NATIONAL INSURANCE (BENEFIT AND ASSISTANCE) REGULATIONS

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LRO 1/2010

STATUTE LAW OF THE BAHAMAS

NATIONAL INSURANCE (BENEFIT AND ASSISTANCE) REGULATIONS

(SECTIONS 2(1), 16, 21(2), 23, 24, 26, 27, 29, 33, 36, 37, 59 and 62)

[Commencement 1st October, 1984]

1. These Regulations may be cited as the National Insurance (Benefit and Assistance) Regulations.

2. (1) In these Regulations, unless the context otherwise requires —

“Act” means the National Insurance Act;

“appropriate place” means the Head Office or local office at which a pension is payable in any particular case;

“basic wages” means the wages (including payment in lieu of notice) for a period of work, whether weekly or monthly, payable for a normal period without overtime, severance pay or other additional payments as either agreed between the employer and the employed person or recognised as normal for the employment;

“weekly basic wages” means six twenty-sixths of the monthly basic wages;

“cohabitation” means a man and a woman living together in such a way as husband and wife whether or not there is an impediment to the persons being lawfully married;

“confinement” means labour resulting in the issue of a living child or labour after twenty-four weeks of pregnancy resulting in the issue of a child whether alive or dead;

“contribution week” has the same meaning as in the National Insurance (Contributions) Regulations;

“contribution year” means the year beginning with the first Monday in July of each year and ending with the week of the last Monday in June of the following year;
“a credit” means a contribution which has been credited to an insured person;
“to credit” means to grant an insured person a credit pursuant to these or any other Regulations in lieu of a paid contribution;
“day” means a period of twenty-four hours beginning at midnight or any other hour of any day (as may be prescribed) and ending at midnight or such other hour (as the case may be) on the following day;
“the deceased” in relation to survivor’s benefit and death benefit means the person in respect of whose death the benefit is claimed or payable;
“degree of disablement” means the loss of faculty suffered as a result of the relevant injury expressed in whole numbers as a percentage of total loss of faculty;
“dependant” means —
(a) in relation to a deceased person, such member of his family as was wholly or partially dependent upon the income of the deceased at the time of his death, or would but for his temporary incapacity for work or, in relation to Industrial Benefits the relevant injury, have been so dependent; and, where the deceased being the parent or grandparent of an illegitimate child leaves such child so dependent upon his income, or, being an illegitimate child, leaves a parent or grandparent so dependent upon his income, shall include such an illegitimate child and parent or grandparent respectively; and
(b) in relation to a beneficiary, such member of his family under the age of sixteen years who was or would, but for posthumous birth, have been a dependant of the deceased person and has become wholly or partially dependent upon the income of the said beneficiary; but so that a person shall not be deemed to be a partial dependant of any other person unless he was dependent partially on, or on financial support from, that other person for the provision of the ordinary necessities of life;
“determining authority” means, as the case may require, the Board or the Director, an appeal tribunal or a medical referee or medical appeal board appointed or constituted in accordance with any Regulations for the time being in force under the Act;

“economic employment” means gainful occupation as an employed or self-employed person, the earnings from which exceed fifty per centum of the ceiling on insurable wages;

“employment injury” means personal injury which is caused by accident arising out of and in the course of prescribed employment or self-employment or a prescribed disease being due to the nature of such employment.

“entry into insurance” means, in relation to any person, the date on which he first becomes an insured person under the Act;

“family unit” means —

(a) two adults living together either through lawful wedlock or in a common law relationship as husband and wife with dependent children under the age of twenty-one years; or

(b) an adult living with dependent children under the age of twenty-one years;

“funeral director” means the person, by whatever name called, who contracts for the carrying out of arrangements for funerals;

“grant” means any benefit which is payable in one sum and not by periodical payments;

“hospital” means any institution for the accommodation and treatment of persons needing medical care, and any institution for the accommodation and treatment of persons during convalescence or persons requiring medical rehabilitation, and includes clinics, dispensaries and outpatient departments maintained in connection with any such institution as aforesaid;
“household” means any two or more persons, at least one of whom has attained the age of sixteen years, living together as members of a family, whether or not a state of marriage exists between any two members of such family;

“husband” includes a person treated as if he were a husband pursuant to paragraphs (2), (3) (4) and (5) of this regulation;

“incapacity” means incapacity by reason of which a person is rendered incapable of work;

“injury benefit period” has the meaning assigned to it in regulation 48;

“insurable occupation” means any occupation as an employed or self-employed person which is insurable under the Act for the benefit set out in subsection (1) of section 20 thereof;

“insurable wage or income” means the amount given in column 2 of the Fifth Schedule and columns 3 and 4 of the Sixth Schedule of the National Insurance (Contributions) Regulations respectively for the appropriate wage or income in column 1 of the Fifth Schedule and columns 1 and 2 of the Sixth Schedule of those regulations respectively;

“invalid” means a person who is incapable of work as a result of a specified disease or bodily or mental disablement, which is likely to remain permanent and the word “invalidity” shall be construed accordingly;

“local office” means an office appointed by the Board as a local office for the purposes of the Act;

“medical authority” means a medical referee or a medical appeal board, as the case may be;

“medical care” means medical care of any kind set out in regulation 75 provided in accordance with these Regulations;

“medical examination” includes bacteriological and radiological tests and similar investigations, and references to being “medically examined” shall be construed accordingly;

“medical officer of the Board” means such registered medical practitioner employed by the Board who
may be designated by the Board to perform on its behalf executive duties in connection with medical matters;

“medical referee” means a registered medical practitioner appointed to act as a medical referee under regulation 21 of the National Insurance (Determination of Claims and Questions) Regulations;

“member of a family” means wife or husband, father, mother, grandfather, grandmother, stepfather, stepmother, son, daughter, grandson, granddaughter, stepson, stepdaughter, brother, sister, half-brother, half-sister and any other person who was, or is, at the time in relation to which the question of dependency arises, living in the household of the person in relation to whom the question of dependency arises and was wholly or partially dependent on the last-mentioned person’s income;

“orphan” means an unmarried child under the age of eighteen years or, being above the age of sixteen but under the age of eighteen years, is receiving full-time education or training otherwise than under a contract of service under which wages are paid, or is an invalid who fulfils any of the following conditions —

(a) a legally adopted child on the death of his adoptive parent or parents;
(b) an illegitimate child when his mother dies;
(c) a child of divorced parents when the only parent with responsibility for his custody and maintenance dies;
(d) a child in a single parent family when that parent dies and it is impossible to trace the other parent; or
(e) a child whose parents are both dead;

“para-medical practitioner” means a trained nurse or a person registered or enrolled under the Nurses and Midwives Act and approved or accepted by the Minister, whose function is to render medical care when or in any area where no registered medical or dental practitioner is available;
“patient” means a person who is or may be, or has been, entitled to medical care;

“payment instrument” means any instrument used for payment through any office of the Board of a sum on account of any benefit or assistance and includes cheque, cash, draft, pension order, or serial order;

“pension” means a periodical payment in respect of retirement benefit, invalidity benefit, survivor’s benefit, disablement benefit (other than a grant), death benefit (other than a grant), old age non-contributory pension, invalidity assistance or survivor’s assistance as the case may require;

“pensioner” means a person to whom a pension is payable;

“periodical payment” means a weekly payment in arrear, or a payment in arrear calculated for such longer period as may from time to time be decided by the Board;

“practitioner” means a registered medical or dental practitioner or para-medical practitioner;

“registered dental practitioner” means a person registered or licensed under the Dental Act;

“registered medical practitioner” means a fully licensed medical practitioner, or a medical practitioner registered under section 13 or section 25 of the Medical Act; and

“registered midwife” means a person registered under the Nurses and Midwives Act;

“relevant accident” and “relevant injury” in relation to any benefit, mean respectively the accident or injury in respect of which that benefit is claimed or payable, and “relevant loss of faculty” means the loss of faculty resulting from the relevant injury;

“the relevant person” means the person by whom the contribution conditions for benefit are, or were to be satisfied;

“signature” means, in relation to any certificate, the name by which the person giving the certificate is usually known (any name other than the surname being either in full or otherwise
indicated) written by that person in his own handwriting and the expression “signed” shall be construed accordingly;

“spouse” includes a person treated as if he were a spouse pursuant to paragraph (2), (3), (4) or (5) of this regulation;

“total loss of faculty” means loss of faculty resulting from an injury described in the first column of the Fourth Schedule where the degree of disablement set out in the second column thereof is given as one hundred per centum;

“widow” and “wife” include respectively, a person treated as if she were a widow or a wife pursuant to paragraph (2), (3) or (4) of this regulation;

“widower” includes a person treated as if he were a widower pursuant to paragraph (2), (3) or (4) of this regulation.

(2) Where it is a condition for title to benefit or assistance that —

(a) a woman is the widow of any person, the Director may treat a single woman or widow, who was living with a single man or widower as his wife at the date of his death, as if she were in law his widow;

(b) a man is the widower of any person, the Director may treat a single man or widower, who was living with a single woman or widow as her husband at the date of her death, as if he were in law her widower:

Provided that —

(i) the Director is satisfied that in all the circumstances he or she should be so treated; and

(ii) there was no lawful impediment to a marriage between the persons concerned.

(3) Where the question of marriage or remarriage or of the date of marriage or remarriage arises in regard to the title or cessation of title of a person to benefit or assistance, the Director shall, in the absence of the subsistence of a lawful marriage and of any impediment to lawful marriage,
decide whether or not the person or persons concerned should be treated as if he, she or they were married or as if he or she had remarried, as the case may be, and if so, from what date, and in determining the question the Director shall have regard to the terms of paragraph (2).

(4) The determination of the Director under paragraph (2) or (3) shall, unless the context otherwise requires, have the effect of extending (as regards title or cessation of title of a person to benefit or assistance payable to a man or woman), the meaning of the word “marriage” to include an association between a single man or widower and a single woman or widow in the circumstances described in paragraph (2) of this regulation and for this purpose the words “wife”, “husband”, “widow”, “widower” and “spouse” shall be construed accordingly.

(5) The expression “the husband” or “the wife” in relation to a person who has been married more than once refers only to the last husband or wife respectively.

PART I
CLAIMS

3. Every claim for benefit or assistance shall be made in writing to the Director on the form approved by the Board for the purpose of the benefit or assistance for which the claim is made, or in such other manner, being in writing, as the Director may accept as sufficient in the circumstances of any particular case or class of cases.

4. Forms of claim shall be supplied without charge by the Board.

5. Where a claim for benefit or assistance has been made on an approved form other than the form appropriate to the benefit or assistance claimed, the claim may be treated as if it had been made on the appropriate form:

Provided that in any such case the Director may require the claimant to complete the appropriate form.

6. (1) Every person who makes a claim for benefit or assistance shall furnish such certificates, documents, information and evidence for the purpose of determining the claim as may be required and, if reasonably so required, shall for that purpose attend at such office or place as the Director may direct.
(2) Every person who makes a claim for benefit or assistance shall furnish, if required, the following information —

(a) the claimant’s identity, date of birth, usual place of residence and postal address, occupation and (if he is acting as agent for a claimant) his relationship to the latter;

(b) the claimant’s position in regard to assistance, and where necessary for the determination of the claim, the claimant’s available resources and the amounts contributed by any person towards his maintenance; and

(c) in the case of a claim in respect of or based on the insurance of a wife, a husband, a widow or a widower, a certificate of the marriage, together with a declaration signed by him and (where appropriate) by the claimant that the information is true to the best of his knowledge and belief.

(3) Every person who makes a claim for funeral benefit shall furnish, if required, the following information —

(a) a death certificate relating to the deceased;

(b) the estimate or account of the funeral director;

(c) in the case of any corporate body, association or other authority, the particulars referred to in subparagraphs (a) and (b) of this regulation or any other particulars relating to the deceased.

(4) The Director may accept in support of claims and in the absence of the certificates or documents aforementioned —

(a) as proof of kinship or marriage, evidence of a trustworthy third person or documentary evidence;

(b) as proof of age, extracts from baptismal records or school records or such other evidence including affidavit as he considers satisfactory.

7. For the purpose of any claim to benefit or assistance the day of receipt of the claim at an office of the Board shall be deemed to be the date of claim.
8. (1) If, owing to the absence of signature or of an incomplete declaration, a claim is defective at the date of its receipt by the Director, the Director may refer the claim to the claimant, and if the claim form is returned duly signed and completed within one month from the date on which it is so referred, the claim may be treated as if it had been duly made in the first instance.

(2) Any person who has made a claim for benefit or assistance in accordance with the provisions of these Regulations may amend his claim, at any time before a decision has been given thereon, by notice in writing delivered at the office of the Board at which he made his claim, or sent to the Director, and any claim so amended may be treated as if it had been duly made in the first instance.

9. Where it appears that a person who has made a claim for benefit or assistance may be entitled to some other benefit or assistance any such claim shall be treated by the Director as a claim in the alternative for that other benefit or assistance.

PART II
PAYMENTS

10. Subject to the provisions of these Regulations, injury benefit, sickness benefit or sickness assistance, maternity benefit and unemployment benefit and any grant shall be paid in accordance with an award thereof, as soon as is reasonably practicable after such an award has been determined, in the following manner —

(a) in the case of injury benefit, sickness benefit or sickness assistance, maternity benefit and unemployment benefit, by means of payment instruments for the payment thereof payable through the Head Office or a local office of the Board, or a bank, or by cash payment in the home if the circumstances of any particular case appear to the Director to render this appropriate;

(b) payments under subparagraph (a) shall be made weekly or fortnightly but, where payment is due for a period covering less than a week, there shall be paid, after the end of that period, an amount equal to the proportion of rate of benefit or
assistance (as the case may be) which the number of days in that period, (Sunday being disregarded) bears to six;

(c) in the case of a grant, by means of a payment instrument for the payment thereof payable through the Head Office or a local office of the Board, or a bank, or by such other means as may appear to be appropriate in the circumstances of any particular case:

Provided that a person who applies for a payment of benefit or assistance shall produce on request satisfactory evidence of his identity.

11. (1) Subject to the provisions of these Regulations, pensions shall be paid in arrears by means of payment instruments payable in each case to the pensioner, or such other method as may be approved at the Head Office or a local office of the Board or a bank as (after enquiry from the pensioner) may from time to time be determined.

(2) The Board may determine, from time to time, that weekly or monthly sums on account of pensions may be payable on different days of the week or month, as the case may be.

12. Notwithstanding anything contained in these Regulations, the Board may arrange to pay pension in respect of periods less than a week or at different rates for different parts of the same week. The amount shall be the weekly amount of pension multiplied by the number of days for which pension is payable divided by seven.

13. (1) Notwithstanding anything contained in these Regulations, the Board may, in any particular case or class of cases, arrange for the payment of a pension otherwise than weekly or monthly in arrear.

(2) Every pensioner shall, at such intervals as may be required by the Director but not less than twice per year, produce evidence of his continuing eligibility to receive payment of a pension, failing which the payment shall be kept in abeyance, pending the production of such evidence.

14. (1) A person making a claim for benefit or assistance shall be qualified to receive —

(a) in the case of injury benefit, sickness benefit or sickness assistance, the benefit or assistance payable from the fourth day of incapacity for work;
(b) in the case of maternity benefit, the benefit payable from the beginning of the sixth contribution week before the week of expected confinement, or from the beginning of the contribution week following the week in which the woman stops work, whichever is the later;

(c) in the case of retirement benefit, invalidity benefit, survivor’s benefit, survivor’s benefit (orphans), disablement benefit, death benefit, death benefit (orphans), old age non-contributory pension, invalidity assistance or survivor’s assistance the benefit or assistance payable from the date of entitlement thereto;

(d) in the case of funeral benefit, the benefit payable upon entitlement thereto;

(e) in the case of unemployment benefit, the benefit payable from the 20th day of April, 2009 or the fifteenth day of the continuous period of unemployment, whichever is the later.

To whom payable.

(2) The benefit and assistance payment shall be regulated in accordance with the provisions of these Regulations and may comprise the following —

Benefit

(i) Sickness Benefit
(ii) Injury Benefit
(iii) Maternity Benefit
(iv) Retirement Benefit
(v) Invalidity Benefit
(vi) Survivor’s Benefit
(vii) Survivor’s Benefit (Orphans)
(viii) Disablement Benefit
(iv) Death Benefit
(x) Death Benefit (Orphans)
(xi) Funeral Benefit
(xii) Unemployment Benefit

Assistance

(i) Sickness Assistance
(ii) Old Age Non-contributory Pension
(iii) Invalidity
(iv) Survivors:

Provided that —

(a) the old age non-contributory pension, invalidity or survivor’s assistance payable to a person who is in the care of the Sandilands Rehabilitation Centre or any other similar institution, as an inmate, shall be made to the Institution in which the aforesaid person is an inmate. The said institution shall utilise 90% of the amount as paid for the care of the patient. The balance of 10% shall be used for the benefit of the patient or paid to him in cash;

For the purposes of subparagraph (a) —

“care of the patient” includes the repair, refurbishment, improvement and expansion of the living and recreational facilities in which inmates are housed;

(aa) old age non-contributory pension, invalidity or survivor’s assistance benefit paid to the Sandilands Rehabilitation Centre for the care of the patient on or before the 1st day of July, 1999 and held on account by the Sandilands Rehabilitation Centre for this purpose shall, after the coming into operation of these regulations be utilized by the institution for the care of the patient;

(b) in the case of a person who is an alcoholic or addicted to any other form of drug, as may be determined by the Medical Officer of the Board on the basis of facts and information, the old age non-contributory pension, invalidity or survivors assistance to which he is entitled, shall not be paid in cash to that person; instead the payment instruments for the amounts of assistance shall be made in favour of the Department of Social Welfare who shall issue periodical vouchers which cannot be encashed or be used for any other purchase other than food articles or medicines.

