] Year Month Day

Amount of holiday pay $ [ ][ ][ ][ ][ ] ¢ [ ][ ]

Was the employee dismissed because of his/her own misconduct? Yes ☐ No ☐

If yes, explain the misconduct that occured.

_____

_____

Did the employee voluntarily leave your employment? Yes ☐ No ☐

Has the employee become unemployed because of stoppage of work attributable to a labour dispute at your workplace? Yes ☐ No ☐

If yes, state whether the employee is/was participating in a strike Yes ☐ No ☐

Give any other relevant details.

_____

_____

_____

Section 5 - DECLARATION

I declare that the information given on this form is true to the best of my knowledge and belief.

Signature of Employer _____ Date Signed [ ][ ][ ][ ][ ][ ][ ][ ] Year Month Day

WARNING: Any person who makes a fasle statement is punishable by a fine or term of imprisonment or both.

SPECIMEN ONLY

SPECIMEN ONLY

BARBADOS
SOCIAL SECURITY

Claimant Card for Unemployment Benefit

You are required to bring your identification card or passport every time you visit the Unemployment Section.

A. PERSONAL DETAILS

Name of claimant: _____

Address: _____

National Insurance No.: ☐☐☐☐☐☐

Occupation: _____

Date of Original Claim: __ __ __ __ – __ __ – __ __
year month day

B. UNEMPLOYMENT DETAILS

1. If you continue to be unemployed, you MUST renew your registration for the unemployment benefit IN PERSON every THREE WEEKS. You are required to do so from Monday to Friday during the hours of 8.15 a.m. and 3.30 p.m.

2. Each day you claim the benefit you are declaring that on the said day:
   - You did no work and received no remuneration;
   - You were able and willing to do any suitable work but you were not able find any; and
   - you were not out of the island

3. If you make any false statement or give false information for the purpose of obtaining the benefit, you may be prosecuted and liable on conviction to a fine of one thousand dollars ($1,000) or imprisonment for six months or both.

4. If you fail to submit a claim on the day and time indicated above you may lose the benefit.

C. EMPLOYMENT DETAILS

If you are re-employed, find employment with any employer or start self-employment, you MUST complete this part and return the entire card to the National Insurance Office. If you are now self-employed, please write Self-employed in the space provided for Name of Employer.

1. Name of Employer: _____
2. Date of Re-employment: __ __ __ __ – __ __ – __ __
   year month day
3. Address of Employer: _____

Signature: _____

Form U.5 (Revised August, 2009) **P.T.O**

NATIONAL INSURANCE AND SOCIAL SECURITY ACT. Cap. 47.

CLAIM FOR UNEMPLOYMENT BENEFIT

SECTIONS A, B, C, & G to be COMPLETED by Officer of UNEMPLOYMENT SECTION while interviewing APPLICANT.

SPECIMEN ONLY

SECTION A - Applicant's Identification.

Nat. Ins. No. | Nat. Reg. No.

Official Use Only
Claim Number
Date Received
Interviewer

Applicant's Surname _____

Other Names _____

Address _____

_____ _____ Tel: _____

SECTION B - ELIGIBILITY. (Circle Response)

Are you claiming any other NI Benefit? No Yes _____ Name Benefit

Are you receiving any other NI Benefit? No Yes _____ Name Benefit

Are you doing any kind of work (including spare time work)? No Yes

Are you actively involved in business? No Yes

Are you receiving a pension from your last employment? No Yes

Have you been contributing to NIS as an EMPLOYED person in the last 52 weeks before becoming UNEMPLOYED? No Yes

SECTION C - EMPLOYMENT HISTORY.

Name of Last Employer _____

Address of Employer _____

Occupation at Last Employer _____

I commenced work at the above employer on

The last day for which I was paid by employer

My last day of work was

I was paid in lieu of notice/vacation pay _____ Weeks

Dates paid from _____ (Year MM DD) to _____ (Year MM DD)

Details of other employment in the last 52 weeks are at Sec. G.

I have become UNEMPLOYED for the following reason.

_____

_____

I certify that the information given in this claim is true to the best of my knowledge and belief, and I will NOT receive benefit in respect of a period during which I was at work.

Signature of Claimant _____ Date _____

WARNING: THE GIVING OF FALSE INFORMATION MAY RESULT IN PROSECUTION.

FORM U1 & U2 COMBINED
REVISED JUNE 1992

SEVERANCE PAYMENTS

To qualify for severance, the employee must:

a. *be working for at least 104 continuous weeks with the same employer*

b. *be contracted to work for no less than 21 hours a week*

c. *be over age 16 and under pensionable age at the time of termination*

d. *be terminated for redundancy, laid-off, kept on short-time or because of a natural disaster.*

DISMISSAL

An employee has **one (1) year** from the date of termination to claim the severance.

In instances of layoff, short-time and dismissal, employees are advised to visit either the Severance Payments Section of National Insurance Office or their representative.

REQUIREMENTS

The Act requires an employer to make a compensation payment called a severance payment to an employee who is dismissed because of redundancy and who fulfills the other prescribed conditions. It also requires an employer to make such a payment to an employee who has been laid off or kept on short time within the terms of the Act.

REDUNDANCY

Redundancy as defined in the Act, arises if:

1. *the employer has ceased or intends to cease to carry on the business*

2. *the employer has ceased or intends to cease to carry on the business in the place at which the employee was contracted to work*

3. *the requirements of the business for the employee to carry out work of a particular kind has ceased or diminished or are expected to cease or diminish*

4. *the requirements of the business for the employee to carry out work of a particular kind, in the place at which he was contracted to work ,have ceased or diminished or are expected to cease or diminish.*

EXPLANATION OF TERMS

LAYOFF – a temporary stoppage to work; when things are slow.

SHORT TIME – when an employee receives less than half of his normal pay.

DISMISSAL – when work of the type for which employee was contracted to do ceases to exist on a permanent basis.

LENGTH OF LAY OFF AND /SHORT TIME – After a period of 13 consecutive weeks or a series of 16 weeks within a 26-week period (i.e. weeks off and weeks on), an employee can claim a severance payment.

COMPUTATION OF A SEVERANCE PAYMENT

ONLY **the last 104 continuous weeks** of insurable earnings, with the same employer prior to being severed, are used in the calculation of severance payments.

DEFINITION OF INSURABLE EARNINGS

Insurable earnings refer to the payments on which national insurance contributions are made and they include but are not limited to the following:

- Overtime payments
- Commission on sales or profits on sales
- Service charge
- Production bonus
- Holiday pay ($^{3}/_{52}$ parts)

MAXIMUM NUMBER OF YEARS FOR WHICH EMPLOYEE IS PAID

The number of years should not exceed **thirty-three (33)** complete years.

CALCULATION OF THE SEVERANCE PAYMENT

According to the Severance Payment Act (CAP 355A) - First Schedule (Section 3), Paragraphs 2 and 3 - the amount of the severance payment shall be calculated by referencing specified outlined starting and ending 104-week period, and reckoning backwards the number of complete years of employment falling within that period and allowing, for each complete year of employment, is calculated by counting backwards 104 weeks from the date of termination.

(a) 2.5 weeks' basic pay for each such year up to 10 years;

(b) 3 weeks basic pay for each such year by which the employment exceeds 10 years but does not exceed 20 years; and

(c) 3.5 weeks' basic pay for each such year by which the employment exceeds 20 years but does not exceed 33 years.

Where, in reckoning the number of complete years of employment in accordance with paragraph 2, the 33 complete years of employment have been reckoned, account shall not be taken of any year of employment earlier than those 33 years.

The Basic Average Pay is calculated as (Total Earnings within the last 104 weeks of employment) divided by (104) which is currently $1,201 weekly and its maximum is in line with the ceiling of National Insurance average weekly insurable earnings; which can vary in accordance legislated actuarial calculation annually.

EXAMPLE #1

Date of commencement of continuous employment: *August 1st, 1993*
Date of termination of continuous employment: *September 30th, 2018*
Total number of completed years: *25 years*
104-week period: *Week commencing September 24th, 2018 and counting backwards to the week commencing October 3rd, 2016*

YEAR	WEEKS	EARNINGS
2016	**39**	**$ 7, 800.00**
2017	**52**	**$10, 400.00**
2018	**13**	**$ 2, 600.00**
TOTAL	**104**	**$20, 800.00**

Basic Average Pay = $\frac{\text{Total Earnings within the last 104 weeks of employment}}{104} = \frac{\$20{,}800.00}{104 \text{ weeks}} = \$200.00$

Thus,

Basic Average Pay or Average Weekly Insured Earnings is $200.00 and the employee worked for 25 years

$200.00 x 2.5 weeks x 10 years = $ 5,000.00
$200.00 x 3.0 weeks x 10 years = $ 6,000.00
$200.00 x 3.5 weeks x 5 years = $ 3,500.00

Therefore, Severance Payment due to this recipient who was employed for 25 years is $14, 500.00

The following is applicable for **monthly paid employees only.**
If less than five (5) weeks in the final year are needed to complete the 104-week period, in the final year of the 104 weeks, you are required to convert the monthly pay into weeks. In order to do so, please view the calculation below:

EXAMPLE #2
Last Year of Employment: 2018
Month: December
Weeks required to complete period: 2 weeks
Insurable Earnings for December: $3, 000
Conversion from Monthly to Average Weekly Earnings: $\frac{(\$3{,}000 \times 12)}{52} = \$692$

Then, the Average Weekly Pay for the required two (2) weeks = $692 x 2 weeks = $1, 384
Note: However, if the entire number of weeks is needed, you are required to use the entire month.

