

VOLUME 7

SECTION 9

SOCIAL SECURITY **The National Insurance Scheme**

**The Responsibility of
The Ministry of Labour and
Social Security
1F North Street
Kingston**

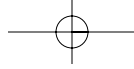
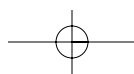
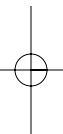
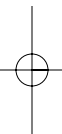


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CHAPTER I

SOCIAL SECURITY

I.0 THE SOCIAL SECURITY DIVISION

The Social Security Division of the Ministry of Labour and Social Security seeks to provide a social safety net for vulnerable members of society through efficient administration of the contributory National Insurance Scheme and the non-contributory Public Assistance Programmes. The work of the Division is carried out through the following Programmes:

- i Administration of the National Insurance Scheme;
- ii Programme of Advancement Through Health and Education (PATH) and Public Assistance,
- iii Programmes for Senior Citizens and Persons with Disabilities.

I.1 OBJECTIVES OF THE SOCIAL SECURITY DIVISION

Some of the objectives of the Social Security Division are to:

- i Modernize and improve the administration of the Social Security System for more efficient operation;
- ii Strengthen the social protection system in keeping with government's policy to reduce poverty;
- iii Adopt a developmental approach in the provision of social assistance benefits to promote human capital investment and thereby reduce dependence on the state;
- iv Ensure the operation of an efficient, objective and transparent beneficiary identification system for social assistance;
- v Expand coverage under the national insurance scheme by ensuring compliance in accordance with the provisions of the National Insurance Act;
- vi Ensure prudent management of the National Insurance Fund for long term sustainability and provision of improved benefits;
- vii Promote social integration of vulnerable groups and groups with

- viii special needs;
- viii Ensure equalization of opportunities for persons with disabilities;
- ix Promote active and productive ageing and ensure the full participation of senior citizens in all aspects of national life;

1.2 SOCIAL PROGRAMMES

In the response to a need for social programmes, which cater to all sections of the population, a planning team was established in the Ministry of Labour to develop a social security scheme. The Ministry obtained technical assistance from the International Labour Organization (ILO) to develop proposals for this scheme. The National Insurance Scheme Act was passed in 1965 and became effective April 4, 1966. When the Scheme was established, it incorporated the Sugar Workers' Pension Scheme. The Social Security Division of the Ministry evolved from this as programmes were added to address the needs of vulnerable groups within the society.

1.3 THE NATIONAL INSURANCE SCHEME

The National Insurance Scheme is a compulsory contributory funded social security scheme covering all employed persons in Jamaica. It offers some financial protection to the worker and his/her family against loss of income arising from injury on the job, sickness, old age and death of the breadwinner. The National Insurance Act of 1965 governs the scheme. The National Insurance Scheme commenced operation on April 4, 1966.

1.3.1 The National Insurance Section

The National Insurance Section of the Ministry of Labour and Social Security, is divided into nine branches namely:

- i Contributions
- ii National Insurance Fund Account
- iii Investments
- iv Local Office Administration
- v Records Maintenance
- vi Computer Network
- vii Claims and Benefits
- viii Employment and Injury Benefits; and
- ix International Social Security.

1.4 MAIN FUNCTIONS

The main functions of the National Insurance Section are to:

- i Identify insurable persons;
- ii Register insured persons and employees;
- iii Collect National Insurance contributions;
- iv See to the functioning and management of the investment portfolio of the National insurance Fund;
- v Award benefits under the National Insurance Scheme.

There is an NIS office in every parish capital.

1.5 REGISTRATION

Under the National Insurance Act of 1966, every person on attaining age eighteen (18) is required to register under the Scheme. The National Insurance number is the primary means of identifying the contributor and is used to track contributions made to the scheme by the contributor over his/her working life. These contributions are then used to calculate any benefit for which the contributor applies, when eligible. (Sample of Employer/Business Registration form is at Appendix 1)

1.6 WHO CONTRIBUTES?

Contributions are classified into three (3) groups namely:

- 1.6.1 Employed persons from whose salaries employers deduct contributions that are matched by the employers themselves. The employer on behalf of all employees remits these contributions to the scheme. (Sample deduction card is at Appendix 2)
- 1.6.2 Self-employed Persons who remit contributions using a NIS stamp card and stamps that can be purchased at any post office. (Sample National Insurance Stamp card is at Appendix 3)
- 1.6.3 Voluntary Contributors who also use the stamp card.

The following table shows the categories of persons who should contribute to the National Insurance Scheme:

CATEGORIES	CONTRIBUTIONS	
	EMPLOYEE	EMPLOYER
Employed persons	2.5% of I.W.C.*	2.5% of I.W.C.*
Domestic Workers and Members of the Jamaica Defence Force	JA\$10.00 weekly	JA\$10.00 weekly
Self Employed	JA\$20.00 weekly plus 5% of I.W.C. between \$20,801.00 to \$500,000 annually	
Voluntary	JA\$20.00 weekly	

* Insurable Wage Ceiling (I.W.C.) was increased from \$250,000.00 to \$500,000.00 per annum effective October 1, 2003.