(3) The time-limit for submission of claims in respect of benefit under (a), (b), (c) and (e) of paragraph (1) shall be six months from the day of entitlement. In the case of funeral benefit it shall be one year from the date of death.
No claim submitted after the aforesaid periods shall be admitted unless otherwise determined under paragraph (4).

(4) (a) No sum shall be paid by way of benefit or assistance, other than funeral benefit, in respect of any period more than six months before the date in which the claim therefor is duly made;

(b) no sum shall be paid by way of funeral benefit if the claim therefor is not made within twelve months after the date of death of the person in respect of whom the benefit is payable:

Provided that the Board may waive the above provisions of limitation in individual cases if the circumstances warrant it.

(5) An insured person —
(a) who is an employed person;
(b) who has attained the upper limit of compulsory school age but is under the age of twenty-four years; and
(c) whose periods of employment, in any year, commence on or after the 1st day of June, end on or before the 31st day of August, and do not exceed ten weeks in the aggregate,

shall not be qualified to receive, in respect of his employment during any such periods, any benefit other than an Industrial Benefit under Part V or Industrial Benefit Medical Care under Part VI.

(6) The time limit for submission of the initial claim for medical care shall be six months from the date of the occurrence of the circumstances which gave rise to the need for the medical care, except that the Board may, in exceptional circumstances, waive this time limitation if the circumstances warrant it.

15. (1) The right to any sum payable by way of benefit or assistance shall be extinguished where payment thereof is not obtained within the period of six months from the date on which that sum is receivable:

Provided that the said period of six months may be extended to one year if the delay in obtaining such payment is due to circumstances beyond the control of the claimant.
(2) For the purposes of this regulation, a sum payable by way of benefit or assistance shall, subject to the provisions of paragraph (3) of this regulation and paragraph (3) of regulation 101, be receivable on the date indicated in the instrument of payment (e.g. cheque of draft or banker’s order) or six months after the date on which the sum became payable whichever is favourable to the claimant.

(3) Any sum payable by way of benefit or assistance to a person who is for the time being unable to act shall be receivable by the person appointed under regulation 100 of these Regulations.

16. (1) Every beneficiary and every person by whom or on whose behalf sums payable by way of benefit or assistance are receivable shall furnish, in a manner and at times determined by the Director, certificates and other documents or information affecting the right to benefit or assistance or to the receipt thereof as may be required (either as a condition on which any sum or sums shall be receivable or otherwise).

(2) Every person mentioned in paragraph (1) of this regulation shall notify the Director in writing of any change of circumstances, as soon as may be practicable after the occurrence thereof, which he may reasonably be expected to know may affect the right to benefit or assistance or to the receipt thereof.

(3) Any person who, without good cause, fails to notify the Director of such change of circumstances mentioned in paragraph (2) of this regulation shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding one hundred dollars.

(4) Where any sum is receivable on account of any other person, the recipient shall (in such cases or classes of cases as may be directed by the Director) furnish a declaration signed by such other person confirming the particulars respecting that other person.

PART III
MEDICAL CERTIFICATION

17. (1) Every person claiming sickness or injury benefit or sickness assistance shall furnish evidence of incapacity, in respect of the day or days for which the

Information to be given when obtaining payment for benefit or assistance.

Certificates of incapacity and confinement.
First Schedule.

claim is made by means of a certificate given by a registered medical practitioner in accordance with the rules for medical certification set out in Part A of the First Schedule to these Regulations in the form appropriate to the circumstances of the case, as set out in Part B of that Schedule or by such other means as the determining authority may accept as sufficient in the circumstances of any particular case or class of cases.

(2) Every woman by whom or on whose behalf a claim for maternity benefit is made shall furnish evidence —

(a) where the claim is made in respect of expectation of confinement, that she is pregnant and as to the stage which she has reached in her pregnancy; or

(b) where the claim is made by virtue of the fact of confinement, that she has been confined, and shall furnish such evidence by means of a certificate given in accordance with the rules for certification set out in Part A of the Second Schedule to these Regulations on the appropriate form as set out in Part B of that Schedule or by such other means as the determining authority may accept as sufficient in the circumstances of any particular case or class of cases; and, for the purposes of this paragraph, the expression “certificate” shall not include a certificate which is given only by the person by whom or on whose behalf the claim is made.

PART IV
GENERAL BENEFITS

Retirement Benefit

18. (1) Subject to the provisions of these Regulations, retirement benefit shall be payable for life to an insured person who has attained the age of sixty-five years and —

(a) in respect of whom not less than one hundred and fifty contributions have been actually paid; and

(b) in respect of whom or to whom not less than seven hundred and fifty contributions (including those mentioned in subparagraph (a)) have been paid or credited:
Provided, however, a person who has attained the age of sixty-five years may postpone the date of receiving retirement benefit and may continue to pay contributions or to have contributions paid on his behalf in respect of his wages or income and continue to earn retirement benefit corresponding to the additional contributions made.

(2) An employed person —  
(a) receiving a retirement benefit who remains in or subsequently re-enters the same or any other insurable occupation from which he does not earn more than fifty per centum of the ceiling on insurable wages by way of wages; or  
(b) aged seventy years or over, shall not receive any further increase of retirement benefit for the contributions paid in respect of him in the same or subsequent insurable occupation, nor shall he be entitled to receive any other benefit except industrial benefit if he suffers personal injury which is caused by an accident arising out of and in the course of his employment, or contracts a prescribed disease due to the nature of his employment.

(3) An employed person receiving a retirement benefit of less than sixty per centum of the average weekly insurable wages, and aged less than seventy years who subsequently re-enters the same or any other insurable occupation from which he earns more than fifty per centum of the ceiling on insurable wages by way of wages shall forthwith notify the Director in writing and shall be disqualified from receiving retirement benefit thereafter until he subsequently retires or attains the age of seventy years.

(4) In the case of an employed person covered by paragraph (3) above, contributions shall be paid by or in respect of him for the week or weeks of disqualification. These contributions shall count towards the fulfilment of the second contribution condition for retirement benefit, so, however, that the amount of such benefit when he subsequently retires, does not exceed sixty per centum of the average weekly insurable wages on which his subsequent retirement benefit is calculated.
(5) An insured person receiving a retirement benefit of sixty per centum of the average weekly insurable wages or income who subsequently re-enters the same or any other insurable occupation from which he earns more than fifty per centum of the ceiling on insurable wages by way of wages or income shall not receive any further increase of retirement benefit for the contributions paid by or in respect of him in the subsequent insurable occupation.

(6) A self-employed person —

(a) receiving a retirement benefit who remains in or subsequently re-enters the same or any other insurable occupation from which he does not earn more than fifty per centum of the ceiling on insurable wages; or

(b) aged seventy years or over who had previously retired from gainful occupation,

shall not receive any further increase of retirement benefit for the contributions paid by him in the same or any subsequent insurable occupation, nor shall he be entitled to receive any other benefit except industrial benefit, if applicable.

(7) A self-employed person aged less than seventy years receiving a retirement benefit who subsequently re-enters the same or any other insurable occupation from which he earns more than fifty per centum of the ceiling on insurable wages shall be disqualified from receiving retirement benefit, but the contributions paid by him shall count towards the second contribution condition for retirement benefit.

(8) If a self-employed person retires and subsequently becomes an employed person he will be subject to the provisions of paragraphs (2), (3), (4) and (5) as if he were an employed person before retirement.

19. (1) The rate of retirement benefit shall be —

(a) forty per centum of the average weekly insurable wage or income in respect of the first seven hundred and fifty contributions and credits (of which not less than one hundred and fifty have actually been paid); and

(b) for each additional fifty contributions and credits, a supplementation of one per centum of the average weekly insurable wage or income:
Provided that retirement benefit shall not exceed a maximum of sixty per centum of the average weekly insurable wage or income.

(2) Where an insured person has paid at least one hundred and fifty contributions but in respect of whom or to whom less than seven hundred and fifty contributions have been paid or credited, he shall be paid a retirement benefit at the rate shown in column (2) of the Table below for the number of contributions and credits shown in column (1) thereof —

<table>
<thead>
<tr>
<th>Total Contributions and Credits</th>
<th>Benefit Payable as Percentage of Average Weekly Insurable Wage or Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>150–199</td>
<td>15</td>
</tr>
<tr>
<td>200–249</td>
<td>17</td>
</tr>
<tr>
<td>250–299</td>
<td>20</td>
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<td>300–349</td>
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<td>350–399</td>
<td>24</td>
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<td>400–499</td>
<td>26</td>
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<td>450–499</td>
<td>28</td>
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<td>500–549</td>
<td>30</td>
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<tr>
<td>550–599</td>
<td>32</td>
</tr>
<tr>
<td>600–649</td>
<td>34</td>
</tr>
<tr>
<td>650–699</td>
<td>36</td>
</tr>
<tr>
<td>700–749</td>
<td>38</td>
</tr>
</tbody>
</table>

Provided that the actual amount of benefit payable under this regulation up to fifth of July, 1987, shall not be less than the amount to which a person would have been entitled had the benefit been calculated as if the insurable wage or income rates under the wage-group system had been applicable as on the first day of July 1985.

(3) For the purpose of paragraphs (1) and (2), the average weekly insurable wage or income shall be the sum of the average weekly insurable wage or income of the insured person during the three best contribution years out of the last ten contribution years immediately prior to the contribution year in which the age of sixty-five years is attained, or such lesser number being the number of contribution years since the Appointed Day or since the Appointed Day and S.I. 57/1985; S.I. 84/1998.
date of the insured person’s entry into insurance, divided by three.

(4) Where the average weekly insurable wage exceeds $250, it shall be reduced by twenty-five per centum of the excess for the purpose of the above calculation.

(5) Where an insured person continues in an insurable occupation after he has attained the age of sixty-five years, and has not claimed the retirement benefit the said period of ten contributions years shall be extended up to and including the last complete contribution year before the date on which the insured person subsequently retires.

(6) The average weekly insurable wage in the case of a person who by virtue of his employment is eligible for a pension payable out of the Consolidated Fund in accordance with the Pensions Act shall be subject to the ceiling of $110 per week.

(7) Where an insured person makes contributions for some period of time in accordance with Part B of the Fifth Schedule to the National Insurance (Contributions) Regulations and at other periods otherwise, the retirement benefit shall be determined as shown in the Seventh Schedule to these Regulations.

20. (1) The amount of retirement benefit awarded to a person who at the age of sixty-five years is in receipt of invalidity benefit shall not be less than the amount of invalidity benefit payable to him immediately prior to that date.

(2) All cases of award of retirement benefit after first October, 1981 at age 65 years to persons in receipt of invalidity benefit, shall be reviewed and the benefit at the higher rate awarded from the first day of October, 1984.

21. Notwithstanding the provisions of paragraph (1) of regulation 18, an insured person between the ages of sixty and sixty-five years otherwise satisfying the conditions of eligibility prescribed in regulation 18 may elect to receive the retirement benefit before attaining the age sixty-five years. In that event the benefit payable shall be regulated as under —

(a) the amount of benefit payable at age sixty-five years appropriate to the paid and credited contributions shall be multiplied by the factor shown in column 2 of the Table below to arrive at the amount of benefit payable —
TABLE

<table>
<thead>
<tr>
<th>Age at Retirement</th>
<th>Factor to be Applied to the Computed Pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>64</td>
<td>0.96</td>
</tr>
<tr>
<td>63</td>
<td>0.92</td>
</tr>
<tr>
<td>62</td>
<td>0.88</td>
</tr>
<tr>
<td>61</td>
<td>0.84</td>
</tr>
<tr>
<td>60</td>
<td>0.80</td>
</tr>
</tbody>
</table>

(b) the award shall be final;
(c) if such a person re-enters an insurable occupation, the provisions of paragraphs (2) to (7) of regulation 18 shall apply and any subsequent fresh award of Retirement Benefit shall be subject to the reduction factor that was originally applied.

Invalidity Benefit

22. (1) Subject to the provisions of these Regulations, invalidity benefit shall be payable, for so long as invalidity continues, to an insured person who —
(a) is an invalid otherwise than as a result of employment injury;
(b) has complied with the contribution conditions set out in paragraph (2) of this regulation; and
(c) is under the age of sixty-five years.

(2) For the purpose of subparagraph (b) of paragraph (1) the contribution conditions to be complied with are that —
(a) not less than one hundred and fifty contributions actually have been paid in respect of the insured person; and
(b) not less than seven hundred and fifty contributions (including those mentioned in subparagraph (a)) have been paid and credited in respect of him.

(3) On cessation of invalidity benefit, nothing in these Regulations shall prevent the contributions on which the said invalidity benefit was calculated from being taken into...
account for the purposes of establishing title to, and the rate of, either invalidity benefit for any subsequent period or retirement benefit.

23. (1) The rate of invalidity benefit shall be —

(a) forty per centum of the average weekly insurable wage or income in respect of the first seven hundred and fifty contributions and credits (of which not less than one hundred and fifty have actually been paid); and

(b) for each additional fifty contributions and credits a supplementation of one per centum of the average weekly insurable wage or income:

Provided that the total invalidity benefit shall not exceed a maximum of sixty per centum of the average weekly insurable wage or income.

(2) Where an insured person has paid at least one hundred and fifty contributions but in respect of whom, or to whom, less than seven hundred and fifty contributions have been paid or credited, he shall be paid an invalidity benefit at the rate shown in column (2) of the Table below for the number of contributions and credits shown in Column (1) thereof —

<table>
<thead>
<tr>
<th>Total Contributions and Credits</th>
<th>Benefit Payable as Percentage of Average Weekly Insurable Wage or Income</th>
</tr>
</thead>
<tbody>
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<td>150–199</td>
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<tr>
<td>650–699</td>
<td>36</td>
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<tr>
<td>700–749</td>
<td>38</td>
</tr>
</tbody>
</table>
Provided that the actual amount of benefit payable under this regulation up to fifth of July 1987 shall not be less than the amount to which a person would have been entitled had the benefit been calculated as if the insurable wage or income rates under the wage-group system had been applicable as on the first day of July 1985.

(3) For the purpose of paragraphs (1) and (2) the average weekly insurable wage or income shall be the sum of the average weekly insurable wage or income of the insured person during the three best contribution years out of the last ten contribution years immediately prior to the contribution year in which the claim is made or such lesser number being the number of contribution years since the Appointed Day or since the date of the insured person’s entry into insurance, divided by three.

(4) Where the average weekly insurable wage exceeds $250, it shall be reduced by twenty-five per centum of the excess for the purpose of the above calculation.

(5) The average weekly insurable wage in the case of a person who by virtue of his employment is eligible for a pension payable out of the Consolidated Fund in accordance with the Pensions Act, shall be subject to a ceiling of $110 per week.

(6) Where an insured person makes contributions for some period of time in accordance with Part B of the Fifth Schedule to the National Insurance (Contributions) Regulations and at other periods otherwise, the invalidity benefit shall be determined as shown in the Seventh Schedule to these Regulations.

Survivors Benefit

24. Subject to these Regulations —  

(1) When an insured person has died otherwise than as a result of employment injury, survivors benefits shall be payable to survivors.

Quantum of benefit.

(2) The total benefits available in respect of survivors shall not exceed one hundred per centum of —

(a) the amount of retirement benefit or invalidity benefit to which the deceased was entitled at the date of his death; or
(b) the amount of retirement benefit to which he would have been entitled if he had reached the age of sixty-five years and had made a claim for retirement benefit or, if being under that age, he had been deemed to be an invalid and had made a claim for invalidity benefit.

(3) Such benefit as provided under paragraph (2) of this regulation shall be paid subject to the following provisions and have regard to the following priorities —

(a) in respect of the widow of the deceased in priority to all other claimants at the rate of fifty per centum;

(b) in respect of the widower of the deceased in priority to all other claimants at the rate of fifty per centum;

(c) in respect of unmarried children of the deceased in priority to all other claimants (apart from those specified in subparagraphs (a) and (b) of this paragraph) at the rate of ten per centum per child, provided that the children are —

(i) under the age of sixteen years; or

(ii) being above the age of sixteen years are under the age of twenty-one years and are receiving full-time education or training otherwise than under a contract of service under which wages are paid; or

(iii) are invalids:

Provided that where the total benefit available in respect of survivors is not taken up by any combination of persons mentioned above, benefit may be made available at the rate of ten per centum per child in respect of unmarried children who, not being children of the deceased, satisfy the conditions set out in subparagraph (c) (i), (ii) and (iii) of this paragraph and, additionally satisfy the condition that they were either living with the deceased at the date of his death or were wholly or mainly maintained by him.

(d) parents of the deceased at the rate of fifty per centum.
(4) The actual amount of benefit payable under this regulation up to fifth of July, 1987 shall not be less than the amount to which the person would have been entitled had the benefit been calculated as if the insurable wage or income rates under the wage group system had been applicable as on the first day of July, 1985.

25. (1) Subject to these Regulations, the widow or widower of a deceased insured person shall be entitled for life to a survivor’s benefit, and so long as, the following conditions are satisfied —

(a) he or she was a dependant of the deceased;

(b) he or she —

(i) was married to the deceased for not less than a year and is either an invalid, or being over the age of forty years is incapable of economic employment; or

(ii) in the case of the widow, she is pregnant by her late husband; or

(iii) he or she has the care of a child of the deceased who is —

(aa) under the age of sixteen years; or

(bb) being over the age of sixteen years is under the age of twenty-one years and is receiving full-time education or training otherwise than under a contract of service under which the child is paid wages; or

(cc) an invalid.

