## MONTSERRAT Social Security Act, 1985 PPLICATION FOR SICKNESS BENEFIT / EMPLOYMENT INJURY

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

**SECTION A - To be completed by the Employee** 

To : Director Social Security Social Security Registration No.  Date of Birth  dd mm yy
I, Mr / Mrs / Miss
Address
Tel. No Email
hereby state that I have been medically certified as incapable of being gainfully employed and I claim Sickness Benefit / Employment Injury from  dd mm yy  Attached is a Medical Cerificate in support of my claim.
I was last employed as a / an
mand ceased work there on dd mm yy  My other employers during the last thirteen (13) weeks were:  1. Name Address
2. Name
My incapacity is is not as a result of injury or disease arising out of my employment.
I declare that the information given above is true and accurate to the best of my knowledge and belief. I also authorize the disclosure of my diagnosis for the purpose of the Montserrat Social Security Benefit.
Signature
FOR OFFICIAL USE ONLY
CL No. NIMS No.

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## EMPLOYEE AUTHORIZATION

**SECTION B - To be completed by the Employee** 

I, Mr / Mrs / Miss									
		Fi	ull Nan	ie					
hereby authorize the Montserra	at Social	Security	y Offic	e to d	isclose to	my Er	nployer .		
			the	amou	nt due / 1	oaid to 1	me as Sic	kness I	Benefi
Employee's signature					Г	ate			
							dd	mm	уу
EMDLOVEDS CEDTIFICA	TE								
EMPLOYER'S CERTIFICA	AI E								
SECTION C - To be complet	ed by the	e Empl	oyer						
I certify that Mr / Mrs / Miss					 ıll Name				•••••
	D 0						10.1		
is making a claim for Sickness	Benefit t	to the M	lontse	rrat So	cial Seci	arity Fu	nd for th	e period	1
	to								
dd mm yy		(	dd	mm	уу				
and he / she ceased work on									
and he / she ceased work on	dd	mm	уу						
I declare that the informati	ion oina	n abou	a ic tu	110 01	d accus	ata ta	tha bast	of man	know
edge and belief.	on give	n uvov	e is ii	ue un	и исси	aie io	ine vesi	oj my	KHUN
	••••••		of Bus				•••••	•••••	•••••
		runne	or Bu.	, mess					
Authorized Person's Signature	•••••								
rumonzea i erson s signature									
Authorized Person's Name									
					7				

Official Stamp