SEVERANCE PAYMENTS TRIBUNALS

These tribunals have been provided so that employees and employers can have their matters heard.

CLAIMS MADE BY EMPLOYEES TO THE SEVERANCE FUND

After a matter has been decided by the Tribunal in favour of the employee, and the awarded amount is not paid by the employer, the employee can apply to the Severance Fund for the award.

REBATE CLAIMS

After a severance payment is made to an employee, the insured employer of the severed employee is entitled to claim a 25% rebate from the NIS Severance Fund.

The insured employer has six (6) months after the date on which the severance payment has been made, to claim this rebate by completing the 'Claim for Rebate from the Severance Fund' form.

The necessary documents that must be submitted, along with the above-mentioned form, for an employer severance rebate claim are as follows:

- Legible copies of cancelled cheques.
- Certified copies of official transaction records, in the event that the severance payments were made directly to the employee's bank account.
- Copies of the official banker's cheque transaction records, in the case that the severance payments were issued via banker's draft.

Please be advised that personal receipts between employer and employee, will **NOT** be accepted as payment evidence for the purpose of claiming a Severance Rebate.

INVALIDITY BENEFIT

An invalidity benefit may either be a grant or pension.

Invalidity Grant

To qualify for an invalidity grant, one must:

(a) be under pensionable age;

(b) be permanently incapable of undertaking further employment because of a specific disease or bodily or mental disablement;

(c) have at least 50 contributions paid or credited to one's account.

How is an Invalidity Grant Computed?

An Invalidity Grant is a lump sum payment, equal to 6 weeks average insurable weekly earnings for each 50 contributions actually paid or credited to the insured person's account. Average insurable weekly earnings for the purpose of an Invalidity Grant is the sum of the insurable earnings on which contributions were based, divided by the number of weeks of contributions.

Invalidity Pension

To qualify for an invalidity pension one must:

(a) be under pensionable age;

(b) be permanently incapable of undertaking further employment because of a specific disease or bodily or mental disablement; for so long as the invalidity continues;

(c) have at least 150 contributions paid to one's account.

How is an Invalidity Pension Computed?

The annual rate of pension is 40% of the average annual insurable earnings of the insured person, supplemented by 1 % of the total insurable earnings on which contributions were based subsequent to the first 500 contributions paid or credited. It is subject to a maximum of 60% of average annual insurable earnings but may exceed 60% of average best three (3) insurable earnings where increases are granted, and a minimum pension of currently $254.00 per week.

Average annual insurable earnings for the purpose of an invalidity pension is the sum of the insurable earnings on which contributions were based during the best three (3) contribution years of the insured person's contribution life, divided by 3. If the person had been insured for less than fifteen contribution years, then the best three (3) contributions years of that lesser number is used as the basis for the calculation. For self-employed persons the average yearly contributions must be 39.

An Important Note about Invalidity Pension ...

Invalidity pension continues in payment so long as invalidity lasts. However, if invalidity continues when the insured person reaches pensionable age, the Invalidity Pension is converted into an Old Age Contributory Pension of an equal amount. Invalidity benefit may be paid whilst the recipient is living abroad. Additionally, if a person qualifies for an Invalidity Pension, an Invalidity Grant is not payable.

BARBADOS SOCIAL SECURITY

INV12015

National Insurance & Social Security Act, Cap.47

CLAIM FOR INVALIDITY BENEFIT

IMPORTANT: Please complete fully and send immediately to the National Insurance Office.
Failure to apply within 3 months of eligibility may result in a partial loss of the benefit.

Required Documents – Barbados Identification Card, Original Birth Certificate, Original Marriage Certificate, Original Decree Absolute if divorced, a letter indicating that you are medically boarded if you are a Government Employee

OFFICIAL USE ONLY

SPECIMEN ONLY

Section 1 - PERSONAL DETAILS OF CLAIMANT

National Insurance No. ☐☐☐☐☐☐

National Registration No. (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth ☐☐☐☐☐☐☐☐ (Year Month Day)

District _____ Parish _____

Tel. No. Area Code ☐☐☐ ☐☐☐☐☐☐☐ Cell No. Area Code ☐☐☐ ☐☐☐☐☐☐☐ Postal Code ☐☐☐☐☐

E-mail Address: _____

Section 2 - EMPLOYMENT DETAILS

OFFICIAL USE ONLY ☐☐☐☐☐☐☐

OFFICIAL USE ONLY ☐☐☐☐

I was last employed by _____
Name of Employer in BLOCK CAPITALS

Occupation _____

Is your present incapacity caused by an accident/incident at work? Yes ☐ No ☐

If answer is yes, give date of accident/incident ☐☐☐☐☐☐☐☐ (Year Month Day)

The last date I attended work before my incapacity was ☐☐☐☐☐☐☐☐ (Year Month Day)

Section 3 - EMPLOYMENT HISTORY

Provide the year in which you first paid NIS contributions ☐☐☐☐

Have you ever worked as an employed or self-employed person in any other country outside of Barbados? Yes ☐ No ☐
If yes, please complete information below:

COUNTRY	From (Year Month Day)	To (Year Month Day)	Social Security Number (OVERSEAS)
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
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Section 4 - ALTERNATE PAYEE DETAILS - TO BE COMPLETED IF PENSION IS TO BE PAID TO SOMEONE ON YOUR BEHALF

National Insurance No. ☐☐☐☐☐☐

National Registration No.: (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth ☐☐☐☐☐☐☐☐ (Year Month Day)

District _____ Parish _____

Tel. No. Area Code ☐☐☐ ☐☐☐☐☐☐☐ Cell No. Area Code ☐☐☐ ☐☐☐☐☐☐☐ Postal Code ☐☐☐☐☐

E-mail Address: _____

SPECIMEN ONLY

Section 5 - BANKING DETAILS - TO BE COMPLETED WHERE PAYMENT OF THIS CLAIM IS TO BE DEPOSITED TO A BANK ACCOUNT

I hereby authorize payment in respect of this benefit to be lodged to the bank account given below.

Name(s) on Account _____ Account No. _____ Name and Location of Branch _____

Please provide proof of bank account – The header of the bank statement or an official stamp from your bank verifying your account details. For overseas pensioners, please provide the relevant banking codes

Section 6 - MEDICAL CERTIFICATE OF PERMANENT INCAPACITY FOR WORK - TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONER ONLY

I certify that I have examined Mr./Mrs./Miss. _____
Name of Patient (BLOCK CAPITALS)

Your incapacity for work commenced on: | | | | | | | | | (Year / Month / Day)

And in my opinion you are PERMANENTLY incapable of work by reason of: (State specific disease, bodily or mental disablement, or injury as required by Benefits Regulations 1967)

_____

_____

_____

OFFICIAL USE ONLY

Name of Medical Practitioner _____

Medical Practitioner's National Insurance No. | | | | | | |

Medical Practitioner's Registration No. | | | | |

_____
Signature of Medical Practitioner

Date Signed | | | | | | | | | (Year / Month / Day)

Any other remarks by Medical Practitioner:

_____

_____

_____

_____

_____

Note: "The National Insurance and Social Security (Benefit) Regulations 1967 defines the term "invalid" as a person incapable of any work as a result of a specific disease or bodily or mental disablement which is likely to remain permanent."

The information on the medical certificate of incapacity must not be tampered with. In the event that there is a problem on the certificate please return to the medical practitioner for modification and initials.

Section 7 - DECLARATION

I hereby declare that the information given on this form is true to the best of my knowledge and belief.

Signature of Claimant _____ Date Signed | | | | | | | | | (Year / Month / Day)

If you are unable to sign this application, it may be signed on your behalf by someone else who should state that they have done so.

WARNING: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit, commits a criminal offence punishable by a fine or imprisonment or both.

OLD AGE CONTRIBUTORY BENEFIT

Old Age Contributory Benefit may either be a grant or pension. If a person qualifies for an Old Age Contributory Pension, an Old Age Contributory Grant is not payable.

As a result of Pension Reform in 2003 and the introduction of flexible pensionable ages, persons may receive a pension at any age from 60 to 70. The system was reformed for old age pension in 2024, resulting in the pensionable age from 61, after 1st April 2025. To ensure that there is no financial advantage as a result of choice of pensionable age; persons opting for early pension will receive a reduced pension. Late pension up to a limit of age 70 would result in increases in pension at a percentage equal to the rate for decrease for persons opting for early pension. The adjustment rate has been set at 0.583% for each month earlier or later than the pensionable age.

A person's pension at pensionable age is not tied to retirement. Pensionable age is currently 67 years, effective from 1st January 2018.

