



For Official Use Only

EMPLOYER'S CERTIFICATE - MED 4

IMPORTANT NOTES

A claim for Injury, Maternity or Sickness Benefit means that an employee is/was temporarily unable to work because of an injury, childbirth or illness. This form elicits the employer's confirmation that the claimant was/is, indeed, **absent from work** on the dates specified.

TO BE COMPLETED BY CLAIMANT'S EMPLOYER

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

N. I. Number: Employee No. _____

Is/has been employed with: _____

Employer No. from _____ to _____
dd/mm/yyyy dd/mm/yyyy

2. He/She is/was off from work due to: Sickness / Maternity / Injury / Vacation / Other leave as follows:

Employee's last day at work: _____
dd/mm/yyyy

If already returned to work, first day back: _____
dd/mm/yyyy

If not yet returned to work, expected date of return: _____
dd/mm/yyyy

Employee's fixed day(s) off: Sun Mon Tues Wed Thur Fri Sat

I, hereby, acknowledge that I understand I have an obligation to advise the National Insurance Board if this Claimant returns to work sooner than the date indicated above.

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

Employer/Representative: _____ Position: _____
Name (please print)

Mailing Address _____ Telephone: _____

E-Mail: _____

Signature: _____ Date: _____
dd/mm/yyyy



IMPORTANT NOTES:

1. In order for NIB to determine the correct rate of benefit payable to the claimant, we need to know the total insurable wages on which contributions have been paid or are due to be paid him/her. In this regard, if your contributions have not been paid for last month (or any period before), please submit along with this form, a completed Contribution Statement (Form C10) for each outstanding month.
2. Contributions are not due for full weeks of incapacity during which Sickness, Maternity or Injury Benefit is paid. If you pay contributions in error, you may apply for a refund of contributions.

PLEASE 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.