(c) the deceased insured person was in receipt of retirement benefit or invalidity benefit or being over the age of sixty-five years would have satisfied the conditions for a retirement benefit or, being under that age, would have satisfied the conditions for an invalidity benefit if he or she would then have been deemed to be an invalid.

(2) The conditions mentioned in paragraph (1) of this regulation should be satisfied not only for the award but also for continuance of the payments.

(3) Survivor’s benefit shall not be payable to a widow or widower in respect of marriage contracted after the insured person has been awarded retirement benefit.

(4) Survivor’s benefit shall cease on remarriage.
(5) A widow with no dependent children over 40 years of age and who was receiving a survivor’s benefit prior to 1st January, 1999 shall continue to be paid such benefit after 1st January, 1999.

26. Subject to the provisions of these Regulations, a parent of a deceased insured person shall be entitled for life to survivor’s benefit, if and so long as the following conditions are fulfilled —

(a) he was wholly or mainly maintained by the deceased;

(b) there is no survivor, with a prior entitlement under regulation 24, 25 or 28 of these Regulations;

(c) he has no income or an income of less than thirty dollars weekly; and

(d) in the case of a man, he is an invalid in the case of a woman, she is an invalid or, being over the age of forty years is incapable of economic employment other than domestic duties in her home:

Provided that in a case where both the deceased’s parents qualify for survivor’s benefit, this regulation shall not be construed so as to prevent either of them from receiving benefit to which he is otherwise entitled.

27. With effect from 1st January, 1999 the amount of any retirement benefit, invalidity benefit or survivor’s benefit which commenced in the year 1998 or earlier shall be increased by ten per centum.

28. (1) An unmarried orphan who was a dependant child of a deceased insured person shall be entitled to survivor’s benefit if —

(a) he was a child of the deceased, whether legitimate, illegitimate, adopted or a stepchild;

(b) he is under sixteen years of age, or being above the age of sixteen years and under the age of twenty-one years, he is receiving full-time education or training otherwise than under a contract of service under which he is paid wages; and

(c) he was either living with, or wholly or mainly maintained by the deceased at the time of his death.
(2) An orphan’s benefit shall be payable under paragraph (1) until the orphan attains the age of sixteen years and during any period thereafter while he is under the age of twenty-one years and is receiving full-time education or training otherwise than under a contract of service under which he is paid wages:

Provided that the orphan’s benefit shall be payable to an orphan who is an invalid as long as he continues to be an invalid.

(3) Where there are more orphans than one, each of them shall be entitled to an orphan’s benefit under this regulation.

29. The weekly rate of orphans benefit for an orphan shall be twenty-eight dollars and eighty-five cents effective 1st March, 2007.

30. With effect from 1st December, 1991, the amount of any retirement benefit, invalidity benefit or survivor’s benefit which commenced in the year 1991 or earlier shall be increased by the respective percentages indicated below —

<table>
<thead>
<tr>
<th>Year in which Benefits Commenced</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986 or earlier</td>
<td>25</td>
</tr>
<tr>
<td>1987</td>
<td>20</td>
</tr>
<tr>
<td>1988</td>
<td>15</td>
</tr>
<tr>
<td>1989</td>
<td>10</td>
</tr>
<tr>
<td>1990</td>
<td>5</td>
</tr>
<tr>
<td>1991</td>
<td>3</td>
</tr>
</tbody>
</table>

30A. With effect from 1st March, 2007 the amount of any retirement, invalidity benefit or survivor’s benefit which commenced on or before 28th February, 2007 shall be increased by the respective percentages indicated below —

<table>
<thead>
<tr>
<th>Date Benefits Commenced</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 31, 1998 or earlier</td>
<td>15%</td>
</tr>
<tr>
<td>January 1, 1999 to December 31, 2000</td>
<td>12%</td>
</tr>
<tr>
<td>January 1, 2001 to December 31, 2002</td>
<td>8%</td>
</tr>
<tr>
<td>January 1, 2003 to December 31, 2004</td>
<td>5%</td>
</tr>
<tr>
<td>January 1, 2005 to February 28, 2007</td>
<td>3%</td>
</tr>
</tbody>
</table>
Sickness Benefit

31. Subject to the provisions of these Regulations, sickness benefit shall be awarded to an insured person who is rendered incapable of work as a result of a specified disease or physical or mental disablement which is not an employment injury, nor caused by habitual use of alcoholic liquor, narcotics or drugs other than those taken under the prescription of a registered medical practitioner; and for this purpose an insured person shall be treated as incapable of work for any day during which he is required to abstain from work because he is under observation by reason of being a carrier, or his having been in contact with a case of an infectious disease.

32. Sickness benefit shall be payable only if the insured person —

(a) had been previously engaged in an occupation as an employed or self-employed person and had paid contributions for not less than forty contribution weeks; and

(b) had paid or been credited with at least either —

(i) thirteen contributions and credits in the twenty-six contribution weeks immediately preceding the first day of the continuous period of incapacity for work; or

(ii) twenty-six contributions and credits in the fifty-two contribution weeks immediately preceding the first day of the continuous period of incapacity for work; or

(iii) had paid and been credited with at least twenty-six contributions and credits in the contribution year immediately preceding the first day of the continuous period of incapacity for work.
33. (1) Subject to paragraph (2) of this regulation the weekly rate of sickness benefit shall be —

(a) in the case of the insured person who fulfils the conditions stipulated in regulation 32(b), the rate shall be 60% of the highest of the average insurable wage or income; and

(b) in the case of the insured person who fulfils only one of the conditions, stipulated in regulation 32(b), the rate shall be 60% of the average insurable wage applicable to that condition.

(c) the amount of benefit payable under this regulation up to the end of 1985 shall not be less than the benefit payable under the wage-group system in force prior to 1st July, 1984.

For the purpose of this regulation, the “average insurable wage or income” shall be the sum of the weekly insurable wage or income on which contributions are paid divided by the number of weeks to which the paid contributions correspond:

Provided that the actual amount of benefit payable under this regulation during the period from the 1st April, 1999 to the 30th June, 1999 shall be at the rate of sixty per centum of the sum of the average weekly insurable wage or income on which contributions are paid during the period from the 1st January, 1999 to the contribution week immediately preceding the first day of the continuous period of incapacity for work divided by the number of weeks to which the paid contributions correspond, subject to a minimum of thirteen contributions, or the amount calculated under this regulation whichever is favourable.

(2) The daily rate of sickness benefit shall be one-sixth of the weekly rate; Sunday or such other day as may in any case be substituted therefor by the Director, shall not qualify for the payment of sickness benefit.

34. (1) Where, apart from this regulation, an insured person would be entitled to receive both sickness benefit and sick leave payment from his employer under any agreement with his employer, the insured person shall, if requested so to do by his employer, inform the employer of the weekly rate of sickness benefit payable to him.

(2) Where that weekly rate of sickness benefit —

(a) is less than the weekly rate of sick leave payment which the insured person would be entitled to
receive from his employer under any agreement mentioned in paragraph (1) hereof, the employer may reduce the weekly rate of the said sick leave payment by an amount equal to the weekly rate of sickness benefit;

(b) is equal to, or exceeds, the weekly rate of sick leave payment which the insured person would be entitled to receive under any agreement mentioned in paragraph (1) hereof, the employer shall not be bound for the time being to make any sick leave payment under the said agreement.

Maternity Benefit and Maternity Grant

35. Subject to the provisions of these Regulations, maternity benefit and maternity grant shall be awarded in the case of the pregnancy and confinement of a woman who is an insured person.

36. (1) Maternity benefit shall be payable only if the woman —

(a) had been engaged in an occupation as an employed or self-employed person and had paid contributions for at least fifty contribution weeks; and

(b) has paid and been credited with at least twenty-six contributions in the forty weeks immediately preceding the week on which benefit is due to commence, or has paid and been credited with at least twenty-six contributions in the immediately preceding contribution year.

(2) For the purposes of paragraph (1) of this regulation, regulation 37 and paragraph (1) of regulation 38, the date from which a benefit is due to commence shall be the day which is six weeks before the expected date of confinement, or from the day following the day the woman stops remunerative work in respect of her confinement, whichever is later.

37. (1) Subject to the provisions of these Regulations, maternity benefit shall be awarded to a woman for a continuous period of thirteen weeks starting from the date as defined in paragraph (2) of regulation 36.

(2) Subject to the approval of the Director, the benefit period may be broken where a child is required to
be hospitalized and the mother of that child returns to remunerative work.

(3) Where the benefit period referred to in paragraph (2) is broken the balance of the benefit payments shall be paid when the mother resumes her leave to care for the child:

Provided that the benefit payments shall not be payable once twenty-six weeks after the actual date of confinement has elapsed.

(4) The period of thirteen weeks referred to in paragraph (1) may be extended up to six weeks where a woman is suffering from an incapacity as a result of any illness arising out of such confinement.

(5) The period of thirteen weeks shall be extended by one week for each week that the actual date of confinement is later than the week in which the confinement was expected.

(6) Where a woman dies prior to the expiration of the said period of thirteen weeks, any unpaid portion that would have otherwise been paid but for her death, shall be paid in a single sum in accordance with regulation 101.

(7) For the purposes of paragraph (2) “a child” means a child resulting in confinement under this regulation.

38. (1) Subject to the provisions of these Regulations, the weekly rate of maternity benefit shall be sixty-six and two-thirds per centum of the average weekly insurable wage or income of the insured person during the forty weeks or the contribution year immediately preceding the date from which benefit is due to commence as defined in paragraph (2) of regulation 36, whichever is more favourable to the insured person:

Provided that in the case of an insured person who fulfils only one of the conditions stipulated in regulation 36(1)(b), the rate shall be sixty-six and two-thirds per centum of the average insurable wage applicable to that condition.

(2) For the purpose of this regulation, the “average insurable wage or income” shall be the sum of the weekly

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1 Amendments to regulation 38 by S.I. 46/2004 are deemed to have commenced on 1st January 2002
insurable wage or income on which contributions are paid divided by the number of weeks to which the paid contributions correspond.

(3) The actual amount of benefit payable under this regulation during the period from the 1st April, 1999 to the 30th June, 1999 shall be at the rate of sixty per centum of the sum of the average weekly insurable wage or income on which contributions are paid during the period from the 1st January, 1999 to the contribution week immediately preceding the first day of the continuous period of incapacity for work divided by the number of weeks to which the paid contributions correspond, subject to a minimum of thirteen contributions, or the amount calculated under this regulation whichever is favourable.

(4) The amount of benefit payable under this regulation up to the end of 1985 shall not be less than the benefit payable under the wage-group system in force prior to 1st July, 1984.

(5) The daily rate of maternity benefit shall be one-sixth of the weekly rate; Sunday or such other day as may in any case be substituted therefore by the Director, shall not qualify for the payment of maternity benefit.

39. (1) Where, apart from this regulation, an insured person would be entitled to receive both maternity benefit and maternity leave payment from her employer under any agreement with her employer the insured person shall, if requested so to do by her employer, inform her employer of the weekly rate of maternity benefit payable to her.

(2) Where the weekly rate of maternity benefit payable —

(a) is less than the weekly rate of maternity leave payment which the insured person would be entitled to receive from her employer under any agreement mentioned in paragraph (1) hereof, the employer may reduce the weekly rate of the said maternity leave payment by an amount equal to the weekly rate of maternity benefit; or

(b) is equal to, or exceeds, the weekly rate of maternity leave payment which the insured person would be entitled to receive under any agreement mentioned in paragraph (1) hereof, the employer shall not be bound for the time being to make any maternity leave payment under the said agreement.
40. A claim for maternity benefit shall be accompanied —

(a) in the case of a claim made prior to the date of confinement, by a certificate issued by a registered medical practitioner or a registered midwife as to the expected date of confinement; or

(b) in the case of a claim made subsequent to the date of confinement, by a certificate issued by a registered medical practitioner or a registered midwife, as to the actual date of confinement:

Provided that the Director may accept such other evidence in support of such a claim as in his opinion the special circumstances of the particular case justify.

41. An insured woman who has been awarded maternity benefit prior to her confinement shall obtain a certificate of her confinement from the registered medical practitioner or registered midwife who assisted thereat, and forward it to the Director at an office of the Board within three weeks after the date of confinement:

Provided that the Director may accept other evidence in lieu of such certificate if, in his opinion, the special circumstances of the case justify his acceptance of such other evidence.

42. An insured woman entitled to payment of maternity benefit shall be disqualified from receiving such benefit for such period as the Director may decide if during the period for which benefit is payable she —

(a) engages in remunerative work;

(b) fails, without good cause, to take due care of her health, or to answer any reasonable enquiries by an officer of the Board directed to ascertain whether she is doing so; or

(c) fails, without good cause, to comply with a notice in writing by the Director requiring her to attend for, and submit herself to, a medical examination.

43. The provisions of these Regulations relating to sickness benefit shall apply in relation to a case where there is incapacity for work immediately following the cessation of entitlement to maternity benefit:

Provided that where the incapacity for work arises from pathological complications of confinement, the conditions of regulation 32 shall be applied as if the first
day of the continuous period of incapacity had been the first day as from which maternity benefit was payable.

44. (1) Subject to these Regulations a lump-sum payment of $400 shall be made to an insured woman who has been engaged in an occupation as an employed or self-employed person and has paid contributions for at least fifty contributions weeks, to meet the additional expenses incurred by the mother in the feeding period:

Provided that no such grant shall be admissible if the baby is still-born.

(2) Where a woman has not paid the requisite number of contributions specified in paragraph (1) and her spouse has paid the requisite number of contributions as is required of a woman in accordance with regulation 36(1), the grant referred to in paragraph (1) shall be payable.

Funeral Benefit

45. (1) Subject to the provisions of these Regulations funeral benefit shall be payable on the death of a person who —

(a) is an insured person; or

(b) is the spouse of an insured person.

(2) The contribution condition to be fulfilled for the purpose of paragraph (1) is that the insured person, in respect of whose insurance the benefit is awarded, has paid fifty or more contributions under the Act.

46. (1) Subject to the provisions of these Regulations, funeral benefit shall be paid to the person who has met or is liable to meet the cost of the funeral of the deceased person.

(2) Where —

(a) death occurred at sea and the deceased person was buried at sea; or

(b) the person who has met or is liable to meet the cost of the funeral of the deceased person cannot be found; or

(c) the cost of the funeral was less than the amount of the benefit,

the benefit, or, as the case may be, the remainder thereof, shall be paid to such person or persons as the Director in his discretion may decide and no action shall lie before any
tribunal or court against the Director in respect of or in connection with the exercise of his discretion under this paragraph.

47. The amount of the funeral benefit shall be fifteen hundred dollars.

Unemployment Benefit

47A. (1) Subject to the provisions of these Regulations, unemployment benefit shall be awarded to a person insured pursuant to section 12(1)(a) of the Act who has not attained the age of 65 years and is —

(a) unemployed and has an interruption of earnings from his employment; or

(b) laid off and has suspension of earnings from his employment.

(2) For the purposes of these Regulations, an insured person shall —

(a) not be treated as unemployed unless he satisfies the Director that he is unemployed, capable of and available for work or that he is unemployed and he is following a course of instruction or training under a scheme approved by the Board; or

(b) be deemed to be laid-off for any week in which he has suspension of earnings because his employer has not provided him in that week with work.

(3) It shall be a condition of entitlement to unemployment benefit that the claimant shall report to the Department of Labour Employment Exchange or such other place as the Director may specify every four weeks or at such intervals as the Director may from time to time determine.

47B. (1) Where an employer terminates the services of his employee, the employer shall give to the employee on the date of the termination a form approved by the Board for the purpose, duly completed.

(2) An employer who has complied with paragraph (1) shall send a copy of the completed form referred to in
paragraph (1) electronically or otherwise to the Director within one week from the date of termination of the services of an employee referred to in paragraph (1).

(3) Where an employer referred to in paragraph (1) is unable to comply with the provisions of paragraphs (1) and (2) within the times specified therein for reasons beyond his control, he shall so inform the Director as soon as possible after the date of termination of the services of the employee.

(4) Subject to paragraph (3), an employer who contravenes or fails to comply with the requirements of this regulation is guilty of an offence and is liable on summary conviction to a fine not exceeding two hundred dollars and if the offence of which he is convicted is continued after the conviction, he shall be guilty of a further offence and liable in respect thereof to a fine not exceeding fifty dollars for each day on which the offence is continued.

47C. (1) With effect from the date of the coming into force of these Regulations, unemployment benefit shall be payable only if the insured —

(a) had been previously engaged in an occupation as an employed person and had paid contributions for at least forty weeks; and

(b) had paid or been credited with at least —

(i) thirteen contributions and credits in the twenty-six contribution weeks immediately preceding the first day that the continuous period of unemployment commenced;

(ii) twenty-six contributions and credits in the fifty-two contribution weeks immediately preceding the first day that the continuous period of unemployment commenced; or

(iii) had paid and been credited with at least twenty-six contributions and credits in any contribution year between July, 2003 and June, 2009; and

(c) became unemployed and had an interruption of earnings from his employment on or after July 1, 2004.
(2) With effect from the date to be appointed by the Minister in accordance with regulation 1(2), unemployment benefit shall be payable only if the insured person had been previously engaged in an occupation and —

(a) had paid contributions for at least fifty-two weeks; and

(b) had paid or been credited with —

(i) thirteen contributions and credits in the twenty-six contribution weeks immediately preceding the first day that the continuous period of unemployment commenced; and

(ii) seven contributions and credits in the thirteen weeks immediately preceding the first day that the continuous period of unemployment commenced.