Old Age Contributory Grant

PENSIONABLE AGES

Prior to 1 January, 2006	65 Years
1 January, 2006 to 31 December, 2009	65 ½ years
1 January, 2010 to 31 December, 2013	66 years
1 January, 2014 to 31 December, 2017	66 ½ years
1 January, 2018 to 31 December, 2027	67 years
1 January, 2028 to 31 December, 2033	67 ½ years
1 January, 2034 and thereafter	68 years

To qualify for an Old Age Contributory Grant, one must:

a. have attained pensionable age;
b. have at least 50 contributions paid or credited to one's account.

How is an Old Age Contributory Grant Computed?

The amount of an old age contributory grant is a lump sum equal to 6 weeks average insurable weekly earnings for each 50 contributions actually paid or credited to the insured person's account.

Average insurable weekly earnings for the purpose of Old Age Contributory Grant is the sum of the insurable earnings on which contributions were based, divided by the number of weeks of contributions.

Old Age Contributory Pension

The Old Age Contributory Pension is available at ages ranging from:

a. The NIS pensionable age – currently 67 years;
b. Voluntary (Early) pensionable age - 61after 1st April 2025; age 62 in 2028 and age 63 by 2031
c. Deferred (Late) pensionable age – any age after the NIS pensionable age but up to 70 years.

In addition, to qualify for old age pension, one must:

a. have at least 150 contributions actually paid to one's account if age 60 or older at 1st January 2024.
b. have at least a total of 500 contributions paid or credited to one's account if age 60 or over at 1st January 2024.
c. Have at least 200 contributions acutally paid or credited to one's account if under age 60 or older at 1st January 2024.
d. Have at least 560 contributions acutally paid or credited to one's account if under age 60 or older at 1st January 2024.

NOTES

The Old Basis computation is as follows:

Example 1 - Part 1

Contribution Weeks	*1,100 weeks (22 years)*
For NISSS purposes, 50 weeks is equivalent to 1 contribution year)	
Annual Average (of the best 5 years)	*$35,500.00*
Calculations: 2% for each year for the first 20 years and 1 1/4 for all subsequent years	
(For this example, the subsequent years will be 22 years - 20 years = 2 years	
Basic annual pension =(1000/50) 20 x 2% x $35,500	*$14,200.00*
Supplementary pension = (100/50) 2 x 1 1/4 x $35,500	*$887.50*
Total Annual Pension = $14,200.00+$88,750.00	*$15,087.50*
Weekly pension	*$290.14*

The New Basis computation is as follows:

Example 1 - Part 2

Contribution Weeks	*1,100 weeks (22 years)*
For NISSS purposes, 50 weeks is equivalent to 1 contribution year)	
Annual Average (of the best 7 years)	*$35,500.00*
Calculations: 60% (2% for each year for the first 20 years and 1 1/4 for all subsequent years) + 40% (1.5% of the average annual insurable earning for the 1st 1000 contributions + 1.5% for all subsequent years up to a up to a maximum of 60%)	
(For this example, the subsequent years will be 22 years - 20 years = 2 years	
Basic annual pension = 60%(1000/50) 20 x 2% x $35,500)	*$8,520.00*
Supplementary pension = 40%(100/50) 2 x 1.5% x $35,500)	*$426.00*
Total Annual Pension = $8,250.00 + $426.00	*$8,946.00*
Weekly pension	*$172.04*

Since this amount is below the minimum pensionable age of $254.00 per week the claimant will receive $254.00 per week.

SPECIMEN ONLY

BARBADOS SOCIAL SECURITY

OA12015

National Insurance & Social Security Act, Cap.47

CLAIM FOR OLD AGE CONTRIBUTORY PENSION

Please complete all relevant sections. Failure to do so will delay the processing of this claim.
A claim should be submitted three months before the claimant reaches pensionable age.
IF THE CLAIM IS SUBMITTED LATE, PLEASE ATTACH LETTER TO THE CLAIM STATING REASON FOR LATENESS.
Failure to apply within 12 months of eligibility may result in a partial loss of the benefit.

OFFICIAL USE ONLY

REQUIRED DOCUMENTS	
(a) Barbados Identification Card	(b) Original Birth Certificate
(c) Original Marriage Certificate	(d) Original Decree Absolute - if divorced
(e) An affidavit for persons applying for voluntary (early) pension	

For applicants resident outside of Barbados, please provide notarized copies of the above listed documents.

Timeline	Pensionable Age
January 1, 2014 to December 31, 2017	66½ years
January 1, 2018 and after	67 years

Section 1 - PERSONAL DETAILS

National Insurance No. ☐☐☐☐☐☐

National Registration No. (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth ☐☐☐☐☐☐☐☐ *Year Month Day*

District _____ Parish _____

Tel. No. *Area Code* ☐☐☐ ☐☐☐☐☐☐☐ Cell No. *Area Code* ☐☐☐ ☐☐☐☐☐☐☐ Postal Code ☐☐☐☐☐

E-mail Address _____

Section 2 - RETIREMENT DETAILS

Please tick ☑ the box which represents your choice

☐ I hereby apply for pension at the standard pensionable age

☐ I hereby apply for early retirement pension on ☐☐☐☐☐☐☐☐ *Year Month Day*

☐ I hereby apply to defer my pension to ☐☐☐☐☐☐☐☐ *Year Month Day*

Section 3 - EMPLOYMENT DETAILS

Name of current/last employer _____

_____

_____

Date of Retirement ☐☐☐☐☐☐☐☐ *Year Month Day*

OFFICIAL USE ONLY ☐☐☐☐☐☐☐

Are you a director of a company? Yes ☐ No ☐

SPECIMEN ONLY

Section 4 - EMPLOYMENT HISTORY

Indicate the year in which you first paid NIS contributions

Have you ever worked as an employed or self-employed person in any other country outside of Barbados? Yes No

If yes, please complete information below:

COUNTRY	From (Year Month Day)	To (Year Month Day)	Social Security Number (Overseas)

Section 5 - ALTERNATE PAYEE DETAILS - TO BE COMPLETED IF PENSION IS TO BE PAID TO SOMEONE ON YOUR BEHALF

National Insurance No.

National Registration No.: (Barbados ID Card)

Last Name First Name Middle Name

Address

Date of Birth (Year Month Day)

District Parish

Tel. No. (Area Code)

Cell No. (Area Code)

Postal Code

E-mail Address

Section 6 - BANKING DETAILS - TO BE COMPLETED WHERE PAYMENT OF THIS CLAIM IS TO BE DEPOSITED TO A BANK ACCOUNT

I hereby authorize payment in respect of this benefit to be lodged to the Bank Account given below.

Name(s) on Account Account No. Name and Location of Branch

Please provide proof of bank account – The header of the bank statement or an official stamp from your bank verifying your account details. For overseas pensioners, please provide the relevant banking codes.

Section 7 - DECLARATION

I hereby declare that the information given on this form is true to the best of my knowledge and belief.

Signature of Claimant

Date Signed (Year Month Day)

If you are unable to sign this application, it may be signed on your behalf by someone else who should state that they have done so.

WARNING: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit, commits a criminal offence punishable by a fine or imprisonment or both.

SPECIMEN ONLY

Affidavit
for
Voluntary (Early) Old Age Contributory Pension

IN THE MATTER of the National Insurance and Social Security Act. Cap.47 of the Laws of Barbados.

AND IN THE MATTER of an Application for a Voluntary Old Age Contributory Pension under the National Insurance and Social Security (Benefits) Regulations 1967.

I, ...
Last Name First Name Middle Name

MAKE OATH/AFFIRM AND SAY as follows

1. That I am .....years of age and have reached the voluntary pensionable age.

2. That

(a) ☐ **I have retired from** ALL employment as an employee or as a self-employed person whether in Barbados or overseas on ☐☐☐☐ ☐☐ ☐☐
Year **Month** **Day**

(b) ☐ **I have not retired from** ALL employment as an employee or as a self-employed person whether in Barbados or overseas.

If other *(please state)*

.....

.....

3. That I declare the facts deposed to in paragraphs 1 and 2 hereof are true.

4. That I declare that should I cease to be retired and/or should I become re-employed or self-employed during voluntary pensionable age, I shall notify the Director and shall not claim Voluntary Old Age Contributory Pension and shall repay any sums paid during such periods.

5. I make this affidavit for the purpose of establishing my entitlement to a Voluntary Old Age Contributory Pension pursuant to the National Insurance and Social Security (Benefits) Regulations 1967.

SWORN TO by the said Deponent

Before me this..... day of..... 20..... .....
Signature of Applicant

.....
Justice of Peace

Please note that this document should ONLY be submitted after you have retired from employment or self-employment.

WARNING: Any person who knowingly makes a false statement or any representation for the purpose of obtaining benefit commits an offence and is liable to a fine or imprisonment or both and is also liable to repay the benefit.

NON-CONTRIBUTORY OLD AGE PENSION

To qualify for non-contributory old age pension, one must be:

a. Sixty-seven (67) years of age or in case of a blind person or deaf without speech, the age of 18 years; and

b. (i) a citizen of Barbados; or

(ii) a permanent resident of Barbados within the meaning of the Immigration Act, with residence in Barbados for a period of:

(a) in the case of a citizen of Barbados, 12 years since attaining the age of 40 years or an aggregate of 20 years since attaining the age of 18 years; or

(b) in the case of a permanent resident or Barbados, 15 years since attaining the age of 40 years or an aggregate of 20 years since attaining the age of 18 years.

