



Social Security Board
P.O. Box 698
Road Town, Tortola
Virgin Islands

MB 2

Tel:1-284-852-7800/Fax: 1-284-494-6022
Email: info@bvissb.vg/Website:www.bvissb.vg

CLAIM FOR MATERNITY BENEFIT (Confinement)

Please use Capitals Letters

Name..... [Social Security No. box]

Mailing Address.....

Contact Number(s) Home Cell..... Work.....

Email Address..... Date of Birth/...../.....
day month year

Spouse's Name..... Social Security No.

EMPLOYMENT DATA

Current Employer.....

Occupation.....

Last Date Worked...../...../..... Date expected to return to work/...../.....
day month year day month year

..... (Signature) (Date)

If unable to write, mark X and have it witnessed. ->->->

Witnessed by:..... Signature.....

Occupation..... Date

[] Deposit / Bank Name and Account Number:.....

[] Pick up Cheque/By Whom: [] Please Mail

- Note: 1. Maternity Benefit cannot be paid for any period earlier than six weeks before expected confinement as certified by a Medical Doctor
2. Maternity Benefit will not be paid for any period during which you are engaged in gainful employment.

Social Security Board
P.O. Box 698
Road Town, Tortola
Virgin Islands
Tel:1-284-852-7800/Fax: 1-284-494-6022
Email: info@bvissb.vg/Website:www.bvissb.vg

Medical Certificate of Confinement

To be given by a Medical Practitioner or Midwife. This certificate along with the completed claim form must be sent or delivered to the Social Security Office immediately after confinement. Late submission can result in the loss of benefit.

I certify that I attended toresiding at.....
(Name of Patient)

in connection with her confinement, which took place inand that she
(Country of birth))

delivered a child/children on the day of20.....

(Where the Medical Practitioner or Midwife considered that the confinement took place before or after a week in which it was expected, the following paragraph shall be completed. In any other case, it shall be struck through):

I certify that in my opinion, it was expected that she would be confined in the week containing the
..... day of20.....

Doctor/Midwife's Name: Registration Number:

Doctor/Midwife's Signature:..... Contact No.
(Please Print)

Address: Date of Signing.....

Notes:

- (a) Confinement is so defined in the Social Security (Benefits) Regulations that this certificate can only be given:-
- i. where labour results in the birth of a living child, or
 - ii. where labour, after not less than twenty eight weeks of pregnancy results in the birth of a child, whether alive or dead.