(3) For the purposes of this regulation, only contributions paid in respect of the employment of an employed person shall be considered.

47D. (1) Subject to the provisions of these Regulations, unemployment benefit shall be paid for each day excluding Sundays —

(a) for a maximum of thirteen weeks in any continuous period of unemployment beginning on the first day that benefits commenced; or

(b) for an aggregate of thirteen weeks in the fifty-two weeks immediately preceding the date on which benefits commenced, as long as unemployment continues.

(2) An employed person who has exhausted his entitlement to unemployment benefit shall not be entitled to another such benefit until the expiration of fifty-two continuous weeks from the last week in respect of which benefit was paid and unless he satisfies the conditions specified in regulation 47C.

(3) The Minister may by Notice published in the Gazette extend the time for which unemployment benefit is

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2 Regulation 1(2) of S.I. 40/2009, the National Insurance (Benefit and Assistance) (Amendment) Regulations, 2009, provides that Regulation 47C(2) shall come into operation on a date to be appointed by the Minister by notice in the Gazette – as at 31st December 2009, no such notice had been published.
paid under these Regulations by a maximum period of thirteen weeks.

(4) Where an employed person receives payment in accordance with sections 26 and 29 of the Employment Act, the continuous period of unemployment shall begin after the expiration of the period for which such payments have been made.

47E. (1) Subject to paragraph (3), the weekly rate of unemployment benefit shall be 50% of an employed person’s average weekly insurable wage or income.

(2) The daily rate of unemployment benefit shall be one-sixth of the weekly rate; Sunday or such other day as may in any case be substituted therefor by the Director, shall not qualify for the payment of unemployment benefit.

(3) For the purposes of this regulation, the “average weekly insurable wage or income” shall be the sum of the weekly insurable wage or income on which contributions are paid divided by the number of weeks to which the paid contributions correspond.

(4) Any two or more consecutive periods of unemployment not separated by more than eight weeks, shall be treated as one continuous period of unemployment beginning with the first day of the first of these periods; and the amount of the average weekly insurable wage or income taken into account in determining the amount of benefit for the first day of unemployment in the continuous period of unemployment shall be taken into account in determining the amount of benefit for any day of unemployment in the same period.

Disqualification for unemployment benefit.
S.I. 40/2009, r. 4.

47F. (1) A claimant is disqualified from receiving unemployment benefit if without good cause —

(a) he refuses suitable employment or fails to apply for suitable employment where there is a known vacancy;

(b) he neglects to avail himself of an opportunity for suitable employment, or makes no reasonable effort to obtain suitable alternative employment;

(c) he fails to carry out any written directions given to him by the Director of Labour with a view to assisting him to find suitable employment, if the directions were reasonable having regard to both
his circumstances and to the usual means of obtaining that employment;

(d) he fails to attend an interview that the Director of Labour has directed him to attend;

(e) he fails to attend a course of instruction or training to which the Director of Labour referred him for his attendance in order that he may become or keep fit for entry into or return to employment;

(f) he voluntarily left his employment; or

(g) he is terminated from his employment as a result of theft, fraudulent offences or dishonesty.

(2) For the purposes of this regulation, employment is not suitable employment for a claimant if it is —

(a) employment arising in consequence of a stoppage of work attributable to a labour dispute;

(b) employment in his usual occupation either at a substantially lower rate of earnings or on conditions significantly less favourable than those observed by agreement between employers and employees, or in the absence of any such agreement, than those recognized by industry standards; or

(c) employment of a kind other than employment in his usual occupation either at a substantially lower rate of earnings or on conditions significantly less favourable than those that he might reasonably expect to obtain having regard to those conditions that he normally obtained in his usual occupation, or would have obtained had he continued to be so employed.

(3) Notwithstanding anything in this Part, a claimant is not disqualified from receiving any benefits under this Part by reason only of his leaving, or refusing to accept employment if by remaining in or accepting the employment he would lose the right —

(a) to become a member of;

(b) to continue to be a member and to observe the lawful rules of; or

(c) to refrain from becoming a member of, any association, organization or union of workers.
47G. (1) The duration of disqualification to any benefit under this Part shall be determined by the Director but shall not exceed a period of six weeks for each disqualification.

(2) For the purposes of this Part, a benefit shall be deemed to be paid for any weeks of disqualification under paragraph (1) but no credited contributions shall be awarded for any such period of disqualification.

47H. (1) Subject to paragraph (2), a claimant who has lost employment by reason of a stoppage of work that is attributable to a trade dispute at his place of employment shall be disqualified for receiving unemployment benefit as long as the stoppage continues.

(2) Paragraph (1) shall not apply to a person who satisfies the Director that —

(a) he is not participating in, financing or directly interested in the trade dispute which caused the stoppage of work;

(b) he does not belong to a grade or class of workers of which, immediately before the commencement of stoppage, there were members employed at his place of employment any of whom are participating in, financing or directly interested in the dispute;

(c) he has become bona fide employed elsewhere in the occupation which he usually follows; or

(d) he has become regularly engaged in some other occupation.

(3) For the purposes of this regulation, —

“place of employment” means shop, hotel, restaurant or other premises or place at which he was employed, and where separate branches of work which are commonly carried on as separate businesses in separate premises or at separate places are in any way carried on in separate departments on the same premises or at the same place, each department shall be deemed to be a separate hotel, shop, restaurant or other business or undertaking or a separate place as the case may be;
“trade dispute” means any dispute between employers and employees or between employees and employees which is connected with the employment or nonemployment or the terms of employment, or the conditions of employment of any persons, whether employees within the employment of the employer with whom the dispute arises, or not.

47I. (1) Where a person receives unemployment benefit in respect of a period and an employer of that person subsequently becomes liable to pay his remuneration in respect of the same period, that person shall refund to the Director an amount equal to the benefits that would not have been paid if the remuneration had been paid or payable at the time the benefits were paid.

(2) Where an employer becomes liable to pay earnings in respect of a past period and has reason to believe that benefits have been paid in respect of that period, that employer shall ascertain whether an amount is repayable under paragraph (1) and if so, shall deduct such amount from the earnings payable by him to the insured person and remit that amount to the Director.

PART V
INDUSTRIAL BENEFITS

Injury Benefit

48. The expression “injury benefit period” means, in relation to any accident, the period of forty weeks beginning with the day on which the relevant accident happened, or the part of that period of forty weeks for which, under regulation 53(1), disablement benefit in respect of the relevant accident is not available to the employed person.

49. (1) Subject to the provisions of these Regulations, an employed person or a self-employed person included in the Sixth Schedule shall be entitled to injury benefit in respect of any day during the injury benefit period on which, as a result of the relevant injury, he is incapable of work. The day for which benefit is not paid during the injury benefit period shall be Sunday or such other day of the week as the Director may substitute therefor in any individual case.
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(2) For the purpose of this Part in determining whether the employed person or self-employed person included in the Sixth Schedule is incapable of work on the date of the relevant accident, any part of the day before the accident happened shall be disregarded.

(3) Injury benefit shall not be payable for the first three days of incapacity during the injury benefit period.

50. (1) The weekly rate of injury benefit shall be sixty-six and two-thirds per centum of the average weekly insurable wage or income of the employed person or self-employed person included in the Sixth Schedule during the twenty-six contribution weeks immediately preceding the first day of the injury benefit period. (The average weekly insurable wages or income for the purpose of this regulation shall be the sum of the weekly insurable wage or income on which contributions are paid divided by the number of weeks to which the paid contributions correspond):

Provided that —

(i) where by reason of the shortness of the period during which the person concerned was employed either as an employed person or as a self-employed person as included in the Sixth Schedule, in the employment in which he suffered the relevant employment injury, no contributions were paid by or in respect of the employed or self-employed person in the said twenty-six contribution weeks, the average weekly insurable wage or income shall —

(a) in the case of an employed person be the average weekly insurable wage of a person of similar earning capacity engaged in employment of a similar nature with the same employer, or if there is no such person with the same employer, with another employer in similar circumstances;

(b) in the case of a self-employed person as included in the Sixth Schedule be the average weekly insurable income deemed to be appropriate to such self-employment;
(ii) where the employed person or self-employed person included in the Sixth Schedule is not insured under the Act, the average insurable wage or income for the purpose of calculating the benefit shall be the wages or income payable, or would, but for the relevant accident, have been payable for that week, subject to a minimum average weekly insurable wage or income of thirty dollars:

Provided that the actual amount of benefit payable under this regulation during the period from 1st October, 1984 to 29th December, 1984 shall be at the rate of sixty-six and two-thirds per centum of the sum of the weekly insurable wage or income on which contributions are paid during the period from 2nd July, 1984 to the contribution week immediately preceding the first day of the continuous period of incapacity for work divided by the number of weeks to which the paid contributions correspond.

(2) The amount of benefit payable under this regulation up to the end of 1985 shall not be less than the benefit payable under the wage-group system in force prior to 1st July, 1984.

(3) The daily rate of injury benefit shall be calculated by dividing the weekly rate by six and when the division does not result in whole cents shall be calculated to the next cent above.

51. In any case, where, an employed person would be entitled to receive both injury benefit and, under any agreement with his employer, sick leave payment from his employer, the employed person shall when requested by his employer so to do, inform his employer of the weekly rate of injury benefit to him; and where that weekly rate —

(a) is less than the weekly rate of sick leave payment which the employed person should be entitled to receive as aforesaid, the employer may reduce the weekly rate of the said sick leave payment by an amount equal to the weekly rate of injury benefit payable; or

(b) is equal to or exceeds the weekly rate of sick leave payment which the employed person would be entitled to receive as aforesaid, the employer shall not be bound, for the time being, to make any payments under the said agreement.
**Disability Benefit**

52. Subject to the provisions of these Regulations, an employed person or a self-employed person included in the Sixth Schedule shall be entitled to disability benefit if he suffers as the result of the relevant accident from loss of faculty such that the degree of the resulting disablement assessed in accordance with regulation 56 amounts to not less than one per centum.

53. (1) Disability benefit shall not be available to an employed person or a self-employed person included in the Sixth Schedule for the first three days beginning with the day on which the relevant accident happened, nor until after the last day (if any), within the period of forty weeks beginning with the said three days during which he is incapable of work as a result of the relevant injury:

Provided that where he makes a claim for disability benefit in respect of loss of faculty resulting from the relevant accident before the end of the said period of forty weeks and does not withdraw it before it is finally determined, then the injury benefit period comes to an end on the day the disability benefit commences.

(2) Where, for the period taken into account by the assessment, the degree of disablement is assessed as amounting to less than twenty-five per centum and not less than one per centum, disablement benefit shall be paid in the form of a grant and the amount payable shall be the amount set out in the second column of the Third Schedule opposite the percentage assessment for the degree of disablement given in the first column thereof.

(3) Where the degree of disablement is assessed for the period taken into account as amounting to twenty-five per centum or more —

(a) there shall be paid a grant as set out in the second column of the Third Schedule; and

(b) there shall be paid a disablement benefit in the form of periodical payments which shall be that portion of the rate of benefit for total loss of faculty which the percentage assessed bears to one hundred per centum:

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Entitlement of disability benefit.

Duration of disablement benefit and manner of payment.

Third Schedule.
Provided that where the said period is limited by reference to a definite date, the disablement benefit shall cease on the death of the beneficiary before that date:

Provided further that only one grant shall be payable in respect of any one employment injury.

54. The weekly rate of total disablement benefit payable in a case where the degree of disablement is assessed at one hundred per centum shall be at the weekly rate at which injury benefit was payable to the beneficiary in the injury benefit period or to which he would have been entitled had a claim been made. In addition, there shall be paid a grant as set out in the second column of the Third Schedule.

55. A person who —

(a) receives as an in-patient in a hospital or other similar institution, medical treatment for the relevant injury or loss of faculty; or

(b) is incapable of work as a result of the relevant injury or loss of faculty, shall receive disablement benefit at 100 per centum — under assessment or already awarded — if the degree of disablement lies between 25% — 100%;

(c) the lump sum disablement grant for one per centum to twenty-four per centum disablement shall not be treated as disablement benefit for the purpose of this regulation.

56. (1) Subject to paragraphs (2) to (6), for the purpose of disablement benefit the degree of disablement shall be assessed by reference to the disabilities incurred by the claimant as a result of the relevant loss of faculty in accordance with the following general principles —

(a) save as hereinafter provided in this paragraph, the disabilities to be taken into account shall be all the disabilities (whether or not involving loss of earning power or additional expenses) to which the claimant may be expected, having regard to his physical or mental condition at the date of assessment, to be subject during the period taken into account by the assessment as compared with a person of the same age and sex whose physical and mental condition is normal;
(b) any such disability shall be treated as having been incurred as a result of the relevant loss of faculty except that, subject to paragraph (2), it shall not be so treated in so far as the claimant either —

(i) would in any case have been subject thereto as a result of a congenital defect or of an injury or disease received or contracted before the relevant accident happened; or

(ii) would not have been subject thereto but for some injury or disease received or contracted after, and not directly attributable to, that accident;

(c) the assessment shall be made without reference to the particular circumstances of the claimant other than his age, sex and physical or mental condition;

(d) in assessing the degree of disablement in connection with a second or subsequent claim to disablement benefit arising out of a series of accidents, the medical authority shall, subject to these Regulations, assess the total degree of disablement arising from all the relevant injuries and diseases as if they had been caused by the last in the said series of accidents;

(e) where the assessment of the degree of disablement in accordance with the foregoing principles does not appear to represent the actual loss of faculty suffered by the claimant, the medical authority shall have discretion to increase or reduce the assessment of the degree of disablement accordingly.

(2) Where the sole injury which a claimant suffers as a result of the relevant accident is one specified in the first column of the Fourth Schedule, the loss of faculty suffered by him as a result of that injury shall be treated for the purpose of this regulation as resulting in the degree of disablement set against such injury in the second column of that Schedule.

(3) For the purpose of assessing, in accordance with this regulation, the degree of disablement resulting from the relevant injury in any case which does not fall to be determined under paragraph (2), the medical authority shall have such regard as may be appropriate to the degree...
of disablement set against the injuries specified in the Fourth Schedule.

(4) Subject to paragraph (5), the period to be taken into account by the assessment of the degree of a claimant’s disablement shall be the period (beginning not earlier than the day after the end of the injury benefit period, and limited by reference either to the claimant’s life or to a definite date) during which the claimant has suffered and may be expected to continue to suffer from the relevant loss of faculty.

(5) If, on any such assessment, the condition of the claimant is not such, having regard to the possibility of changes therein (whether predictable or not), as to allow of a final assessment being made up to the end of the period referred to in paragraph (4) —

(a) a provisional assessment shall be made, taking into account such shorter period only, not being less than thirteen weeks, as seems reasonable having regard to his condition and the possibility aforesaid; and

(b) on the next assessment, the period to be taken into account shall begin with the day after the end of the period taken into account by the provisional assessment.

(6) An assessment shall state the degree of disablement in the form of a percentage and shall also specify the period taken into account thereby and, where that period is limited by reference to a definite date, whether the assessment is provisional or final:

Provided that —

(a) no assessment of the degree of disablement shall be made where the extent of disablement is less than one per centum;

(b) such percentage and period shall not be specified more particularly than is necessary for the purpose of determining in accordance with regulation 52 of the claimant’s right to disablement benefit; and

(c) a percentage of or above twenty-five and less than one hundred which is not a multiple of ten shall be treated —
(i) if it is a multiple of five as being the next higher percentage which is a multiple of ten;
(ii) if it is not a multiple of five; as being the nearer percentage which is a multiple of ten.

57. (1) If a person with disablement assessed at one hundred per centum requires constant care and attendance, he shall be entitled to receive an additional amount equal to twenty per centum of the disablement benefit.

(2) If a person no longer needs constant care and attendance as referred to in subsection (1), as determined by a medical officer, the additional amount equal to twenty per centum shall cease.

58. In the case of an employed person or a self-employed person included in the Sixth Schedule who suffers from personal injury caused by two or more successive accidents, the benefits shall be regulated as under—

(i) For the period during which injury benefits is payable for the subsequent accident, the disablement benefit receivable by the person for the earlier accident shall not be payable.

(ii) The disablement benefit payable after the subsequent accident shall be based upon the total disablement as a result of all the accidents and the disablement benefit receivable for the earlier accidents shall be discontinued.

(iii) The lump sum disablement grant for one per centum to twenty-four per centum disablement shall not be construed as disablement benefit for the purpose of this regulation.

(iv) He shall not for the same period be entitled to receive more than one disablement benefit which shall be calculated on the medical authority’s assessment of the total degree of disablement arising from all the relevant injuries and diseases; and the rate of benefit so payable shall be computed by reference to the higher or highest rate of injury benefit payable, or which would have been payable, in any of the injury benefit periods related to any of the relevant accidents.
**Death Benefit**

59. Subject to these Regulations —

(1) Where an employed person or a self-employed person included in the Sixth Schedule has died as a result of the relevant employment injury, death benefit shall be payable to dependants of the deceased person.

(2) The total benefit payable at any one time by way of periodical payments shall not exceed one hundred per centum of the injury benefit to which the deceased was entitled during the injury benefit period following the relevant employment injury or to which he would have been entitled but for his death.