A person is NOT entitled to a Non-Contributory Old Age Pension if that person:

(i) receives a pension in respect of the public service of Barbados;
(ii) receives a pension in respect of public service with another Government; or with an international organization of which the Government of Barbados is a member;
(iii) receives a pension under the National Insurance Service at a rate higher than the non-contributory old age pension;
(iv) receives a pension by virtue of a National Insurance and Social Security Scheme operated by another Government;
(v) receives an income in excess of $30 per week and is blind or a deaf mute and under pensionable age;
(vi) is continuously absent from Barbados for any period in excess of six months;
(vii) is a full time in-patient at a health service institution maintained by the Government such as a hospital or a home
(viii) is detained at any prison but there is an exception. For further information contact the National Insurance Office.

With effect from 11th April 1995, a person who is excluded from the receipt of a Non-Contributory Old Age Pension because of (i), (ii) and (iv) above but whose pension is less than the Non-Contributory Old Age Pension which is currently $230.00 per week is entitled to a weekly pension equal to the difference between the Non-Contributory Pension and the pension already being received.

If someone has received or is entitled to receive an old-age contributory grant or an injury or disablement benefit, that person may still have title to the Non-Contributory Old Age Pension.

The receipt of a Non-Contributory pension is not automatic. As from 1st January 1997, a person who had been gainfully occupied in employment and had failed or refused to be insured under the Act, that person shall be disqualified from receipt of a Non-Contributory Old Age Pension.

A person making an application for a Non-Contributory Old Age Pension is required to submit to the Chief Executive Officer of the National Insurance Office, an affidavit for the purpose of establishing entitlement to such pension. A copy of the affidavit can be obtained from the National Insurance Office and should accompany the application form.

Amount of Non-Contributory Old Age Pension

The rate payable in respect of a non-contributory old age pension is currently $230.00 per week, and is the same amount for all persons who qualify for this type of pension.

Important Note: A pensioner must inform the National Insurance Office if overseas travel is being undertaken.

BARBADOS SOCIAL SECURITY

NCP2015

National Insurance & Social Security Act, Cap.47

CLAIM FOR NON-CONTRIBUTORY OLD AGE PENSION

Please complete all relevant sections. Failure to do so may delay the processing of this claim.
A claim should be submitted three months before the claimant reaches pensionable age.

SPECIMEN ONLY

OFFICIAL USE ONLY

REQUIRED DOCUMENTS	
(a) Barbados Identification Card	(b) Original Birth Certificate
(c) Original Marriage Certificate	(d) Original Decree Absolute - if divorced
(e) An affidavit for non-contributory pension	

Timeline	Pensionable Age
January 1, 2014 to December 31, 2017	66½ years
January 1, 2018 and after	67 years

Section 1 - PERSONAL DETAILS

National Insurance No. ☐☐☐☐☐☐

National Registration No. (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth ☐☐☐☐☐☐☐☐ (Year / Month / Day)

District _____ Parish _____

Tel. No. ☐☐☐☐☐☐☐ Cell No. ☐☐☐☐☐☐☐ Postal Code ☐☐☐☐☐

Please tick the box that best represents your choice

Standard ☐ Blind ☐ Deaf/Mute ☐

E-mail Address _____

Section 2 - PENSION DETAILS - PLEASE ANSWER EACH QUESTION BELOW IN THE AREA PROVIDED

1. Are you in receipt of a (BARBADOS) Government Pension? Yes ☐ No ☐
2. Have you applied for or are you receiving a National Insurance or Social Security Old Age Pension from a country other than Barbados? Yes ☐ No ☐
3. Are you in receipt of a pension in respect of public service with another Government or with an International Organization of which the Government of Barbados is a member? Yes ☐ No ☐
4. If you are in receipt of a pension as indicated in questions 1, 2 or 3 of this section, state the total weekly amount of pension received. $ _____
5. Have you ever lived outside of Barbados after reaching the age of 40 years? Yes ☐ No ☐

5a. If so, for how many years? _____

6. Have you ever lived outside of Barbados after reaching the age of 18 years? Yes ☐ No ☐

6.a If so, for how many years? _____

7. Are you receiving any NIS Benefit? Yes ☐ No ☐ If so, please state which benefit _____

SPECIMEN ONLY

Section 3 - EMPLOYMENT DETAILS

Were you ever engaged in gainful employment? Yes ☐ No ☐ Employed ☐ Self-Employed ☐ Both ☐

If employed provide information below:

Name of Last Employer _____

Address of Last Employer _____

Last Occupation _____

In which year did you first commence employment? ☐☐☐☐ Last Date of Employment ☐☐☐☐☐☐☐☐
Year *Month* *Day*

Section 4 - EMPLOYMENT HISTORY

Have you ever worked as an employed or self-employed person in any other country outside of Barbados? Yes ☐ No ☐

If yes, please complete information below:

COUNTRY	From *Year Month Day*	To *Year Month Day*	Social Security Number (Overseas)
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	

Section 5 - ALTERNATE PAYEE DETAILS - TO BE COMPLETED IF PENSION IS TO BE PAID TO SOMEONE ON YOUR BEHALF

National Insurance No. ☐☐☐☐☐☐ National Registration No.: (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth ☐☐☐☐☐☐☐☐
Year Month Day

District _____ Parish _____

Tel. No. ☐☐☐☐☐☐☐ Cell No. ☐☐☐☐☐☐☐ Postal Code ☐☐☐☐☐

E-mail Address _____

Section 6 - BANKING DETAILS - TO BE COMPLETED WHERE PAYMENT OF THIS CLAIM IS TO BE DEPOSITED TO A BANK ACCOUNT

I hereby authorize payment in respect of this benefit to be lodged to the bank account given below.

Name(s) on Account _____ Account No. _____ Name and Location of Branch _____

Please provide proof of bank account – The header of the bank statement or an official stamp from your bank verifying your account details.

Section 7 - DECLARATION

I hereby declare that the information given on this form is true to the best of my knowledge and belief.

Signature of Claimant _____ Date Signed ☐☐☐☐☐☐☐☐
Year Month Day

If you are unable to sign this application, it may be signed on your behalf by someone else who should state that they have done so.

WARNING: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit, commits a criminal offence punishable by a fine or imprisonment or both.

SPECIMEN ONLY

BARBADOS

IN THE MATTER of the National Insurance and Social Security Act, Cap. 47 of the Laws of Barbados.
AND IN THE MATTER of an Application for a Non-Contributory Old Age Pension under the National Insurance and Social Security (Non-Contributory Old Age Pensions) Regulations 1982 as amended.

AFFIDAVIT

I, ...
First Name Middle Name(s) Last Name

of .....
Address

MAKE OATH/AFFIRM AND SAY as follows

1. That I am ..... years of age.

2. That *(Please tick the appropriate box)*

(a) ☐ I am a citizen of Barbados. As a citizen of Barbados, I have resided in Barbados for a period of twelve (12) years since attaining the age of 40 years, or an aggregate of twenty (20) years since attaining the age of 18 years; **or**

(b) ☐ I am a permanent resident of Barbados. As a permanent resident of Barbados, I have resided in Barbados for a period of fifteen (15) years since attaining the age of 40 years or an aggregate of twenty (20) years since attaining the age of 18 years.

3. That between 1st January 1997 and my pensionable age,
(Please tick the appropriate box)
(A)

(i) ☐ I **have not** been gainfully occupied in employment in Barbados either as an employed person (an employee) or as a self-employed person, or

(ii) ☐ I **have not** been gainfully occupied in employment in Barbados because of medical or physical incapacity as evidenced by the medical certificate(s) submitted herewith, or

(iii) ☐ I **have not** been gainfully occupied in employment in Barbados because of inability to earn as evidenced by the certificate(s) of exception from the National Insurance Board submitted herewith.

SPECIMEN ONLY

or (B)

(i) ☐ **I have been** gainfully occupied in employment in Barbados but **have not** received income exceeding $1,092 a year or $21 per week as a self-employed person or earnings exceeding $21 per week or $91 per month as an employed person, or.

(ii) ☐ **I have been** gainfully occupied in employment in Barbados and received earnings exceeding $21 per week or $91 per month as an employed person and to the best of my knowledge, **national insurance contributions were deducted from all such earnings**, or

(iii) ☐ **I have been** gainfully occupied in employment in Barbados and received income exceeding $1,092 a year or $21 per week as a self-employed person and **I have paid contributions on all such income.**

or (C)

If other *(please state)*

.....

.....

4. I am not presently subject to detention at any prison and I am not an in-patient at a health institution maintained by the Government or at public expense.

5. I am not in receipt of a pension **from any source within or outside of Barbados** that would disqualify me from receiving a non-contributory old age pension from Barbados under the National Insurance and Social Security Act and Regulations. Should I receive a pension from within or outside of Barbados, I will **immediately inform the National Insurance Office,** in order to determine whether I would still be entitled to the Non-Contributory old age pension or whether it should cease or be reduced and **I will repay** to the National Insurance Board any sums to which I would not have been entitled.

6. That I declare that the facts deposed to in paragraphs 1 to 5 hereof are true.

7. I make this affidavit for the purpose of establishing my entitlement to a Non-Contributory Old Age Pension pursuant to the National Insurance and Social Security (Non-Contributory Old Age Pensions) Regulations 1982 as amended.

