



TERMINATION OF SERVICE/LAY-OFF CERTIFICATE

To be completed by the Employer and given to Claimant

For official use only

Receiving Officer _____

1. I certify that: Mr. Mrs. Ms. _____
Surname First Name Middle Name(s)

N. I. Number:

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 Employee No. _____

Has been employed with _____

Employer No.

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 from to
dd/mm/yyyy dd/mm/yyyy

2. Last day for which he/she was paid was _____
dd/mm/yyyy

3. If pay in lieu of notice was made, how many weeks were paid? _____

4. If redundancy payment was made, how many weeks were paid? _____

5. If vacation payment was made, how many weeks were paid? _____

6. Reason for termination/layoff: _____

7. If known, what is the expected date of re-employment? _____
dd/mm/yyyy

8. In order for the National Insurance Board to determine the correct rate of benefit, we need to know the total insurable wages on which contributions have been paid or are due to be paid in respect of the time spent in your employ by this employee within the last 12 months. In this regard, please complete the following "Period of Employment" section (overleaf).

Employment within Last 12 Months		Total Insurable Wage or Income	No. of Weeks	Contributions Due		
				Employee \$	Employer \$	Total \$
Month	Year					

9. "I certify that the information contained on this form is true to the best of my knowledge and belief."

Employer/Representative: _____
Name (please print) *Signature*

10. Position: _____ 12. Date: _____
dd/mm/yyyy

***Affix Business/Company
Stamp/Seal
here***

IMPORTANT NOTE: Any person who, for the purpose of obtaining benefit under the National Insurance Act, knowingly makes any false statement or false representations or produces any document, etc. which he/she knows to be false, shall be liable to a fine not exceeding Two Thousand Five Hundred Dollars (\$2,500), or to imprisonment for a period not exceeding twelve (12) months or both.

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