(3) Such benefit as is provided under paragraph (2) of this regulation shall be paid to the widow or the widower and in respect of unmarried children, and to parents subject to the same conditions and percentages of benefit and having regard to the same priorities as specified in paragraph (3) of regulation 24 (which lays down the order of priority and percentage of benefit to be allotted in the case of survivor’s benefits).

(4) The actual amount of benefit under this regulation up to July 1987 shall not be less than the amount calculated as if the insurable wage or income rates under the wage group system had been applicable as on the first day of July, 1985.

60. (1) Subject to the provisions of these Regulations, the widow or widower of the deceased shall be entitled for life to a death benefit if, and so long as, the conditions for entitlement of a widow or widower to a survivor’s benefit set out in paragraphs (1)(a) and (1)(b) of regulation 25 are fulfilled:

Provided that the condition set out in paragraph (1)(b)(i) of regulation 25 (that the widow or widower was married to the deceased for not less than one year) shall not apply.
(2) Death benefit payable to a widow or widower shall cease on remarriage.

61. The weekly rate of death benefit for an orphan shall be the rate of survivor’s benefit for an orphan in regulation 29 and the provisions of that regulation and regulation 28 shall apply to death benefit for orphans.

62. Subject to the provision of these Regulations, a parent of the deceased shall be entitled for life to death benefit, if and so long as the conditions for entitlement of a parent set out in regulation 26 are fulfilled:

Provided that where both of the deceased’s parents qualify for death benefit, this regulation shall not be construed so as to prevent either of them from receiving benefit to which he is otherwise entitled.

63. (1) Subject to the provisions of this regulation, where no person has a prior claim under regulation 59, death benefit may be awarded to any other dependant of the deceased:

Provided that no award shall be made under this regulation until a period of six months has elapsed since the date of death of the deceased.

(2) Death benefit under this regulation shall be a grant or grants, the amount or aggregate amount of which shall not exceed —

(a) five thousand dollars; or

(b) one hundred and fifty times the weekly rate of injury benefit to which the deceased was entitled during the injury benefit period following the relevant employment injury, or to which he would have been so entitled but for his death, whichever is the greater sum (referred to in this regulation as “the maximum amount available”).

(3) If more than one person is entitled to the benefit under this regulation, the maximum amount available shall ordinarily be distributed equally among the beneficiaries. If there are special circumstances establishing the need for payment of a higher share to any beneficiary or beneficiaries, the matter shall be duly considered by the Board and referred to the Minister with necessary recommendations, for a decision.
(4) No action or claim shall lie against the Minister or the Board or the Fund in respect of or in connection with the exercise by the Minister or the Board of any discretion under this regulation.

(5) Where a beneficiary under this regulation is unable to act and a person or authority has been appointed under the law to have charge of his estate, the Board may, after consulting that person or authority direct that payment of the benefit concerned shall be made subject to such conditions as the Board may think fit including a condition that the benefit or any part of it shall be paid by instalments.

(6) Subject to the provisions of paragraph (5), where a beneficiary under this regulation has not attained the age of eighteen years, the Board may direct that the benefit concerned shall be paid to a person, being over the age of eighteen years, who the Board is satisfied will apply the payment for the benefit of such beneficiary; and the Board’s direction may include such conditions as to payment and receipt of the benefit as the Board may think fit, including a condition that the benefit or any part of it shall be paid by instalments.

(7) Subject to the provisions of paragraph (5) and (6), where the amount of benefit payable under this regulation to any one person exceeds one thousand two hundred dollars, the Board may direct that the benefit or any part of it shall be paid by instalments:

Provided that before making a direction under this paragraph the Board shall take into consideration any representations made by or on behalf of the beneficiary as to how the benefit should be paid.

(8) In any case in which the Board directs, in accordance with this regulation, that an amount of benefit shall be paid by instalments then, from the date of such direction, the unpaid balance of that amount shall be credited with interest at such rate, not being less than eight per centum per annum, as the Board may from time to time direct.

64. With effect from 1st December, 1991, the amount of any disablement benefit or death benefit which is periodically payable and which commenced in the year 1991 or earlier shall be increased by the respective percentages indicated below —
65. With effect from 1st January, 1999 the amount of any disablement benefit or death benefit which is periodically payable and which commenced in the year 1998 or earlier shall be increased by ten per centum.

65A. With effect from 1st March, 2007 the amount of any disablement, or death benefit which is periodically payable and which commenced on or before 28th February, 2007 shall be increased by the respective percentages indicated below —

<table>
<thead>
<tr>
<th>Date Benefits Commenced</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 31, 1998 or earlier</td>
<td>15%</td>
</tr>
<tr>
<td>January 1, 1999 to December 31, 2000</td>
<td>12%</td>
</tr>
<tr>
<td>January 1,2001 to December 31, 2002</td>
<td>8%</td>
</tr>
<tr>
<td>January 1, 2003 to December 31, 2004</td>
<td>5%</td>
</tr>
<tr>
<td>January 1, 2005 to February 28, 2007</td>
<td>3%</td>
</tr>
</tbody>
</table>

Funeral Benefit

66. (1) Subject to the provisions of these Regulations, a funeral benefit shall be payable to the person who has met or is liable to meet the cost of the funeral of an employed person or a self-employed person included in the Sixth Schedule whose death was due to personal injury caused by accident arising out of and in the course of his employment.

(2) The provisions of regulation 46(2) shall apply to this regulation.

67. The amount of funeral benefit shall be the amount of funeral benefit in regulation 47.
Prescribed Diseases

68. Subject to the provisions of these Regulations, an employed person or a self-employed person included in the Sixth Schedule who contracts a prescribed disease, that is to say, a disease described in the second column of the Fifth Schedule which is due to the nature of his employment in any occupation described opposite that disease in the third column of that Schedule, shall be entitled to industrial benefit; and where such a person dies as the result of contracting the prescribed disease, funeral benefit and industrial benefit shall be payable; and for this purpose, in these Regulations —

(a) any reference to an accident shall include a reference to a prescribed disease;

(b) any reference to the relevant accident or the relevant injury shall include the reference to the relevant prescribed disease; and

(c) any reference to the date of the relevant accident shall include a reference to the date of development of the relevant prescribed disease.

69. A prescribed disease shall be presumed to be due to the nature of a person’s employment if, at any time during the period of one month before the date of development of the disease, the person was employed in any occupation described opposite that disease in the third column of the Fifth Schedule, except that —

(a) no such presumption shall be made in respect of the disease numbered 6(b) in the Fifth Schedule; and

(b) the disease numbered 17 in the Fifth Schedule shall be presumed to be due to the nature of a person’s employment if, at any time before the date of development of the disease, he was employed in an occupation so described.

70. For the purpose of these Regulations, the date of development of a prescribed disease shall be —

(a) where the first claim made in respect of the relevant disease is for injury benefit, the first day of incapacity for work caused by the disease;

(b) the date on which the claimant suffered from loss of faculty as a result of the disease; and

(c) where the first claim made in respect of the disease is for death benefit, the date of death.
71. (1) Where benefit is claimed in respect of a prescribed disease which the employed person or a self-employed person included in the Sixth Schedule has already contracted on a previous occasion the further attack shall be dealt with in accordance with the following paragraphs of this regulation.

(2) If the date of development of the further attack in respect of which benefit is claimed falls within an injury benefit period, or within a period taken into account by an assessment of disablement, relating to a previous attack of the same disease, the further attack shall be treated, in the

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absence of proof to the contrary, as a recrudescence of the previous attack.

(3) In any case, including the case where it is proved that the further attack is not a recrudescence of the previous attack, that further attack shall be treated as a fresh attack of the disease and the date of development shall be determined as if the claim were a first claim in respect of the disease.

72. Where an employed person or a self-employed person included in the Sixth Schedule has contracted a prescribed disease, and is suffering from a condition which in his case has resulted from that disease, these Regulations shall apply to him as if he were suffering from that disease, whether or not the condition from which he is suffering is itself a prescribed disease.

73. Nothing in this Part shall be construed so as to prevent a person from establishing title to industrial benefit in respect of the contraction of a disease which is not a prescribed disease on the ground that the disease constitutes personal injury which was caused by an accident arising out of and in the course of his employment as an employed person or a self-employed person included in the Sixth Schedule.

PART VI
INDUSTRIAL BENEFIT MEDICAL CARE

74. (1) Where an employed person or self-employed person prescribed in the Sixth Schedule suffers personal injury which is caused by an accident arising out of and in the course of his employment as an employed person or a self-employed person included in the Sixth Schedule or contracts any prescribed disease, then he is entitled to medical care in respect of that injury or disease whether the need is continuous or not.

(2) The medical care referred to in paragraph (1) shall cease at the end of forty weeks from the date of injury unless the degree of disableness assessed under regulation 56 is twenty-five per centum or more in which case, the medical care continues for two years from the date of injury.
(3) Notwithstanding paragraph (2), the medical care may continue beyond two years in any individual case, if the Director considers it necessary.

(4) In paragraph (1), the expression “prescribed disease” has the same meaning as in regulation 68.

(5) An employed person’s or self-employed person included in the Sixth Schedule entitlement to medical care shall not be conditional upon his entitlement to any other benefit.

75. Medical care shall comprise —

(a) care by a registered medical practitioner including medical examination, diagnosis, treatment and first aid given by such practitioner;

(b) care by a registered dental practitioner;

(c) where no registered medical or dental practitioner is available, such care and treatment, including first aid, as may be given by a paramedical practitioner;

(d) such consultant, diagnostic or specialist care as may be approved by the Board after approval by the Minister;

(e) the supply of essential dental and pharmaceutical products and dressings prescribed or supplied by a practitioner;

(f) medical, surgical and nursing care as a hospital patient, including maintenance as an in-patient in any case where, because of the nature of the injury or for any other reason, medical care cannot be otherwise provided;

(g) rehabilitation and remedial services;

(h) the provision, repair and renewal, within such limits as may be approved by the Board, after approval by the Minister, of orthopaedic, prosthetic, ophthalmic and other appliances necessary for the rehabilitation of the injured person; and

(i) such other services, incidental or supplementary to the foregoing forms of medical care, as may from time to time be approved by the Board after approval by the Minister.
76. Medical care shall be provided with a view to —
   (a) maintaining, restoring or, where this is not possible, improving, the health of the injured person; and
   (b) preparing a disabled person wherever possible for the resumption of his previous activity or, where this is not possible, the most suitable alternative gainful activity,
and shall be given in such a manner as to secure maximum efficiency within the scope of the benefit at the minimum reasonable cost.

77. Medical care shall be free of charge to the person for whom it is provided.

78. (1) A practitioner may prescribe or supply such pharmaceutical products as are necessary for the proper treatment of the patient.
   (2) Such pharmaceutical products shall be prescribed or supplied as economically as possible and as far as they are necessary for the proper treatment of the patient.
   (3) Where, in the opinion of the responsible practitioner in any particular case, equally good results can be obtained by the use of either of two pharmaceutical products, preference shall be given to the less expensive of the two.
   (4) The quantity of pharmaceutical products prescribed or supplied for each patient shall be determined in accordance with the presumptive period for which medical care will be needed, but if it is necessary to extend the period of medical care, further quantities of such products (determined in the manner aforesaid) may be prescribed or supplied for the extended period.
   (5) instructions for the use of the pharmaceutical products prescribed or supplied shall be given by the practitioner to the patient, or to a member of the patient’s family.

79. Medical care as an in-patient in hospital shall be provided on the recommendation, where practicable, of a registered medical or dental practitioner, with the express or implied consent of the patient and such consent may be dispensed with only if —
   (a) the patient is suffering from an infectious disease; or
80. (1) Subject to the approval of the Minister, the Board may enter into an agreement with the Minister of Health for the provision by the Minister of Health of medical care services required by the Board.

(2) An agreement made under paragraph (1) may provide for annual or other periodical payments from the Fund to the Minister of Health of such sums as may be agreed between the Board subject to the approval of the Minister and the Minister of Health for the medical care services provided by the Minister of Health in accordance with the agreement.

81. The Board, subject to the approval of the Minister, may also enter into agreements with any other body, organization or practitioner providing medical care services in The Bahamas for the provision of medical care services required by the Board.

82. (1) Any person who provides medical care for any patient under these Regulations shall, if requested by the medical officer of the Board, supply to the medical officer a case history of that patient giving, in addition to identification details the following information relating to the patient —

(a) the dates on which he provided medical treatment;
(b) particulars of certificates of incapacity for work;
(c) diagnosis of morbidity;
(d) short clinical particulars;
(e) any medical instructions given; and
(f) pharmaceutical products prescribed.

83. Information regarding the health and medical treatment of any patient shall be kept in strict confidence by the medical officer of the Board and his staff; and no
person, other than the Minister, Director or an officer of the Board in the exercise of his duties as such, or an appeal tribunal or medical referee or medical appeal board appointed or constituted under any Regulations for the time being in force, or the Supreme Court acting under the National Insurance (Appeals and References) Rules, shall have access to the medical case history or to any health or medical records relating to a patient.

84. A person who has applied for and is entitled to medical care —
   (a) shall not, without the prior consent given by the Board after approval by the Minister, seek medical care from a practitioner other than the one from whom he first sought medical care;
   (b) shall comply with the instructions given by the practitioner in charge of his case;
   (c) shall not, whilst receiving medical care, do anything which might retard or prejudice his recovery;
   (d) shall submit himself to such medical examination as may be authorised by or on behalf of the medical officer of the Board; and
   (e) shall not unreasonably refuse his consent to being medically treated as an in-patient in hospital.

85. (1) Nothing in these Regulations shall preclude the repayment out of the Fund to any person of the cost of medical care which might otherwise have been provided under these Regulations, where such cost has been incurred in an emergency in which the medical care services arranged by or on behalf of the Board were not immediately available and delay in obtaining such medical care would, in the opinion of the Medical Officer of the Board who may make such consultation for medical opinion as he considers necessary, or the medical referee, have caused, or would have been likely to cause, a risk to the patient’s life or grave detriment to his health.

   (2) Furthermore the Board may, in exceptional circumstances and on the direction of the Minister repay out of the Fund to any person the cost of medical care, where such medical care was obtained otherwise than in accordance with these Regulations.
86. Pending finalisation of the agreements referred to in regulations 80 and 81 and the laying down of detailed procedures for giving effect to the said agreements, the cases of industrial benefit medical care shall be admitted if the Medical Officer of the National Insurance Board is satisfied with the bona-fides of the case, although there is a lapse in complying with some of the present procedures and conventions.

87. (1) Where an employed person suffers injury by accident in the course of his employment which necessitates his removal to hospital or to his residence, his employer shall forthwith provide a suitable conveyance.

(2) There shall be defrayed from the Fund the reasonable expense incurred by an employer or a self-employed person included in the Sixth Schedule or any other person in complying with the provisions of paragraph (1).

88. (1) Where an injured person entitled to medical care necessarily incurs expense in travelling from his home or place of work to a place where the medical care is provided, and returning therefrom, there shall be repaid to such person out of the Fund the reasonable costs of such travel.

(2) “Reasonable costs” for the purpose of this regulation may include —

(a) subsistence payments according to scales approved from time to time by the Board after approval by the Minister; and

(b) where the injured person is necessarily required to be accompanied by an escort, the reasonable costs of travel of the escort.

PART VII
ASSISTANCE

89. (1) Assistance shall be awarded in accordance with the provisions of this Part.

(2) Assistance shall not be awarded to a person who is entitled to benefit under Parts IV or V except as provided in regulation 102.
Old Age Non-contributory Pension

90. (1) Subject to the provisions of these Regulations, assistance in the form of an old age non-contributory pension shall be awarded to —

(a) a person who immediately before the 7th day of October, 1974, was in receipt of a pension under the Old Age Pension Act; or

(b) a person who has reached the age of 65 years and has retired from gainful occupation and who, being an insured person, fails on account of insufficient contributions, to qualify for retirement benefit; or

(c) a person who has reached the age of 65 years and has retired from gainful occupation and who, not being an insured person is resident in The Bahamas at the date of the claim for assistance and —

(i) is a citizen of The Bahamas; or

(ii) had been ordinarily resident in The Bahamas, as an employed or self-employed person, for a period of not less than twelve months without interruption within the fifteen years immediately preceding the date of the claim for assistance.

(2) An old age non-contributory pension awarded under subparagraph (a) of paragraph (1) shall be paid at the full rate set out in paragraph (2) of regulation 94 unless and until there is a change in the person’s circumstances; and on the occurrence of such a change the said rate may be revised as in paragraph (6) of regulation 94.

(3) For the purpose of the award of old age non-contributory pension under subparagraphs (b) and (c) of paragraph (1), a pensioner shall be treated as having retired from gainful occupation if —

(a) he is following any occupation or occupations the income or aggregate income, from which does not, having regard to the provisions or regulation 94, preclude the award of assistance to him; or

(b) at any time after he has reached 65 years whether or not he has been engaged in a gainful occupation.
Invalidity Assistance

91. Subject to the provisions of these Regulations, invalidity assistance shall be awarded as long as invalidity continues, to —

(a) a person who immediately before the 7th day of October, 1974, was in receipt of pecuniary assistance on account of invalidity from the Department of Social Services; or

(b) an insured person who fails on account of insufficient contributions to qualify for invalidity benefit.

(c) a person over the age of 16 years and who, not being an insured person, is resident in The Bahamas at the date of his claim for assistance and —

(i) is a citizen of The Bahamas; or

(ii) had been ordinarily resident in The Bahamas as an employed or self-employed person, for a period of not less than twelve months without interruption within the fifteen years immediately preceding the date of the claim for assistance.