SWORN TO by the said Deponent)
)
before me this day of 20) .....
) (Signature of Applicant)
)

.....
Justice of the Peace

WARNING:	Any person who knowingly makes a false statement or any representation for the purpose of obtaining benefit commits an offence and is liable to a fine or Imprisonment or both and is also liable to repay the benefit.

SURVIVORS' BENEFIT

Survivors' benefit may either be a grant or pension .

A surviving spouse and children of a deceased insured person qualify for a Survivors' Benefit, if the deceased at the time of death was receiving or was qualified to receive Invalidity or Old Age Contributory Benefit.

If the deceased had qualified for a grant, the survivors' benefit would be a lump sum payment.
If the deceased had qualified for a pension, the survivors' benefit would be in pension form.

Children and Survivors' Benefits

Children who qualify for Survivors' Benefit are unmarried children including adopted children and step-children who at the date of the parent's death were living with or were wholly or mainly maintained by the parent.

Survivors' pension is payable in respect of a child until his 16th birthday. Where the child is in full time education at an approved educational institution, until his 25th birthday. If a child is an invalid, he retains his qualification for Survivors' Benefit so long as invalidity lasts.

Spouses and Survivors' Benefits

A common-law spouse may be treated as a surviving widow/widower when no legal spouse exists.

A spouse of 50 years and over and had been married to the deceased for not less than 3 years shall be entitled to a survivors' pension for life or until he/she becomes entitled to a pension in his/her own right at a higher rate.

A spouse of 45 years or over and had been married to the deceased for not less than 3 years at the time of the person's death, shall qualify for a survivors' pension for life or until he/she becomes entitled to a pension in his/her own right at a higher rate.

However, Survivors' Benefit is payable for only (1) year in respect of a marriage contracted after an insured person had been granted an invalidity or old age contributory pension and 3 years or more before death of the insured person.

An invalid spouse, below the age of 50 who had been married for not less than three years at the time of the partner's death, qualifies for a pension during the period of invalidity.

All other spouses qualify for a pension for one year.
Payments to survivors cease on marriage, remarriage or cohabitation as man and wife.

How is Survivors' Benefit Computed?

Survivors' benefit payable to a widow/widower who at the time of the death of the insured was 50 years or over and married for at least 3 years, would be entitled to a pension of one-half (1/2) of the amount which would have been payable as invalidity or old age contributory benefit to the deceased spouse had he/she been alive.

For spouses 45 years and over, they would be entitled to a pension of one-third (1/3) of the maximum pension available for payment to survivors.

Survivor's benefit payable to a child is one-sixth (1/6) of the amount which would have been payable to the parent had, he/she been alive. However, if a child is an orphan or an invalid, he may receive one-third (1/3).

In no case can the total survivors' benefit payable exceed the amount which would have been payable to the deceased person at the time of his death.

SUR12013

National Insurance & Social Security Act, Cap.47

CLAIM FOR SURVIVORS'/DEATH BENEFIT

To be completed by applicant

Important: Please complete and send immediately to the National Insurance Office. Failure to apply within 12 months from the date of death of the insured person may result in loss of benefit. All applications must be accompanied by ORIGINAL documents providing proof of relationship with the deceased.

OFFICIAL USE ONLY

SPECIMEN ONLY

REQUIRED DOCUMENTS	
(a) Barbados Identification Card	(b) Original Birth Certificate of Spouse and Children
(c) Original Marriage Certificate	(d) Original Decree Absolute - if divorced
(e) Letter from educational institution - If beneficiary is between 16 and 25 years old, please provide letter from educational institution which contains the date of commencement and conclusion of the term and proof of full-time enrollment. The letter should be submitted every school year to ensure continued payment.	

For applicants resident outside of Barbados, please provide notarized copies of the above listed documents.

Section 1 - PERSONAL DETAILS OF THE CLAIMANT

National Insurance No. ☐☐☐☐☐☐

National Registration No.: (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth ☐☐☐☐☐☐☐☐ *Year Month Day*

District _____ Parish _____

Postal Code ☐☐☐☐☐ Tel. No. *Area Code* ☐☐☐ ☐☐☐☐☐☐☐ Cell No. *Area Code* ☐☐☐ ☐☐☐☐☐☐☐

E-mail Address: _____

Relation to Deceased: _____ If married, provide date of marriage ☐☐☐☐☐☐☐☐ *Year Month Day*

Section 2 - PERSONAL DETAILS OF DECEASED PERSON

National Insurance No. ☐☐☐☐☐☐

National Registration No.: (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____

District _____ Parish _____ Postal Code ☐☐☐☐☐

Date of Birth ☐☐☐☐☐☐☐☐ *Year Month Day* Date of Death ☐☐☐☐☐☐☐☐ *Year Month Day*

Was death from an accident at work? Yes ☐ No ☐ Date of Accident ☐☐☐☐☐☐☐☐ *Year Month Day*

Name of last employer _____

If deceased was employed outside of Barbados, give details below.

COUNTRY	From *Year Month Day*	To *Year Month Day*	Social Security Number (Overseas)

Section 3 - DETAILS OF COMMON LAW SPOUSE - TO BE COMPLETE WHERE THE CLAIMANT IS NOT MARRIED TO THE DECEASED

(a) Were you and the deceased living together at the time of death as man and wife? ☐ Yes ☐ No

(b) Are you married to someone else? ☐ Yes ☐ No

(c) At the time of the deceased death, was there a surviving spouse of the deceased? ☐ Yes ☐ No

(d) If the answer to (a) is YES, please state how long you were together. ☐ Years ☐ Months

SPECIMEN ONLY

Section 4 - ALTERNATE PAYEE DETAILS - TO BE COMPLETED IF PAYMENT IS TO BE PAID TO SOMEONE ON YOUR BEHALF

National Insurance No. ☐☐☐☐☐☐

National Registration No.: (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth ☐☐☐☐ ☐☐ ☐☐ *Year Month Day*

District _____ Parish _____

Postal Code ☐☐☐☐☐ Tel. No. *Area Code* ☐☐☐ ☐☐☐☐☐☐☐ Cell No. *Area Code* ☐☐☐ ☐☐☐☐☐☐☐

E-mail Address _____ Relation to Beneficiary: _____

Section 5 - BANKING DETAILS - TO BE COMPLETED WHERE PAYMENT OF THIS CLAIM IS TO BE DEPOSITED TO A BANK ACCOUNT

I hereby authorize payment in respect of this benefit to be lodged to the bank account given below.

Name(s) on Account _____ Account No. _____ Name and Location of Branch _____

Please provide proof of bank account – The header of the bank statement or an official stamp from your bank verifying your account details.

OFFICIAL BANK STAMP

Section 6 - DECLARATION

I hereby declare that the information given on this form is true to the best of my knowledge and belief.

Signature of Claimant _____ Date Signed ☐☐☐☐ ☐☐ ☐☐ *Year Month Day*

If you are unable to sign this application, it may be signed on your behalf by someone else who should state that they have done so.

WARNING: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit, commits a criminal offence punishable by a fine or imprisonment or both.

The Director
National Insurance Office
Culloden Road
St. Michael
Barbados
West Indies

SPECIMEN ONLY

LIFE CERTIFICATE

A life certificate must be submitted June and December of each year.

Failure to provide a life certificate may result in a delay in payment.

Section A PERSONAL DETAILS

National Insurance No. ☐☐☐☐☐☐

National Registration No. ☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth ☐☐☐☐ ☐☐ ☐☐ (Year Month Day)

District _____ Parish _____

Postal Code BB ☐☐☐☐☐ E-mail Address _____

Tel. No. ☐☐☐☐☐☐☐☐☐☐ Cell No. ☐☐☐☐☐☐☐☐☐☐

FOR A SPOUSE RECEIVING SURVIVORS'/DEATH BENEFIT

Have you remarried or cohabitated during this period? ☐Yes ☐No. If Yes, please provide the date below.

Date of marriage/cohabitating (if applicable) _____

Declared this_____day of_____ 20_____ _____

Signature or Mark of Claimant

In case the pensioner is unable to sign this document, his/her mark (X) should be witnessed.

Section B CERTIFICATE OF DECLARATION

I, the undersigned, hereby certify that _____

whose signature is affixed on the above was alive on the _____day of _____20_____

Print Name _____ Signature _____

Profession _____

Date Signed _____

OFFICIAL STAMP

Warning: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining a benefit commits an offence punishable by fine or by imprisonment or both.

Please view the information overleaf.

SPECIMEN ONLY

INSTRUCTIONS FOR USE OF LIFE CERTIFICATE

The purpose of the Life Certificate is to establish that the beneficiary is alive on the date of this Declaration.

1. All recipients of an Old Age Contributory Pension, Survivors'/Death Benefit and Disablement Benefit must complete this Life Certificate **every six (6) months:** June and December of each year.

2. The Declaration may be signed by:

(a) For Local Pensioners

Any Magistrate, Justice of the Peace, , Bank Manager, Medical Practitioner, Attorney-at-Law, Member of Parliament, Senior Civil Servant, Gazetted Police Officer and Senior Officer of the National Insurance Office.

(b) Overseas pensioners

A member of the Barbados Mission in the Country in which the Beneficiary is a resident, a Notary Public, Bank Official and a Medical Practitioner.

3. Identification produced by the beneficiary should be a valid form of one of the following: Passport, Driver's Licence/Permit or Identification Card.

4. Please note that this form must be fully completed in order for payment to continue.

5. Please note that this form must not be signed by a family member.

EMPLOYMENT INJURY BENEFITS

The following are payable under Employment Injury Benefits:

i. Employment Injury Benefit
a weekly benefit payable to an insured person who is incapable of work as a result of an employment accident or a prescribed disease.

ii. Disablement Benefit and Grant
a benefit payable to an insured person who, following the end of the period for which injury benefit is payable, is suffering from a loss of physical or mental faculty as a result of an employment accident or a prescribed disease.

iii. Medical Expenses
reasonable expenses (including the cost of medicines and travelling) incurred in the treatment of an employment injury or prescribed disease.

iv. Funeral Grant
a payment of currently $2,220 to assist with the funeral expenses of the worker whose death results from an accident at work or from a prescribed disease.

v. Death Benefit
a weekly payment to the surviving spouse, children and other persons who were wholly or mainly dependent for support on the insured person at the time of death.

I. INJURY BENEFIT

To qualify for an injury benefit, the person must be incapable of work as a result of an accident arising out of and in the course of insured employment, or must be incapable of work as a result of a prescribed disease.

How is an Injury Benefit Computed?

The daily rate of injury benefit is 90% of the person's average insurable weekly earnings, divided by 6.

Average insurable weekly earnings means the earnings on which contributions were based over the relevant quarter. The relevant quarter may be the quarter but one immediately preceding the contribution quarter in which the accident occurred if the insured person had been in the service of the employer for 7 or more contribution weeks; but it may be a later quarter depending on the length of service with the employer in question.

Payment of Injury Benefit

Injury benefit is payable for a period or periods of incapacity for work during the 52 weeks immediately following the relevant accident or of the development of the prescribed disease as the case may be.

Payment is not normally made for the first three days of incapacity for work . These are treated as "waiting days", as in the case of sickness benefit. However, payment may be made from the first day of incapacity for work if this falls within eight (8) weeks of the end of an earlier period of incapacity for which sickness or injury benefit was payable. Also, as for sickness benefit, payment is made for the waiting days if the incapacity for work lasts for two (2) or more weeks.

BARBADOS SOCIAL SECURITY

S12015A

National Insurance & Social Security Act, Cap.47

CLAIM FOR SICKNESS/INJURY BENEFIT

TO BE COMPLETED BY INSURED PERSON

Please complete all relevant sections. Failure to do so will delay processing of this claim.

OFFICIAL USE ONLY

SPECIMEN ONLY

Section 1 - PERSONAL DETAILS

National Insurance No. | National Registration No.

Last Name | First Name | Middle Name

Address | Date of Birth (Year Month Day)

District | Parish

Tel. No. | Cell No. | Postal Code BB

E-mail Address

I am incapable of work as a result of :(Please tick appropriate box)

☐ Accident/injury or bodily disablement in the course of duty ☐ Illness/Injury not work related

Is automobile accident responsible? Yes ☐ No ☐

Please provide details of ALL work-related accidents overleaf.

Section 2 - EMPLOYMENT DETAILS

OFFICIAL USE ONLY

I am/was employed by

Name of Employer in (BLOCK CAPITALS)

OFFICIAL USE ONLY

Occupation

The last date I attended work before my incapacity was (Year Month Day)

If on vacation please state period from (Year Month Day) until (Year Month Day)

I am incapable of work and claim benefit from (Year Month Day)

Are you receiving vacation pay for the period? Yes ☐ No ☐

DECLARATION

I declare that the information given in this form is true to the best of my knowledge and belief. I will not claim or receive benefit in respect of a period during which I was working for my employer, working for another employer, gainfully employed or self-employed, or receiving vacation pay.

Signature of Claimant | Date (Year Month Day)

Section 3 - TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER ONLY - MEDICAL CERTIFICATE OF INCAPACITY TO WORK

I certify that I have examined Mr./Mrs./Miss

Name of Patient (BLOCK CAPITALS)

Your incapacity for work commenced on (Year Month Day)

and in my opinion you are incapable of work by reason of:

(State specific disease, bodily or mental disablement, or injury as required by Benefits Regulations 1967)

In my opinion you should be fit to resume work on (Year Month Day)

Is this incapacity as a result of an occupational hazard or disease? Yes ☐ No ☐

Name of Medical Practitioner

Medical Practitioner's National Insurance No.

Medical Practitioner's Registration No.

Signature of Medical Practitioner

OFFICIAL USE ONLY

Date (Year Month Day)

The information on the medical certificate of incapacity must not be tampered with.
In the event that there is a problem on the certificate please return to the registered medical practitioner for modification and initials.
PLEASE SUBMIT ORIGINAL CERTIFICATE TO THE NATIONAL INSURANCE OFFICE.

SPECIMEN ONLY

Section 4 - DETAILS OF ACCIDENT/INCIDENT

When did the accident/incident occur? Give date and time. Year Month Day Time AM/PM

Where did the accident/incident occur? (Provide specific place of accident/incident.)

State briefly how the accident/incident occured and any parties involved.

Did you report the accident/ incident to the employer? Yes ☐ No ☐ If so, when? Year Month Day Time AM/PM

When did you commence employment at your current employer? Year Month Day

Describe briefly what injury you sustained as a result of the accident/incident.

Section 5 - EMPLOYMENT HISTORY

LIST PERIODS OF EMPLOYMENT AND NAMES OF OTHER EMPLOYERS DURING THE LAST 12 MONTHS

From Year Month Day To Year Month Day

Name of Employer (BLOCK CAPITALS)

Address of Employer

From Year Month Day To Year Month Day

Name of Employer (BLOCK CAPITALS)

Address of Employer

DECLARATION

I declare that the information given in this form is true to the best of my knowledge and belief. I will not claim or receive benefit in respect of a period during which I was working for my employer, working for another employer, gainfully employed or self-employed, or receiving vacation pay. Where I sustain personal injury that entitles me to claim benefits from the National Insurance Scheme and to bring an action against a person other than my employer, the National Insurance Board is authorised to recover the payments it has made to me, from that person.

Signature of Claimant _____ Date Year Month Day

Please ensure that this claim is signed. You may authorize someone to sign on your behalf if you cannot write. If this claim is more than 4 days late, you should submit a reason for its lateness.

WARNING: Any person who makes a false declaration or tampers with the medical certificate is liable to repay any benefits received and is also liable on conviction to a fine and/or term of imprisonment.

II. DISABLEMENT BENEFIT AND GRANT

To qualify for disablement benefit, a person must be suffering from a loss of physical or mental faculty as a result of an employment accident or a prescribed disease which arose out of or in the course of employment. This benefit is not available to an insured person until at least three (3) days have passed after the relevant accident.

If a person has been off work as a result of an employment injury or a prescribed disease, he may qualify for disablement benefit after 52 weeks from the date of the relevant accident or after he has ceased to receive injury benefit, whichever event occurs first.

Disablement Benefits payments maybe increased as a result of Employment Injury (EI) calculations.

How is Disablement Benefit Computed?

The disablement benefit payable is calculated by reference to the percentage loss of faculty suffered, the weekly amount of benefit payable or would have been payable as injury benefit, and the length of time disablement is assessed to last. For example, a total loss of sight, according to the schedule of prescribed degrees of disablement constitutes 100% disablement and the disablement benefit payable in such a case would be at the same rate as injury benefit, that is, 90% of average insurable weekly earnings. Benefit in respect of disablement of under 100% would be proportionately less. (A copy of the schedule of prescribed degrees of disablement is attached as Appendix I).

How to Assess the Degrees of Disablement

Assessment of degree of disablement is made by a medical authority after examination of the claimant. The assessment may be provisional or final depending on whether or not the condition of the person has stabilized.

If the degree of disablement suffered is less than 1%, the claimant is deemed not to have suffered disablement.

Where the degree of disablement is assessed at 30% or more, disablement benefit is payable in the form of a weekly disablement pension. Payment for assessment of less than 30% is made in the form of a lump sum disablement grant. If the disablement is permanent (e.g. loss of an arm) pension will be payable for life, but if the loss of faculty is temporary, it is payable for a limited period only.

When a person receiving disablement benefit for an assessment of less than 100% enters hospital for treatment of the injury or disease, or becomes incapable of work as a result of the injury or disease within five (5) years from the date of the accident or development of the disease, the disablement benefit is increased to an amount which would be payable if the assessment were 100%.

Constant Attendance Allowance

An additional allowance (known as "a constant attendance allowance") may be paid to an injured person whose disablement is 100% and who requires the constant help of another person. This allowance is equal to one-half of the disablement pension.

BARBADOS SOCIAL SECURITY

DIS12015

National Insurance & Social Security Act, Cap.47

CLAIM FOR DISABLEMENT BENEFIT

Please complete all relevant sections.
Failure to do so will delay the processing of this claim.