Survivor’s Assistance

92. (1) Subject to the provisions of these Regulations, survivor’s assistance shall be awarded in respect of —

(a) a person who immediately before the 7th day of October, 1974, was in receipt of pecuniary assistance from the Department of Social Services as the dependent survivor of a deceased person; or

(b) a person who, being the survivor of an insured person who dies otherwise than as the result of employment injury, and who fails, because of insufficient contributions paid by the deceased insured person, to qualify for survivor’s benefit; or

(c) a person who, being the survivor of a person who was not an insured person and who died otherwise than as the result of employment...
injury, was resident in The Bahamas at the time of his claim for assistance and who —

(i) is a citizen of The Bahamas; or

(ii) had been ordinarily resident in The Bahamas as an employed or self-employed person for a period of not less than twelve months without interruption within the fifteen years immediately preceding the date of his claim; or

(iii) is the survivor of a person who at the date of his death was a citizen of The Bahamas or had been ordinarily resident in The Bahamas as an employed or self-employed person for a period of not less than twelve months within the immediate preceding fifteen years.

(2) For the purpose of this regulation the survivor shall be that person who, if the deceased had been an insured person and the conditions for award of survivor’s benefit had been satisfied in relation to the deceased, would have been entitled to survivor’s benefit, in priority to any other claimants.


Sickness Assistance

93. Subject to the provisions of these Regulations, sickness assistance shall be awarded to a person who is rendered incapable of work or is treated as being incapable of work as defined in regulation 31 and who is an insured person who has been engaged in an occupation as an employed or self-employed person in the contribution year or the 52 week period immediately preceding the first day of incapacity for work but who on account of insufficient contributions fails to qualify for sickness benefit:

Provided that the Minister upon the recommendation of the Board, shall award sickness assistance to insured persons who have paid not less than forty contributions but fail to fulfil the other conditions set out in this regulation. S.I. 57/1985.
Rates of Assistance

94. (1) An orphan under the age of sixteen years or one who is of, or above that age but under the age of twenty-one years who is receiving full time education or training otherwise than under a contract of service under which he is paid wages, may be awarded survivor’s assistance if he would have been deemed to comply with the conditions for the receipt of survivor’s benefit (orphans) under Part IV; and the weekly rate of survivor’s assistance shall be twenty-four dollars and twenty-three cents effective 1st March, 2007.

(2) Except in the case of an orphan to whom paragraph (l) applies, assistance under the foregoing provisions of this Part may be awarded in any case, subject to the provisions of these Regulations, at a rate not exceeding fifty-three dollars and eight cents effective 1st March, 2007 weekly for a person of, or above the age of sixteen years with an addition not exceeding twenty-one dollars and twenty-three cents effective 1st March, 2007 weekly for each dependent child under the age of sixteen years subject to a maximum addition for dependent children in a household of eighty-four dollars and ninety-two cents effective 1st March, 2007 weekly.

(3) Subject to paragraph (4), for the purpose of calculating the rate of assistance to be awarded under paragraph (2) the resources of the person to whom assistance, if any, is to be awarded shall be assessed on a weekly basis and if those resources are —

(a) equal to or exceed the maximum weekly amount payable under paragraph (2) including the additions for children, wherever permissible, there shall be no award of assistance; or

(b) less than the weekly amount payable under paragraph (1), assistance shall be awarded at a weekly rate equal to the said weekly amount and in the conversion of such weekly rate to a daily rate in a case of sickness assistance, the daily rate shall be calculated by dividing the weekly rate by six and in any other case by dividing the weekly rate by seven and where the division does not result in whole cents shall be calculated to the next cent above.
(4) In assessing the resources of a person for the purpose of paragraph (3) where that person is one of a couple living together, one half of the actual weekly aggregate resources of the couple or the actual weekly resources of the applicant, whichever is favourable to that person, shall be taken into account save however, notwithstanding anything to the contrary in the foregoing provisions of this paragraph or paragraph (3) —

(a) where such weekly aggregate resources equal or exceed the aggregate of twice the maximum weekly amount of assistance payable under paragraph (2) and the amount deducted under paragraph (5)(c), if any, and twice the amount disregarded under paragraph (5)(d);

(b) where the actual weekly resources of the person to whom assistance, if any, is to be awarded, are equal or exceed the maximum weekly amount of assistance payable under paragraph (2) plus any sum to be deducted or disregarded under paragraph (5), no assistance shall be awarded to that person.

(5) In assessing the resources of a person for the purposes of paragraph (3) or (4) —

(a) capital resources shall be ignored;

(b) only income that is money or money’s worth earned by that person whether in respect of services rendered by him or accruing to him in respect of any office held by him or by reason of investments or capital resources owned by him shall constitute resources; and

(c) any sum paid by that person by way of maintenance to a spouse living apart from that person pursuant to an order of court or a maintenance agreement shall be deducted from any income referred to in subparagraph (b);

(d) the sum of thirty dollars of any income referred to in subparagraph (b) shall be disregarded; and

(e) any reference to the actual weekly resources of a person is a reference to the actual income referred to in subparagraph (b) of that person without any sum deducted or disregarded under subparagraphs (c) and (d) and not to half of the aggregate of the resources referred to in paragraph (4).
(6) The rate of assistance in each case shall be reviewed from time to time and any change required as a result of such review shall be implemented when there is a change of circumstances affecting either title to the assistance or the rate of assistance payable.


(7) In the case of old age non-contributory pension, invalidity assistance, survivor’s assistance and sickness assistance awarded prior to 1st March, 2007 the amounts payable thereunder shall be increased with effect from 1st March, 2007 to the respective amounts payable, in respect of the respective awards, on 1st March, 2007.


(8) The amounts awarded prior to 1st March, 2007 shall be increased with effect from 1st March, 2007 to the respective amounts payable in respect of the respective awards, on 1st March, 2007.


(9) For the purpose of paragraph (3), the person to whom survivor’s assistance shall be awarded shall be such person who is in the case of a family unit the surviving parent or such person whom the Board deems to stand in loco parentis to any children (wherever permissible) under regulation 92(1), as the case may be and for the purpose of assessing the resources of such person, the aggregate income of the family unit shall be taken into consideration.
PART VIII
COMMON PROVISIONS RELATING TO BENEFIT AND ASSISTANCE

95. Invalidity benefit or invalidity assistance shall not be awarded in any case unless and until a medical referee has determined, in accordance with the National insurance (Determination of Claims and Questions) Regulations, that the claimant is an invalid as defined in regulation 2 of those Regulations and has certified the nature of the permanent incapacity as a result of which the claimant is determined to be an invalid.

96. A beneficiary in respect of sickness benefit, invalidity benefit, sickness assistance or invalidity assistance shall be disqualified from receiving such benefit or assistance, as the case may be, for such period not exceeding six weeks as the Director may decide if —

(a) the claimant has became incapable of work through his own misconduct; or

(b) the claimant fails, without good cause, to comply with a notice in writing by the Director requiring him to attend for, and submit himself to, a medical examination; or

(c) the claimant fails, without good cause, to observe any of the following rules of behaviour, namely —

(i) to refrain from behaviour calculated to retard his recovery, or to answer any reasonable enquiries by an officer of the Board directed to ascertain whether he is doing so;

(ii) not to be absent from his place of residence without leaving word where he may be found; or

(iii) to do no work for which remuneration is or would ordinarily be payable.

97. A claim for sickness benefit, injury benefit or sickness assistance shall be made in the manner prescribed in Parts I and II and shall be supported by the certificate of a registered medical practitioner or by such other evidence as the Director may require for the purpose of establishing the person’s incapacity for work:
Provided that the Director may, for that purpose, require the claimant to attend for, and submit himself to, examination by one or more persons selected from a panel of registered medical practitioners appointed by the Board.

98. (1) Sickness benefit or sickness assistance, as the case may be, shall not be paid for the first three days of incapacity for work.

(2) For the purpose of computing the first three days of any continuous period of incapacity for work Sundays and Public Holidays shall be included.

(3) Subject to paragraphs (1) and (4) of this regulation, sickness benefit shall or sickness assistance may be paid for each day (excluding Sunday) as long as incapacity for work continues, subject to a maximum period of twenty six week’s benefit or assistance, as the case may be, in any continuous period of incapacity for work:

Provided that any two or more periods of incapacity for work separated by not more than eight weeks shall be treated as one continuous period of incapacity for work starting on the first day of the first of those periods and the daily rate of sickness benefit or sickness assistance so payable in respect of the later period or periods shall be the daily rate of such benefit or assistance paid during the first of such periods of incapacity for work:

Provided further that the period of twenty-six weeks may be extended up to forty weeks subject to the condition that the Medical Officer of the Board certifies that the insured person is likely to recover his health if he undergoes additional medical treatment.

(4) No person shall be entitled to sickness benefit or sickness assistance during retirement from an insurable occupation after attaining the age of sixty years if he is in receipt of retirement benefit.

99. (1) The weekly rate of retirement benefit awarded at the age of sixty-five years or later, invalidity benefit, survivor’s benefit, (other than the benefit to children under paragraph (3) of regulation 24 and under regulation 29), disablement benefit for total loss of faculty, or death benefit (other than the benefit to children under paragraph (3) of regulation 59 and under regulation 61) due under any of the provisions of these regulations shall not be less than sixty-two dollars and thirty-one cents effective...
1st March, 2007 notwithstanding anything to the contrary in those provisions.

(2) The weekly rate of retirement benefit awarded to an insured person at any age prior to sixty-five years shall not be less than an amount derived by applying the factors prescribed in regulation 21(a) to the minimum amount stated in paragraph (1) of this regulation:

Provided that such minimum amount shall not be less than fifty-seven dollars and sixty-nine cents effective 1st March, 2007 and if such a person re-enters an insurable occupation, the fresh award of retirement benefit shall be subject to the same minimum amount as was applicable for the age at which the benefit was first awarded.

(3) The minimum disablement benefit in the form of periodical payment shall be that portion of the minimum benefit for total loss of faculty which the percentage assessed as the degree of disablement bears to one hundred per centum:

Provided that such prorated amount shall not be less than fifty-three dollars and eight cents effective 1st March, 2007.

(4) The weekly rate of survivor’s benefit to a child under paragraph (3) of regulation 24 and death benefit to a child under paragraph (3) of regulation 59 shall not be less than twenty-five dollars and thirty-eight cents effective 1st March, 2007.

(5) The weekly rate of maternity benefit, sickness benefit or injury benefit with a start date after 28th February, 2007 shall not be less than sixty-two dollars and thirty-one cents.

(6) In the case of the benefits awarded with an effective date prior to 1st March, 2007, if the amount of benefits is less than the minimum specified in paragraph (1), (2), or (3) of this regulation as the case may be, the amount shall be increased to such a minimum with effect from 1st March, 2007.

(7) The weekly rate of unemployment benefit shall not be less than sixty-two dollars and thirty-one cents:

Provided that where the average weekly insurable wage or income is less than sixty-two dollars and thirty-one cents, the weekly rate of unemployment benefit shall be equal to the average weekly insurable wage or income.
PART IX
MISCELLANEOUS PROVISIONS

100. (1) In the case of any person to whom benefit or assistance is payable or who is alleged to be entitled to benefit or assistance or by whom or on whose behalf a claim for benefit or assistance has been made, and who is a child under the age of sixteen years, or is unable for the time being to act, where no person or authority has been appointed under the law to have charge of his estate, the Director may, upon written application being made to him, appoint a person to exercise, on behalf of the child or person who is unable to act, any right to which that child or person may be entitled under the Act and to receive and deal with any sums payable on behalf of such child or person:

Provided that —
(a) any such appointment by the Director shall terminate on the day immediately prior to the date on which he is notified that a person or authority has been so appointed under any other law;
(b) a person who has not attained the age of eighteen years shall not be capable of being appointed to act under this regulation;
(c) the Director, acting in his absolute discretion, may revoke any appointment made under this regulation at any time;
(d) any person appointed under this regulation may, on giving the Director one month’s notice in writing of his intention to do so, resign his office.

(2) Anything required by these Regulations to be done by or to any person to whom benefit or assistance is payable or who is alleged to be entitled to benefit or assistance or by whom or on whose behalf a claim for benefit or assistance has been made, and who is a child under the age of sixteen years or is unable for the time being to act, may be done by or to any person or authority duly appointed under the law to have charge of such person or his estate or by or to the person appointed under this regulation to act on behalf of such person, and the receipt of any person appointed under this regulation shall be a good discharge to the Board and the Fund for any sum paid.
101. (1) On the death of a person who has made a claim for benefit or assistance or who is alleged to have been entitled to benefit or assistance, or in respect of whose death a funeral benefit is alleged to be payable the Director may appoint such person as he thinks fit to proceed with or to make a claim for, the benefit or assistance and the provisions of these Regulations shall, (subject to such modifications as may be required) apply to any such claim:

Provided that in the case of a funeral benefit a claim may be made by any person specified in paragraph (2) of this regulation.

(2) Subject to the provisions of paragraph (6) of this regulation, any sum payable by way of benefit or assistance which is payable under an award made, or a claim proceeded with, under paragraph (1) hereof, may be paid or distributed to or amongst persons claiming as personal representatives, legatees, next-of-kin, or creditors of the deceased or, (where the deceased was illegitimate) to or amongst other persons and the provisions of regulation 15 shall apply to any such payment or distribution:

Provided that —

(a) the receipt of any person who has attained the age of sixteen years shall be a good discharge to the Board and the Fund for any sum so paid, notwithstanding that such person has not attained the age of 18 years; and

(b) where the Director is satisfied that any such sum or part thereof is needed for the maintenance or welfare of any person under the age of sixteen years, the Board and the Fund may obtain a good discharge therefor by paying the sum or part thereof to a person over that age (who need not be a person specified in this paragraph) who satisfies the Director that he will apply the sum so paid for the maintenance or welfare of the person under the age of sixteen years.

(3) Subject to the provisions of paragraph (6) of this regulation, any sum payable by way of benefit or assistance to the deceased, payment of which he had not obtained at the date of his death, may, unless the right thereto was already extinguished at that date, be paid or distributed to or amongst such persons as are mentioned in paragraph (2) and the provisions of regulation 15 and of
the proviso to the said paragraph shall apply to any such payment or distribution:

Provided that, for the purpose of paragraph (1) of regulation 15 the period of six months shall be calculated from the date on which the sum was receivable by any such person, and not from the date on which it was receivable by the deceased.

(4) In relation to funeral benefit, the reference in paragraph (2) of this regulation to creditors shall include a reference to any person who gives an undertaking in writing to pay the whole or part of the deceased’s funeral expenses, so, however, that any payment of funeral benefit to a person by virtue of this paragraph shall be subject to the condition that if the person fails to carry out any such undertaking he shall repay to the Fund any funeral benefit so paid to him.

(5) Where any person has received an amount by way of funeral benefit by virtue of the provisions of this regulation and is entitled to reimbursement of the deceased’s funeral expenses out of the deceased’s estate, his right to such reimbursement shall be reduced by the amount of funeral benefit received by him.

(6) Paragraphs (2) and (3) shall not apply in any case unless written application for the payment of any such sum is made to the Director within six months from the date of the deceased’s death or within such longer period as may be allowed in any particular case.

(7) The Director may dispense with strict proof of the title of any person claiming in accordance with the provisions of this regulation.

102. (1) Notwithstanding that a person is entitled to two or more benefits or to two or more types of assistance or to both benefit and assistance for the same period, only one benefit or type of assistance shall be payable to such person in respect of that period. The benefit or assistance so payable shall be the benefit or assistance first awarded unless the other benefit or assistance is payable at a higher rate, in which case he shall be paid the benefit or assistance at such higher rate:

Provided that nothing in this regulation shall —

(a) if the last mentioned benefit or assistance ceases to be payable, prevent the award or reinstatement of another benefit or type of assistance;
(b) preclude the duplication with survivor’s benefit or death benefit or sickness benefit, injury benefit, disablement benefit, maternity benefit or unemployment benefit, or so far as any prescribed test of resources may allow, of sickness assistance;

(c) preclude the duplication with disablement benefit or retirement benefit, survivor’s benefit, sickness benefit, maternity benefit or unemployment benefit;

(d) preclude the duplication with injury benefit or retirement benefit where a person earns less than fifty per centum of the ceiling on insurable wages;

(e) prevent any other benefit or, in so far as any prescribed test of resources may allow, any type of assistance to be duplicated in full with funeral benefits.

(2) Notwithstanding subparagraph (c) of the proviso to paragraph (1), there shall be no duplication with sickness benefit of an increase of disablement benefit on account of hospital treatment under regulation 55(a) or on account of incapacity for work under regulation 55(b).

(3) There shall be no duplication with funeral benefit payable under Part IV of funeral benefit payable under Part V in respect of the death of the same person.

103. (1) For every contribution week for the whole of which a person has received any of the following benefits namely —

(a) sickness benefit;

(b) maternity benefit;

(c) injury benefit;

(d) disablement benefit increased on account of hospital treatment under regulation 55(a);

(e) disablement benefit increased on account of incapacity for work under regulation 55(b);

(f) disablement benefit assessed at one hundred per centum; or

(g) unemployment benefit,
a contribution shall be credited to that person without actual payment thereof:

Provided that no contribution shall be credited to a person in respect of disablement benefit assessed at one
hundred per centum if that person is not incapable of work as a result of the relevant loss of faculty.

(2) A contribution credited under paragraph (1) of this regulation shall, subject to the provisions of these Regulations, be valid for the second contribution condition for sickness benefit, maternity benefit, retirement benefit, invalidity benefit and unemployment benefit.