OFFICIAL USE ONLY

SPECIMEN ONLY

Section 1 - PERSONAL DETAILS OF CLAIMANT

National Insurance No. ☐☐☐☐☐☐

National Registration No.: (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth ☐☐☐☐☐☐☐☐
Year Month Day

District _____ Parish _____

Postal Code ☐☐☐☐☐ Tel. No. *Area Code* ☐☐☐ ☐☐☐☐☐☐☐ Cell No. *Area Code* ☐☐☐ ☐☐☐☐☐☐☐

E-mail Address _____

Marital Status: (S-Single, M-Married, D-Divorced) ☐

Section 2 - DETAILS OF ACCIDENT/INCIDENT

What is the date and time of accident/incident or the development of the prescribed disease in respect of which you are claiming Disablement Benefit?

Date ☐☐☐☐☐☐☐☐
Year Month Day

Time ☐☐☐☐ AM PM
Hour Min

Where did the accident/incident occur? (Provide specific place of accident/incident)

_____

_____

_____

_____

What injury did you suffer?

_____

_____

_____

_____

State in what way you are disabled as a result of the accident/incident.

_____

_____

_____

_____

Are you fit to travel if you are required to attend a medical examination? Yes ☐ No ☐

I agree to the extent of my Disablement being determined by: A single Medical Practitioner ☐ Medical Panel ☐

SPECIMEN ONLY

Section 3 - HOSPITALIZATION DETAILS

Have you attended a hospital for treatment of the injury/disease? Yes ☐ No ☐

Name of hospital	State whether in-patient or out-patient	Name of ward if in-patient	Hospital reference or admission no.	Year	Month	Day	Year	Month	Day

Were X-rays taken? Yes ☐ No ☐

Do you agree to your records being obtained by the Director of National Insurance for the assistance of the Medical Board or Medical Tribunal in their consideration and assessment of your claim? Yes ☐ No ☐

Section 4 - ALTERNATE PAYEE DETAILS - TO BE COMPLETED IF PAYMENT IS TO BE PAID TO SOMEONE ON YOUR BEHALF

National Insurance No. ☐☐☐☐☐☐☐ National Registration No.: (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth ☐☐☐☐☐☐☐☐ (Year / Month / Day)

District _____ Parish _____

Postal Code ☐☐☐☐☐ Tel. No. (Area Code) ☐☐☐ ☐☐☐☐☐☐☐ Cell No. (Area Code) ☐☐☐ ☐☐☐☐☐☐☐

E-mail Address _____

Section 5 - BANKING DETAILS - TO BE COMPLETED WHERE PAYMENT OF THIS CLAIM IS TO BE DEPOSITED TO A BANK ACCOUNT

I hereby authorize payment in respect of this benefit to be lodged to the bank account given below.

Name(s) on Account _____ Account No. _____ Name and Location of Branch _____

Please provide proof of bank account – The header of the bank statement or an official stamp from your bank verifying your account details.

OFFICIAL BANK STAMP

Section 6 - DECLARATION

I hereby declare that the information given on this form is true to the best of my knowledge and belief.

Signature of Claimant _____ Date Signed ☐☐☐☐☐☐☐☐ (Year / Month / Day)

If you are unable to sign this application, it may be signed on your behalf by someone else who should state that they have done so.

WARNING: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit, commits a criminal offence punishable by a fine or imprisonment or both.

III. MEDICAL EXPENSES

A person qualifies for a refund of expenses incurred in the treatment of an employment injury or a prescribed disease.

Payments are made in respect of:

a. Medical, surgical, dental and hospital treatment, skilled nursing services and the supply of medicines;

b. The supply, fitting, maintenance, repair and renewal of artificial limbs, dentures, spectacles and other apparatus and appliances;

c. The cost of travelling for the purpose of obtaining any of the above.

The Payment of Medical Expenses

For medical expenses to be paid:

a. The expenses must be reasonable and reasonably incurred;

b. The expenses must relate to obtaining treatment which is so provided as to secure maximum effectiveness at minimum reasonable cost;

c. The fees or charges constituting the medical expenses must not be more than would be properly and reasonably charged to the insured person if he/she were paying them him/herself.

The amount of fees and charges which may be refunded as medical expenses is determined by the Chief Executive Officer. Where it is considered desirable, the Board of Directors of the National Insurance and Social Security Service may pay the medical expenses incurred to the medical practitioner or institution from whom or at which the person obtained treatment.

Important Note: If travelling overseas for medical treatment this information along with supporting evidence from the medical practitioner or institution must be sent to the National Insurance and Social Security Service. Failure to do so may result in the claim being restricted to $1,000.

IV. FUNERAL GRANT

To qualify for a Funeral Grant, death must have resulted from personal injury caused by accident arising out of and in the course of employment, or from a prescribed disease.

Amount Payable as a Funeral Grant

The amount of a funeral grant is currently $2,220. The grant is payable to the person who has met or is liable to meet the cost of the funeral of the deceased.

Please make reference to page 16 for additional information regarding a Funeral Grant benefit.

BARBADOS SOCIAL SECURITY

MTE12015

National Insurance & Social Security Act, Cap.47

CLAIM FOR MEDICAL AND TRAVELLING EXPENSES

(For use only in case of Employment Injury)

IMPORTANT

All claims MUST be accompanied by ORIGINAL invoices and receipts.
Invoices and receipts will be retained by the National Insurance Office.

OFFICIAL USE ONLY

SPECIMEN ONLY

Section 1 - PERSONAL DETAILS OF CLAIMANT

National Insurance No. | | | | | | |

National Registration No.: (Barbados ID Card) | | | | | | | | | | |

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth | | | | | | | | |
Year *Month* *Day*

District _____ Parish _____

Tel. No. | | | | | | | | Cell No. | | | | | | | | Postal Code | | | | |

E-mail Address _____

Section 2 - ALTERNATE PAYEE/PAYMENT RECIPIENT

Employer's Registration No. | | | | | | | |

Employer's Name

Employer's Address

Section 3 - TO BE COMPLETED BY REGISTERED MEDICAL/DENTAL PRACTITIONER

I certify that I have examined Mr./Mrs./Miss. _____
Name of Patient (BLOCK CAPITALS)

You suffered a work related injury on:

Date of Accident | | | | | | | | |
Year *Month* *Day*

Date of Visit | | | | | | | | |
Year *Month* *Day*

The nature of your injury is as follows: (State specific disease, bodily or mental disablement, or injury as required by Benefits Regulations 1967)

Further Services Recommended

Medication Prescribed/Repeats

Name of Medical Practitioner

Medical Practitioner's National Insurance No | | | | | | | |

Medical Practitioner's Registration No. | | | | |

Signature of Medical Practitioner

Date Signed | | | | | | | | |
Year *Month* *Day*

The information provided in SECTION 3 of this document, by the ***medical practitioner***, MUST NOT be altered.
In the event that there is a problem on the document please return to the ***medical practitioner,*** for modification and initials.

SPECIMEN ONLY

Section 4 - MEDICAL EXPENSES

Please ensure that ALL invoices and receipts for medical treatment are fully itemized in respect of the treatment. They MUST provide the number of visits to the doctor, the cost of any appliances, the quantities and names of drugs dispensed, the particulars of the treatment given, and the dates of receipts of treatment or the dates of obtaining the medication.

Date of Accident _____ (Year Month Day) Time _____ (Hour Min) AM PM

Date of Visit (Year Month Day)	Doctor, Physiotherapist Pharmacist etc.	Medication Prescribed	Receipt No.	$	¢
			Total		

Section 5 - TRAVELLING EXPENSES

When claiming travel expenses, clearly provide starting and ending addresses.

Date of Travel (Year Month Day)	From (Place/Address)	To (Place/Address)	Method of Travel	Return Trip Y/N	$	¢
				Total		

Section 6 - DECLARATION

I hereby declare that the information given on this form is true to the best of my knowledge and belief.

Signature of Claimant _____ Date Signed _____ (Year Month Day)

If you are unable to sign this application, it may be signed on your behalf by someone else who should state that they have done so.

WARNING: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit, commits a criminal offence punishable by a fine or imprisonment or both.

V. DEATH BENEFIT

Death benefit is payable to the dependents of a person who dies as a result of an employment accident or a prescribed disease, in the following order of priority.

i) Where the deceased is survived by a spouse who was wholly or mainly maintained by the deceased at the time of death;

ii) All unmarried children, including adopted children and step-children of the deceased who, at the time of death were living with or were wholly or mainly maintained by the deceased;

iii) Any other person, including a spouse or children not qualifying under (i) or (ii) adjudged by the Chief Executive Officer to have been wholly or in part dependent upon the earnings of the deceased.

In the case of (i), benefit is payable for life; in the case of (ii), it is payable until the children concerned reach their sixteenth birthday. However, if the child is in full time education in an approved educational institution, the benefit is payable until that child attains the age of 25 years. In the case of invalid children, this benefit may continue beyond the sixteenth birthday and for so long as invalidity lasts; in the case of (iii) it is payable for a maximum of 52 weeks commencing from the date of death of the deceased.

When does Death Benefit Cease?

This benefit ceases if the beneficiary marries or remarries as the case may be or cohabits as the spouse of another person.

Where a death benefit payable to a spouse ceases because of remarriage or cohabitation, that person is entitled to a gratuity equal to a year's pension.