104. The benefits/assistance payable to a person while absent from The Bahamas shall be regulated as follows —

(1) a person who is posted abroad by his employer in The Bahamas who is bound to pay contributions as prescribed in regulation 39 of the National Insurance (Contributions) Regulations, shall be entitled to receive sickness benefit, maternity benefit or injury benefit provided he satisfies the qualifying conditions and produces the medical certificates prescribed for making the claim;

(2) a person who is not covered by paragraph (1) and who goes abroad, shall be qualified for receiving sickness benefit, sickness assistance or maternity benefit if he/she falls sick, meets with an accident or has confinement for delivery while he/she is temporarily absent from The Bahamas provided the contribution conditions are fulfilled before he/she went abroad;

(3) a person shall not be disqualified for receiving injury benefit, sickness benefit, sickness assistance or maternity benefit by reason of being temporarily absent from The Bahamas for the specific purpose of being treated for incapacity which commenced before he left The Bahamas;

(4) a person shall not be disqualified for receiving retirement benefit, invalidity benefit, survivor’s benefit, disablement benefit, death benefit, funeral benefit, old age non-contributory pension, invalidity assistance or survivor’s assistance by reason of being absent from The Bahamas:

Provided that entitlement to the benefits specified in paragraph (4) of this regulation was established before the person left The Bahamas.

105. (1) The benefit to which a person is entitled to under paragraph (1) of regulation 104 shall be paid in the country of posting.
(2) Subject to the provisions of regulation 13 for continued eligibility benefit or assistance covered by paragraphs (2), (3) and (4) of regulation 104 shall be payable in The Bahamas to such representative acting for and on behalf of the person concerned or credited to the bank account of the person in The Bahamas as may be approved by the Director:

Provided that where an agreement or understanding is entered into between the Government of The Bahamas and the Government of any other country to allow benefits accruing in one or other of those countries to be paid in the other, benefit or assistance for which a person is not disqualified by virtue of regulation 104 may be paid to a person residing in that other country.

106. A person shall be disqualified from receiving any benefit or assistance for any period during which that person is undergoing imprisonment or detention in legal custody:

Provided that where the Director is satisfied that the person undergoing such imprisonment or detention has dependants who, immediately prior to such imprisonment or detention, were wholly or mainly maintained by him, the Director may authorise payment to, or in respect of, those dependants of an amount not exceeding three quarters of the benefit or assistance which would otherwise be payable, during such period as he may allow, having regard to the particular circumstances of the case. The provisions of regulation 102 relating to overlapping benefits or assistance, shall apply to each of the said dependants as if the benefit or assistance paid to or in respect of him under this regulation were a benefit or type of assistance to which the said dependants were entitled.

107. (1) Every employed person who suffers personal injury by accident in respect of which industrial benefit may be payable shall give notice of such accident either in writing or orally as soon as is practicable after the happening thereof:

Provided that any such notice may be given by some other person acting on behalf of the employed person.

(2) Every such notice shall be given to the employer, or to any foreman or other person under whose supervision the employed person was working at the time of the accident, or to any person designated for the purpose by
the employer, or by means of an entry in an accident book as described in regulation 108 and shall contain the following particulars —

(a) full name, address and occupation of the employed person;
(b) date and time of the accident;
(c) place where the accident happened;
(d) cause and nature of the personal injury;
(e) name and address of any witness to the accident; and
(f) name, address and occupation of the person giving the notice, if not the injured person.

(3) Every self-employed person included in the Sixth Schedule to these Regulations who suffers personal injury by accident in respect of which industrial benefit may be payable shall give notice of such accident, either in writing or orally, to the nearest local office of the National Insurance Board as soon as is practicable after the happening thereof:

Provided that any such notice may be given by some other person acting on behalf of the said self-employed person.

(4) No person shall be disentitled to receive industrial benefit by reason only that notice of the relevant accident was not given at the time or in the manner prescribed.

108. (1) Every employer by whom five or more persons are normally employed at the same time at or about the same premises shall keep readily accessible an accident book in which the particulars specified in regulation 107 may be entered; and shall cause to be entered in such book the particulars of every accident of which notice is given as in the said regulation or which otherwise comes to his knowledge.

(2) It shall be sufficient compliance with paragraph (1) that an employer maintains arrangements under which he may receive immediate written notice of the happening of any accident, whether such written notice is given in an accident book or otherwise; and that he complies with any direction given by the Board in connection with such arrangements.
(3) Every employer shall forthwith investigate every accident of which notice is given as in regulation 107 or which otherwise comes to his knowledge, and shall make a record of discrepancies (if any) between the particulars given in such notice and the circumstances revealed by his investigation.

(4) An employer or a self-employed person included in the Sixth Schedule to these Regulations, as the case may be, shall submit a report of an employment accident in the form and manner required by the Board within three months of the occurrence of the accident and furnish such further particulars as may be requested by the Director, except that in exceptional circumstances, the Board may waive this time limitation if an individual case warrants it.

(5) Nothing in this regulation shall be construed as relieving an employer of any obligation in relation to the recording, investigation or reporting of accidents which may be contained in any enactment, agreement or other instrument.

109. (1) No person shall be disentitled to receive industrial benefit, nor shall any one be disentitled to receive industrial benefit in respect of the death of any person, by reason only that such person is or was regarded under the Immigration Act, as a restricted immigrant, or had illegally landed or been allowed to remain in The Bahamas.

(2) Any person below the upper limit of compulsory school age, who has been employed in any employment in contravention of any enactment passed for the protection of minors below that age shall not thereby be disentitled to industrial benefit.

(3) Where a claim is made for industrial benefit in circumstances other than those described in paragraphs (1) and (2), and the relevant accident is shown to have happened in the course of an illegal employment, the Minister may direct that for the purposes of the Act that illegal employment shall, in relation to the relevant accident, be treated as having been employed as an employed person or a self-employed person included in the Sixth Schedule.

(4) For the purposes of paragraph (3) “illegal employment” means any employment, the contract for which, under any enactment passed for the protection of persons in employment or any class of such persons, was
void or in which the person was not lawfully employed at
the time when, or in the place where, the accident
happened.

110. An insured person who is of or above the age of
thirty-five years on the day appointed for the Act to apply
to persons in the class of insured persons in which he is
classified, shall be awarded special credited contributions
at the rate of twenty-five contributions for each complete
year of his age at the appointed day in excess of thirty-five
years subject to a maximum special credit of six hundred
contributions:

Provided that such special credits —
(a) shall be awarded for the purposes of retirement
benefit, invalidity benefit and survivor’s benefit
only;
(b) shall be awarded only where one hundred and
fifty contributions actually have been paid by or
in respect of, or credited to, the insured person
during the three years commencing with the
appropriate appointed day;
(c) shall not, for the purposes of the rate of benefit,
be taken into account in assessing average
weekly insurable wage or income; and
(d) in the case of an insured person who is classified
as belonging to a class of insured persons to
which the provisions of the Act applied on the 7th
day of October, 1974, and is subsequently
classified as belonging to another class to which
the provisions of the Act applied on the 5th day
of April, 1976, shall be awarded in respect of that
classification which is the more or most favour-
able in the award of retirement benefit, invalidity
benefit or survivor’s benefit.

111. If any employer or a self-employed person
referred to in paragraph (4) of regulation 108 contravenes
or fails to comply with the provisions of that paragraph,
that person shall be guilty of an offence and liable on
summary conviction to a fine of five hundred dollars.
FIRST SCHEDULE (Regulation 17(1))

PART A
RULES FOR MEDICAL CERTIFICATION

1. In these Rules, unless the context otherwise requires —
   “certificate” means a certificate of incapacity;
   “claimant” means the person in respect of whom a certificate is given;
   “practitioner” means a registered medical practitioner not being the claimant or the husband or wife of the claimant.

2. Every certificate shall be in writing in ink or other indelible substance, and shall contain the following particulars:
   (a) the claimant’s name;
   (b) the date of the examination on which the certificate is based;
   (c) a concise statement of the disease or disablement by which the claimant is, in the practitioner’s opinion, at the time rendered incapable of work;
   (d) the date on which the certificate is given;
   (e) the address of the practitioner,
   and shall bear, opposite the words “Doctor’s signature” the signature of the certifying practitioner written after there have been entered on the certificate the claimant’s name and statement of the disease or disablement.

3. The statement of the incapacitating disease or disablement in the certificate shall specify the cause of incapacity as precisely as the practitioner’s knowledge of the claimant’s condition at the time of the examination permits:
   Provided that, if in the practitioner’s opinion a disclosure to the claimant of the precise cause would be prejudicial to his well-being, the certificate may contain a less precise statement.

4. Every certificate must have been given on a date not later than one day after the date of the examination upon which it is based, and no further certificate based on the same examination upon which it is based, shall be furnished other than a certificate to replace an original certificate which has been lost or mislaid, but in that case the form shall be clearly marked “duplicate”.

5. A certificate shall be either on a form supplied by the Board or on such other form substantially to the like effect as the determining authority may accept.

6. The certificates shall be in the form set out in Part B of this Schedule.
7. In any case in which, in the opinion of the practitioner, the claimant will become fit to resume work on a day not later than the end of the 7th day after the date of the examination on which the certificate is based, the certificate shall specify the first-mentioned day.

8. In any other case, the certificate shall cover a specified number of days or weeks from and including the date of the examination on which the certificate is based, which shall not exceed 28 days, or where at that date the incapacity has continued for not less than 28 days, 13 weeks.

9. In computing any period of time in relation to any certificate given under rule 7 or 8, Sunday shall not be disregarded.

**PART B**

**FORM OF CERTIFICATE**

**MEDICAL CERTIFICATE**

In confidence to —
Mr. ......................................................................................................
Mrs. ......................................................................................................
Miss ......................................................................................................

today

I certify that I examined you .............. and that .........................
yesterday

in my opinion —

1. You were incapable of work at the time of the examination by reason of

.................................................................................................
.................................................................................................
and .................................................................................................

2. (a) you will be fit to resume work today/tomorrow/on next; ¹ or
(b) you will remain incapable of work for a period of ² .........
(complete 2(a) or (b), whichever is appropriate.)

Doctor’s signature ...........................
Date .......................................

Any other remarks by doctor ...............

¹ The day indicated must not be more than 7 days (Sundays included) after the date of the examination.
² The period entered must not exceed 28 days unless the incapacity has already continued for 28 days or more, in which case it must not exceed 13 weeks (Sundays included).
SECOND SCHEDULE (Regulation 17(2))

PART A
RULES FOR CERTIFICATION OF CONFINEMENT

1. Certificates of confinement or expected confinement shall be in writing in ink or other indelible substance signed by a registered medical practitioner or certified midwife attending the woman.

2. The certificate shall be on a form provided by the Board for the purpose. The wording of the certificate shall be that set out in the appropriate form in Part B of this Schedule.

3. Every certificate of confinement or expected confinement shall contain the following particulars —

(a) the woman’s name;

(b) in the case of a certificate of confinement, the date and place of the confinement, and the date of the examination on which the certificate is based;

(c) in the case of a certificate of expected confinement, the week in which it is to be expected that the woman will be confined and the date of the examination on which the certificate is based;

(d) the date on which the certificate is given;

(e) where the certificate is signed by a midwife, either the registered number of the midwife or her address and the date of her qualification,

and shall bear, opposite the word “signature”, the signature of the person giving the certificate written after there have been entered on the certificate the woman’s name and the date, or (as the case may be) the expected date, of the confinement.

4. After a certificate based on an examination has been given, no further certificate based on the same examination shall be furnished other than a certificate to replace an original certificate which has been lost or mislaid, but in that case the form shall be clearly marked “duplicate”.
PART B
FORMS OF CERTIFICATE

CERTIFICATE OF CONFINEMENT\(^3\)

(To be given by a registered medical practitioner or certified midwife)

I certify that I attended ................................ in connection with her confinement\(^4\) which took place at .................................. (Address) and that she was there ..................................................... a child delivered of .................................... on the ........................................ children\(^5\) day of ...................................... 20 .........................

(It is important that, where the medical practitioner or midwife considers that the confinement\(^6\) took place before the week\(^7\) in which it was expected, the following paragraph should be completed. In any other case, it should be struck through.)

I certify that, in my opinion, it was to be expected that she would be confined\(^8\) in the week\(^9\) containing the....................day of................. 20 ............

Signature ....................................................................................

(If Certified Midwife, add Registered Number ........................... or Address and Date of Qualification ..........................................................)

Date of examination.....................................................................

Date of signing..........................................................................
CERTIFICATE OF EXPECTED CONFINEMENT.

(To be given by a registered medical practitioner or certified midwife not earlier than the beginning of the eighth week \(^{10}\) before the week \(^{11}\) containing the day of expected confinement.)

To ..............................................................................................................

I certify that I examined you on the undermentioned date and that in my opinion you may expect to be confined in the week \(^{12}\) which will include the ...................................................................................
day of ................................................................................... 20 ...........

(Here insert the expected date of confinement)

Signature ..........................................................................................

(If Certified Midwife, add Registered Number ......................
or Address and Date of Qualification.............................................
........................................................................................................)

Date of examination .................................................................
Date of signing ...............................................................................
Any other remarks by Doctor or Midwife ...........................................

---

\(^{10}\) The week referred to is a contribution week, i.e. one which begins on a Monday.

\(^{11}\) The week referred to is a contribution week, i.e. one which begins on a Monday.

\(^{12}\) The week referred to is a contribution week, i.e. one which begins on a Monday.
## THIRD SCHEDULE (Regulations 53 and 54)

**AMOUNTS OF DISABLEMENT BENEFIT PAYABLE IN THE FORM OF A GRANT**

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree of Disablement</td>
<td>Amount of Grant $</td>
</tr>
<tr>
<td>1 per centum</td>
<td>100</td>
</tr>
<tr>
<td>2 per centum</td>
<td>200</td>
</tr>
<tr>
<td>3 per centum</td>
<td>300</td>
</tr>
<tr>
<td>4 per centum</td>
<td>400</td>
</tr>
<tr>
<td>5 per centum</td>
<td>500</td>
</tr>
<tr>
<td>6 per centum</td>
<td>600</td>
</tr>
<tr>
<td>7 per centum</td>
<td>700</td>
</tr>
<tr>
<td>8 per centum</td>
<td>800</td>
</tr>
<tr>
<td>9 per centum</td>
<td>900</td>
</tr>
<tr>
<td>10 per centum</td>
<td>1000</td>
</tr>
<tr>
<td>11 per centum</td>
<td>1100</td>
</tr>
<tr>
<td>12 per centum</td>
<td>1200</td>
</tr>
<tr>
<td>13 per centum</td>
<td>1300</td>
</tr>
<tr>
<td>14 per centum</td>
<td>1400</td>
</tr>
<tr>
<td>15 per centum</td>
<td>1500</td>
</tr>
<tr>
<td>16 per centum</td>
<td>1600</td>
</tr>
<tr>
<td>17 per centum</td>
<td>1700</td>
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<tr>
<td>18 per centum</td>
<td>1800</td>
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<tr>
<td>19 per centum</td>
<td>1900</td>
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<tr>
<td>20 per centum</td>
<td>2000</td>
</tr>
<tr>
<td>21 per centum</td>
<td>2100</td>
</tr>
<tr>
<td>22 per centum</td>
<td>2200</td>
</tr>
<tr>
<td>23 per centum</td>
<td>2300</td>
</tr>
<tr>
<td>24 per centum</td>
<td>2400</td>
</tr>
</tbody>
</table>

Amounts of disablement benefit in the form of a grant payable in addition to disablement benefit paid by periodical payments.