In the case of children with disabilities, this benefit may continue beyond the sixteenth birthday and for so long as the disability lasts.

How is Death Benefit Computed?

The death benefit available to dependents is equivalent to the weekly amount of disablement pension which would have been payable to the deceased person had he been alive and 100% disabled.

A widow/widower receives one-half of the amount which would have been payable. A common-law spouse may be treated as a widow/widower where no legal spouse exists.

Children receive each one-sixth (1/6) of the amount which would have been payable; however, a child who is an orphan or an invalid may receive one-third (1/3).

Other dependants receive one-sixth (1/6), but the amount may be fixed at one-half (1 /2) of the available pension in certain circumstances.

SUR12015

National Insurance & Social Security Act, Cap.47

CLAIM FOR SURVIVORS'/DEATH BENEFIT

To be completed by applicant

Important: Please complete and send immediately to the National Insurance Office. Failure to apply within 12 months from the date of death of the insured person may result in loss of benefit. All applications must be accompanied by ORIGINAL documents providing proof of relationship with the deceased.

OFFICIAL USE ONLY

SPECIMEN ONLY

REQUIRED DOCUMENTS	
(a) Barbados Identification Card	(b) Original Birth Certificate of Spouse and Children
(c) Original Marriage Certificate	(d) Original Decree Absolute - if divorced
(e) Letter from educational institution - If beneficiary is between 16 and 25 years old, please provide letter from educational institution which contains the date of commencement and conclusion of the term and proof of full-time enrollment. The letter should be submitted every school year to ensure continued payment.	

For applicants resident outside of Barbados, please provide notarized copies of the above listed documents.

Section 1 - PERSONAL DETAILS OF THE CLAIMANT

National Insurance No. ☐☐☐☐☐☐

National Registration No.: (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth ☐☐☐☐☐☐☐☐ (Year Month Day)

District _____ Parish _____

Postal Code ☐☐☐☐☐ Tel. No. Area Code ☐☐☐ ☐☐☐☐☐☐☐ Cell No. Area Code ☐☐☐ ☐☐☐☐☐☐☐

E-mail Address: _____

Relation to Deceased: _____ If married, provide date of marriage ☐☐☐☐☐☐☐☐ (Year Month Day)

Section 2 - PERSONAL DETAILS OF DECEASED PERSON

National Insurance No. ☐☐☐☐☐☐

National Registration No.: (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____

District _____ Parish _____ Postal Code ☐☐☐☐☐

Date of Birth ☐☐☐☐☐☐☐☐ (Year Month Day) Date of Death ☐☐☐☐☐☐☐☐ (Year Month Day)

Was death from an accident at work? Yes ☐ No ☐ Date of Accident ☐☐☐☐☐☐☐☐ (Year Month Day)

Name of last employer _____

If deceased was employed outside of Barbados, give details below.

COUNTRY	From (Year Month Day)	To (Year Month Day)	Social Security Number (Overseas)
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	
	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	

Section 3 - DETAILS OF COMMON LAW SPOUSE - TO BE COMPLETE WHERE THE CLAIMANT IS NOT MARRIED TO THE DECEASED

(a) Were you and the deceased living together at the time of death as man and wife? ☐ Yes ☐ No

(b) Are you married to someone else? ☐ Yes ☐ No

(c) At the time of the deceased death, was there a surviving spouse of the deceased? ☐ Yes ☐ No

(d) If the answer to (a) is YES, please state how long you were together. ☐ Years ☐ Months

SPECIMEN ONLY

Section 4 - ALTERNATE PAYEE DETAILS - TO BE COMPLETED IF PAYMENT IS TO BE PAID TO SOMEONE ON YOUR BEHALF

National Insurance No. ☐☐☐☐☐☐

National Registration No.: (Barbados ID Card) ☐☐☐☐☐☐☐☐☐☐

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth ☐☐☐☐ ☐☐ ☐☐ *Year Month Day*

District _____ Parish _____

Postal Code ☐☐☐☐☐ Tel. No. *Area Code* ☐☐☐ ☐☐☐☐☐☐☐ Cell No. *Area Code* ☐☐☐ ☐☐☐☐☐☐☐

E-mail Address _____ Relation to Beneficiary: _____

Section 5 - BANKING DETAILS - TO BE COMPLETED WHERE PAYMENT OF THIS CLAIM IS TO BE DEPOSITED TO A BANK ACCOUNT

I hereby authorize payment in respect of this benefit to be lodged to the bank account given below.

Name of Bank _____ Account No. _____ Location of Branch _____

Please provide proof of bank account – The header of the bank statement or an official stamp from your bank verifying your account details.

OFFICIAL BANK STAMP

Section 6 - DECLARATION

I hereby declare that the information given on this form is true to the best of my knowledge and belief.

Signature of Claimant _____ Date Signed ☐☐☐☐ ☐☐ ☐☐ *Year Month Day*

If you are unable to sign this application, it may be signed on your behalf by someone else who should state that they have done so.

WARNING: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit, commits a criminal offence punishable by a fine or imprisonment or both.

DUPLICATION OF BENEFITS

As a general rule, where a person is entitled to more than one benefit at the same time, only **one (1)** benefit is payable . The benefit payable is the one first awarded or one subsequently awarded if the subsequent benefit is at a higher rate. However, there is provision for simultaneous payments of certain benefits as follows:

a. Sickness, Unemployment or Maternity Benefit with Survivors' Benefit;

b. Injury Benefit with Old-Age Contributory Pension, Non-Contributory Pension or Death Benefit;

c. Disablement Benefit with Sickness Benefit, Unemployment Benefit, Maternity Benefit, Survivors' Benefit, Death Benefit, Old-Age Contributory Pension or Grant, or Non-Contributory Old Age Pension;

d. Death Benefit with Sickness Benefit, Unemployment Benefit, Maternity Benefit, Injury Benefit, Invalidity Benefit, Old-Age Contributory Pension or Grant or Disablement Benefit;

e. Funeral Grant with any other benefit.

APPENDIX I

PRESCRIBED DEGREES OF DISABLEMENT

	Description of Injury	Percentage
1.	Loss of both hands or amputation at higher sites	100
2.	Loss of hand and foot	100
3.	Double amputation through leg or thigh, or amputation through leg or thigh on one side and loss of other foot	100
4.	Loss of sight to such extent as to render the claimant unable to perform any work for which eye sight is essential	100
5.	Very severe facial disfigurement	100
6.	Absolute deafness	100
7.	Forequarter or hindquarter amputation	100
	Amputation cases - upper limbs (either arm)	
8.	Amputation through shoulder joint	90
9.	Loss of arm between elbow and shoulder	80
10.	Loss of arm at elbow	70
11.	Loss of arm between wrist and elbow	70
12.	Loss of hand or of thumb and four fingers of one hand	60
13.	Loss of thumb	30
14.	Loss of thumb and its metacarpal bone	40
15.	Loss of four fingers of one hand	50
16.	Loss of three fingers of one hand	30
17.	Loss of two fingers of one hand	20
18.	Loss of terminal phalanx of thumb	20
	Amputation cases - lower limbs	
19.	Amputation of both feet resulting in end bearing stumps	90
20.	Amputation through both feet proximal to the metatarso-phalangeal joint	80

21.	Loss of all toes of both feet through the metatarso-phalangeal joint	40
22.	Loss of all toes of both feet proximal to the proximal inter-phalangeal joint	30
23.	Loss of all toes of both feet distal to the proximal inter-phalangeal joint	20
24.	Amputation at hip	90
25.	Amputation at or above knee but below hip	80
26.	Amputation below knee	60
27.	Amputation of one foot resulting in an end bearing stump	40
28.	Amputation through one foot proximal to the metatarso-phalangeal joint	30
29.	Loss of all toes of one foot through the metatarso-phalangeal joint	20

Other Injuries

30.	Loss of one eye, without complications, the other being normal	40
31.	Loss of vision of one eye, without complications or disfigurement, the other being normal	30

Loss of fingers

A. FINGERS OF RIGHT OR LEFT HAND

Index Finger

32.	Whole	14
33.	Two phalanges	11
34.	One phalanx	9
35.	Guillotine amputation of tip without loss of bone	5

Middle Finger

36.	Whole	12
37.	Two phalanges	9

38.	One phalanx	7
39.	Guillotine amputation of tip without loss of bone	4
	Ring or Little Finger	
40.	Whole	7
41.	Two phalanges	6
42.	One phalanx	5
43.	Guillotine amputation of tip without loss of bone	2
	Loss of toes	
	B. TOES OF RIGHT OR LEFT FOOT	
	Great Toe	
44.	Through metatarso-phalangeal joint	14
45.	Part, with some loss of bone	3
	Any Other Toe	
46.	Through metatarso-phalangeal joint	3
47.	Part, with some loss of bone	1
	Two toes of one foot, excluding great toe	
48.	Through metatarso-phalangeal joint	5
49.	Part, with some loss of bone	2
	Three toes of one foot, excluding great toe	
50.	Through metatarso-phalangeal joint	6
51.	Part, with some loss of bone	3
	Four toes of one foot, excluding great toe	
52.	Through metatarso-phalangeal joint	9
53.	Part, with some loss of bone	3

NOTES

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