- 25% to 66% 500
- 67% to 100% 1000
## FOURTH SCHEDULE (Regulation 56)
### PRESCRIBED DEGREES OF DISABLEMENT

<table>
<thead>
<tr>
<th>Description of Injury</th>
<th>Degree of Disablement per centum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL LOSS OF FACULTY</strong></td>
<td></td>
</tr>
<tr>
<td>1. Loss of both hands or amputation at higher sites...</td>
<td>100</td>
</tr>
<tr>
<td>2. Loss of a hand and foot</td>
<td>100</td>
</tr>
<tr>
<td>3. Double amputation through leg or thigh, or amputation through leg or thigh on one side and loss of other foot</td>
<td>100</td>
</tr>
<tr>
<td>4. Loss of sight to such an extent as to render the claimant unable to perform any work for which eyesight is essential</td>
<td>100</td>
</tr>
<tr>
<td>5. Very severe facial disfigurement</td>
<td>100</td>
</tr>
<tr>
<td>6. Absolute deafness</td>
<td>100</td>
</tr>
<tr>
<td>7. Forequarter or hindquarter amputation</td>
<td>100</td>
</tr>
<tr>
<td><strong>AMPUTATION CASES — UPPER LIMBS (EITHER ARM)</strong></td>
<td></td>
</tr>
<tr>
<td>8. Amputation through shoulder joint</td>
<td>90</td>
</tr>
<tr>
<td>9. Loss of arm between elbow and shoulder</td>
<td>80</td>
</tr>
<tr>
<td>10. Loss of arm at elbow</td>
<td>70</td>
</tr>
<tr>
<td>11. Loss of arm between wrist and elbow</td>
<td>70</td>
</tr>
<tr>
<td>12. Loss of hand or of thumb and four fingers of one hand</td>
<td>60</td>
</tr>
<tr>
<td>13. Loss of thumb</td>
<td>30</td>
</tr>
<tr>
<td>14. Loss of thumb and its metacarpal bone</td>
<td>40</td>
</tr>
<tr>
<td>15. Loss of four fingers of one hand</td>
<td>50</td>
</tr>
<tr>
<td>16. Loss of three fingers of one hand</td>
<td>30</td>
</tr>
<tr>
<td>17. Loss of two fingers of one hand</td>
<td>20</td>
</tr>
<tr>
<td>18. Loss of terminal phalanx of thumb</td>
<td>20</td>
</tr>
<tr>
<td><strong>AMPUTATION CASES — LOWER LIMBS</strong></td>
<td></td>
</tr>
<tr>
<td>19. Amputation of both feet resulting in end-bearing stumps</td>
<td>90</td>
</tr>
<tr>
<td>20. Amputation through both feet proximal to the metatarsophalangeal joint</td>
<td>80</td>
</tr>
<tr>
<td>21. Loss of all toes of both feet through the metatarsophalangeal joint</td>
<td>40</td>
</tr>
<tr>
<td>22. Loss of all toes of both feet proximal to the proximal interphalangeal joint</td>
<td>30</td>
</tr>
<tr>
<td>23. Loss of all toes of both feet distal to the proximal interphalangeal joint</td>
<td>20</td>
</tr>
<tr>
<td>24. Amputation at hip</td>
<td>90</td>
</tr>
<tr>
<td>Description of Injury</td>
<td>Degree of Disablement per centum</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>25. Amputation at or above knee but below hip ...............................................</td>
<td>80</td>
</tr>
<tr>
<td>26. Amputation below knee ................................................................................</td>
<td>60</td>
</tr>
<tr>
<td>27. Amputation of one foot resulting in an end-bearing stump ................................</td>
<td>40</td>
</tr>
<tr>
<td>28. Amputation through one foot proximal to the metatarsophalangeal joint ............</td>
<td>30</td>
</tr>
<tr>
<td>29. Loss of all toes of one foot through the metatarsophalangeal joint ................</td>
<td>20</td>
</tr>
<tr>
<td><strong>OTHER INJURIES</strong></td>
<td></td>
</tr>
<tr>
<td>30. Loss of one eye, without complications, the other being normal .....................</td>
<td>40</td>
</tr>
<tr>
<td>31. Loss of vision of one eye, without complications or disfigurement, the other being normal</td>
<td>30</td>
</tr>
<tr>
<td>Loss of fingers of right or left hand</td>
<td></td>
</tr>
<tr>
<td><em>Index finger</em> —</td>
<td></td>
</tr>
<tr>
<td>32. Whole ........................................................................................................</td>
<td>14</td>
</tr>
<tr>
<td>33. Two phalanges ............................................................................................</td>
<td>11</td>
</tr>
<tr>
<td>34. One phalanx .................................................................................................</td>
<td>9</td>
</tr>
<tr>
<td>35. Guillotine amputation of tip without loss of bone... ..................................</td>
<td>5</td>
</tr>
<tr>
<td><em>Middle finger</em> —</td>
<td></td>
</tr>
<tr>
<td>36. Whole ........................................................................................................</td>
<td>12</td>
</tr>
<tr>
<td>37. Two phalanges ............................................................................................</td>
<td>9</td>
</tr>
<tr>
<td>38. One phalanx .................................................................................................</td>
<td>7</td>
</tr>
<tr>
<td>39. Guillotine amputation of tip without loss of bone .......................................</td>
<td>4</td>
</tr>
<tr>
<td><em>Ring or little finger</em> —</td>
<td></td>
</tr>
<tr>
<td>40. Whole ........................................................................................................</td>
<td>7</td>
</tr>
<tr>
<td>41. Two phalanges ............................................................................................</td>
<td>6</td>
</tr>
<tr>
<td>42. One phalanx .................................................................................................</td>
<td>5</td>
</tr>
<tr>
<td>43. Guillotine amputation of tip without loss of bone .......................................</td>
<td>2</td>
</tr>
<tr>
<td>Loss of toes of right or left foot .......................................................................</td>
<td></td>
</tr>
<tr>
<td><em>Great toe</em> —</td>
<td></td>
</tr>
<tr>
<td>44. Through metatarsophalangeal joint ...........................................................</td>
<td>14</td>
</tr>
<tr>
<td>45. Part, with some loss of bone ........................................................................</td>
<td>3</td>
</tr>
<tr>
<td><em>Any other toe</em> —</td>
<td></td>
</tr>
<tr>
<td>46. Through metatarsophalangeal joint ..................................................................</td>
<td>3</td>
</tr>
<tr>
<td>47. Part, with some loss of bone ........................................................................</td>
<td>1</td>
</tr>
</tbody>
</table>
### Description of Injury Degree of Disablement per centum

*Two toes of one foot, excluding great toe —*

<table>
<thead>
<tr>
<th>Description of Injury</th>
<th>Degree of Disablement per centum</th>
</tr>
</thead>
<tbody>
<tr>
<td>48. Through metatarsophalangeal joint</td>
<td>5</td>
</tr>
<tr>
<td>49. Part, with some loss of bone</td>
<td>2</td>
</tr>
</tbody>
</table>

*Three toes of one foot, excluding great toe —*

<table>
<thead>
<tr>
<th>Description of Injury</th>
<th>Degree of Disablement per centum</th>
</tr>
</thead>
<tbody>
<tr>
<td>50. Through metatarsophalangeal joint</td>
<td>6</td>
</tr>
<tr>
<td>51. Part, with some loss of bone</td>
<td>3</td>
</tr>
</tbody>
</table>

*Four toes of one foot, excluding great toe —*

<table>
<thead>
<tr>
<th>Description of Injury</th>
<th>Degree of Disablement per centum</th>
</tr>
</thead>
<tbody>
<tr>
<td>52. Through metatarsophalangeal joint</td>
<td>9</td>
</tr>
<tr>
<td>53. Part, with some loss of bone</td>
<td>3</td>
</tr>
</tbody>
</table>

### FIFTH SCHEDULE (Regulation 68)

**SCHEDULE OF PRESCRIBED DISEASES**

<table>
<thead>
<tr>
<th>Description of disease or injury</th>
<th>Nature of occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Poisoning by —</td>
<td>Any occupation involving —</td>
</tr>
<tr>
<td>(a) lead</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of lead or a compound of lead, or a substance containing lead;</td>
</tr>
<tr>
<td>(b) manganese</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of, manganese or a compound of manganese or a substance containing manganese;</td>
</tr>
<tr>
<td>(c) phosphorus</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of phosphorus or a compound of phosphorus, or a substance containing phosphorus;</td>
</tr>
<tr>
<td>(d) arsenic</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of arsenic or a compound of arsenic or a substance containing arsenic;</td>
</tr>
<tr>
<td>(e) mercury</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of mercury or a compound of mercury, or a substance containing mercury;</td>
</tr>
<tr>
<td>Description of disease or injury</td>
<td>Nature of occupation</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>(f) beryllium</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of beryllium or a compound of beryllium or a substance containing beryllium;</td>
</tr>
<tr>
<td>(g) copper</td>
<td>the use or handling of, or exposure to, the fumes, dust or vapour of copper or a compound of copper;</td>
</tr>
<tr>
<td>(h) carbon bisulphide</td>
<td>the use or handling of, or exposure to, the fumes, or vapour of carbon bisulphide or a compound of carbon bisulphide, or a substance containing carbon bisulphide;</td>
</tr>
<tr>
<td>(i) benzene or a homologue</td>
<td>the use or handling of, or exposure to, the fumes of, or vapour containing, benzene or any of its homologues;</td>
</tr>
<tr>
<td>(j) a nitro- or amino-derivative of benzene or a homologue of benzene</td>
<td>the use or handling of, or exposure to, the fumes, or vapour containing, a nitro- or amino-derivative of benzene or of a homologue of benzene.</td>
</tr>
<tr>
<td>(k) dinitrophenol or a homologue</td>
<td>the use or handling of or exposure to, the fumes of, or vapour containing, dinitrophenol or any of its homologues;</td>
</tr>
<tr>
<td>(l) halogen derivatives of hydrocarbons of the aliphatic series</td>
<td>any process involving the production, liberation or utilization of halogen derivatives of hydrocarbons of the aliphatic series;</td>
</tr>
<tr>
<td>(m) tri-cresyl phosphate</td>
<td>the use or handling of, or exposure to the fumes of, or vapour containing, tri-cresyl phosphate;</td>
</tr>
<tr>
<td>(n) tri-phenyl phosphate</td>
<td>the use or handling of, or exposure to, the fumes of or vapour containing, tri-phenyl phosphate;</td>
</tr>
<tr>
<td>(o) Diethylene dioxide (dioxan)</td>
<td>the use or handling of, or exposure to the fumes of, or vapour containing, diethylene dioxide (dioxan);</td>
</tr>
<tr>
<td>(p) chlorinated naphthalene (excluding the condition known as chloracne);</td>
<td>the use or handling of, or exposure to the fumes of, or dust or vapour containing, chlorinated naphthalene.</td>
</tr>
<tr>
<td>Description of disease or injury</td>
<td>Nature of occupation</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>(q) nickel carbonyl;</td>
<td>exposure to nickel carbonyl gas;</td>
</tr>
<tr>
<td>(r) nitrous fumes;</td>
<td>the use or handling of nitric acid</td>
</tr>
<tr>
<td>(s) gonioma kamassi</td>
<td>the manipulation of gonioma</td>
</tr>
<tr>
<td>(African boxwood)</td>
<td>kamassi or any process in or</td>
</tr>
<tr>
<td></td>
<td>incidental to the manufacture of</td>
</tr>
<tr>
<td></td>
<td>articles therefrom.</td>
</tr>
<tr>
<td>2. Anthrax infection</td>
<td>work in connection with animals</td>
</tr>
<tr>
<td></td>
<td>infected with anthrax — the</td>
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<tr>
<td></td>
<td>handling of animal carcasses or</td>
</tr>
<tr>
<td></td>
<td>parts of such carcasses including</td>
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<tr>
<td></td>
<td>hides, hoofs and horns — loading</td>
</tr>
<tr>
<td></td>
<td>and unloading or transport of</td>
</tr>
<tr>
<td></td>
<td>merchandise.</td>
</tr>
<tr>
<td>3. Glanders</td>
<td>contact with equine animals or</td>
</tr>
<tr>
<td></td>
<td>their carcasses.</td>
</tr>
<tr>
<td>4. Infection by <em>Leptospira</em></td>
<td>work in rat-infested places.</td>
</tr>
<tr>
<td><em>pherohaemorrhagiae</em>.</td>
<td></td>
</tr>
<tr>
<td>5. (a) Ulceration of the</td>
<td>the use or handling of or</td>
</tr>
<tr>
<td>corneal surface of the eye;</td>
<td>exposure to, tar, pitch, bitumen,</td>
</tr>
<tr>
<td>(b) Localised new growth of the</td>
<td>mineral oil (including paraffin),</td>
</tr>
<tr>
<td>skin, papillomatous or keratotic;</td>
<td>soot or any compound product,</td>
</tr>
<tr>
<td>(c) Epitheliomatous cancer or</td>
<td>or residue of any of these</td>
</tr>
<tr>
<td>ulceration of the skin, due in</td>
<td>substances.</td>
</tr>
<tr>
<td>any case to tar, pitch, bitumen,</td>
<td></td>
</tr>
<tr>
<td>mineral oil (including paraffin),</td>
<td></td>
</tr>
<tr>
<td>soot or any compound product,</td>
<td></td>
</tr>
<tr>
<td>or residue of any of these</td>
<td></td>
</tr>
<tr>
<td>substances.</td>
<td></td>
</tr>
<tr>
<td>6. (a) Chrome ulceration</td>
<td>the use or handling of chromic</td>
</tr>
<tr>
<td></td>
<td>acid, chromate or bichromate of</td>
</tr>
<tr>
<td></td>
<td>ammonium, potassium, sodium</td>
</tr>
<tr>
<td></td>
<td>or zinc or any preparation or</td>
</tr>
<tr>
<td></td>
<td>solution containing any of these</td>
</tr>
<tr>
<td></td>
<td>substances;</td>
</tr>
<tr>
<td></td>
<td>exposure to dust, liquid or</td>
</tr>
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<td></td>
<td>vapour.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of disease or injury</th>
<th>Nature of occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Pathological manifestations due to:</td>
<td>any process involving exposure to the action of radium, radioactive substances, or X-rays;</td>
</tr>
<tr>
<td>(a) radium and other radioactive substances;</td>
<td>(b) X-rays</td>
</tr>
<tr>
<td>8. Cataract produced by exposure to the glare of, or rays from, molten glass or molten or red-hot metal;</td>
<td>frequent or prolonged exposure to the glare of, or rays from, molten glass or molten or red-hot metal.</td>
</tr>
<tr>
<td>9. Compressed air illness.</td>
<td>subjection to compressed air.</td>
</tr>
<tr>
<td>10. Telegraphist’s cramp</td>
<td>the use of Morse-key telegraphic instruments for prolonged periods.</td>
</tr>
<tr>
<td>11. Writer’s cramp.</td>
<td>hand-writing for prolonged periods.</td>
</tr>
<tr>
<td>12. Twister’s cramp.</td>
<td>the twisting of cotton or woollen (including worsted) yarn.</td>
</tr>
<tr>
<td>13. Subcutaneous cellulitis of the hand (Beat-hand)</td>
<td>manual labour causing severe or prolonged friction or pressure on the hand.</td>
</tr>
<tr>
<td>14. Subcutaneous cellulitis or acute bursitis arising at or about the knee (Beat-knee).</td>
<td>manual labour causing severe or prolonged friction or pressure at or about the knee.</td>
</tr>
<tr>
<td>15. Subcutaneous cellulitis or acute bursitis arising at or about the elbow (Beat-elbow).</td>
<td>manual labour causing severe or prolonged friction or pressure at or about the elbow.</td>
</tr>
<tr>
<td>16. Inflammation of the synovial lining of the wrist joint and tendon sheaths.</td>
<td>manual labour or frequent or repeated movements of the hand or wrist.</td>
</tr>
<tr>
<td>17. Pneumoconioses caused by sclerogenic mineral dust (silicosis, anthracosilicosis, asbestosis) and silicotuberculosis provided that silicosis is an essential factor in causing the resultant incapacity for work, loss of faculty or death.</td>
<td>exposure to mineral dust of silica or asbestos.</td>
</tr>
<tr>
<td>Description of disease or injury</td>
<td>Nature of occupation</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------</td>
</tr>
</tbody>
</table>
| 18. Pulmonary disease due to the inhalation of the dust of mouldy hay or other mouldy vegetable produce, and characterised by symptoms and signs attributed to a reaction in the peripheral part of the bronchopulmonary system, and giving rise to a defect in gas exchange (Farmer’s lung). | exposure to the dust of mouldy hay or other mouldy vegetable produce by reason of employment —  
(a) in agriculture, horticulture or forestry; or  
(b) loading or unloading or handling in storage such hay or other vegetable produce; or  
(c) handling bagasse. |
| 19. Primary malignant neoplasm of the mesothelium (diffuse mesothelioma) of the pleura or the peritoneum. | (a) the working or handling of asbestos or any admixture of asbestos;  
(b) the manufacture or repair of asbestos textures or other articles containing or composed of asbestos;  
(c) the cleaning of any machinery or plant used in any of the foregoing operations and of any chambers, fixtures and appliances for the collection of asbestos dust;  
(d) substantial exposure to the dust arising from any of the foregoing operations. |
| 20. Adeno-carcinoma of the nasal cavity or associated air sinuses. | attendance for work in or about a building where wooden furniture is manufactured. |
SIXTH SCHEDULE (Regulations 49, 50, 52, 53, 59, 66, 68, 74, and 87)

SELF-EMPLOYED PERSONS ELIGIBLE TO RECEIVE INDUSTRIAL BENEFITS

<table>
<thead>
<tr>
<th>Category</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Share fisherman owning fishing vessels or boats</td>
<td>2nd July, 1984</td>
</tr>
<tr>
<td>2. Drivers owning motor vehicles, licensed to ply them for hire</td>
<td>2nd July, 1984</td>
</tr>
<tr>
<td>3. Licenced Straw Vendors, Vegetable Vendors and Fruit Vendors</td>
<td>1st July, 1985</td>
</tr>
</tbody>
</table>

SEVENTH SCHEDULE (Regulations 19(3) and 23(3))

Where an insured person makes contributions for some period of time in accordance with Part B of the Fifth Schedule of the National Insurance (Contributions) Regulations (hereinafter called “civil service”) and at other periods otherwise (hereinafter called “other service”), his retirement and invalidity benefits shall be determined as follows —

1. Insured persons eligible for pension under the Pensions Act on 1st July, 1984 shall have all service prior thereto treated as civil service.

2. All other persons shall at 1st July, 1984 have all service prior thereto deemed as other service.

3. Retirement and invalidity benefits shall be determined by applying the relevant percentage prescribed in regulations 19 and 23 of these Regulations to the weighted average weekly insurable wage or income which is arrived at as follows —

   (a) multiply the number of paid contributions by the average weekly insurable wage as civil service, and add to this figure the number of paid contributions multiplied by the average weekly insurable wage as other service; then

   (b) divide the sum in respect of both services by the combined total number of paid contributions.

For the purposes of this Schedule, the average weekly insurable wage has the same meaning as in regulations 19 and 23 of these Regulations.

4. The amount of retirement or invalidity benefit shall in no case be less than the amount of benefit to which a person would be entitled if the entire period of civil service is ignored for the purpose of calculation.