1.7 ANNUAL RETURNS

Annual Returns showing the contributions of the employee matched by the employer should be submitted either manually or electronically on an annual basis to any of the Ministry of Labour & Social Security Offices island wide.

CHAPTER 2

OBLIGATIONS AND RESPONSIBILITIES OF THE EMPLOYER

2.0 REGISTRATION OF BUSINESS

- 2.0.1 Employers are required to register their business at the nearest National Insurance Office in the parish in which the business is located and obtain a National Insurance Reference Number. A Remittance Card will also be issued, which should be used for payments to the Inland Revenue Department on a monthly basis. Documents required for registration include the certificate of incorporation, which is obtained from the Office of the Registrar of Companies, 1 Grenada Way Kingston 5. (Sample of the Application for National Insurance Number is at Appendix 4).
- 2.0.2 Apply to the National Insurance Local Office for a Deduction Card for each employee by giving his/her full name and National Insurance Number. A Remittance Card will also be issued.
- 2.0.3 If the applicant is an employer of Domestic Workers in private households, he/she should apply for a National Insurance Stamp Card.

2.1 EMPLOYEES CONTRIBUTION

- 2.1.1 The employer, is entitled to deduct the employee's contributions from his/her wages and together with the employer's portion pay over the total amount to the Collector of Taxes within 14 days of each month. Payments should be made on the Remittance Card. (Sample Remittance card is at Appendix 5). Stamp Cards should be used to affix National Insurance Stamps on a weekly basis.

2.2 ANNUAL RETURNS

The employer should obtain Annual Return Forms (C4 and C4A) from the National Insurance Local Office. The completed Annual Returns Form in quadruplicate should be submitted to the Collector of Taxes within 14 days of the end of each calendar year. (Sample Annual Returns form is at Appendix 6).

2.3 CERTIFICATES TO BE SUBMITTED TO EMPLOYEES

The employer should issue a Certificate of Pay and Contributions Deducted (Form C7) to each employee at the end of the year and provide a Leaving Certificate

(Form C5) to each employee when he/she leaves the job. This certificate should state the employee's name, NIS number, total wages, contributions paid up to the date of leaving, name and address of employer. (Samples of the Certificate of Pay and Contributions Deducted and the Leaving Certificate are at Appendix 7 and 8 respectively.)

2.4 OTHER RESPONSIBILITIES OF THE EMPLOYER

Employers should:

- i Request a new set of Deduction and Remittance Cards (C2 and C3) at the end of each year, from the National Insurance Local Office.
- ii Maintain an accident book and wage records that will be inspected by National Insurance Inspectors. A sample form for Inspectors Report of Accident is at Appendix 9.
- iii Return the individual Registration Card (R5) to the employee after the information has been extracted.

CHAPTER 3

OBLIGATIONS AND RESPONSIBILITIES OF THE EMPLOYEE

3.0 EMPLOYEES' RESPONSIBILITIES

Employees are required:

- i To register at any National Insurance Local Office where the employee will be issued with a National Insurance individual number on a Pink Card (Form R5).
- ii If the applicant is self-employed, a domestic or part time worker, the applicant should obtain a Stamp Card (Form C1) from the National Insurance Local Office. The domestic worker should give the Stamp Card to his/her employer as soon as he/she starts working. If the applicant is self-employed or a part time worker he/she is required to stamp his/her own National Insurance Stamp Cards. The card should be stamped weekly as indicated.

3.1 PINK CARDS

- 3.1.1 All employed persons should show their Pink Cards (Form R5) to their employers so that they can obtain a Deduction Card (Form C2) from the National Insurance Local Office for the employees.
- 3.1.2 Employees should ask to see their cards from time to time, at least twice per year, in order to ascertain that their contributions are being recorded. If an employee pays on a Stamp Card he/she will see if the card is stamped up-to-date.

3.2 DEDUCTION CARDS

- 3.2.1 If an employee pays on a Deduction Card (Form C2), he/she should receive from the employer at the end of the year a "Certificate of Pay and Contributions Deducted" (Form C7) showing contributions deducted during the year. This certificate should also state the employee's National Insurance Number, and should be kept safely as it may assist when making a claim.
- 3.2.2 If the employee pays on a Deduction Card (Form C2) he/she should obtain a leaving card from the employer when leaving the job. This should be taken

to the new employer who will obtain a new Deduction Card (Form C2) from the National Insurance Office. If the employee contributes on a Stamp Card (Form CI) it should be given to the employee on leaving the job to be given to the new employer.

3.3 RETIREMENT PENSION

Employees should claim their Retirement Pension four months in advance of retirement to ensure prompt processing of the claim.

3.4 LEGAL ACTION AGAINST EMPLOYER

An employee may take legal action against his/her employer for benefit lost where the employer has failed or neglected to pay over relevant contributions to the National Insurance Scheme.

3.5 REGISTRATION OF EMPLOYEE

Once registered the employee should keep his/her Pink Card (R5) safely. **The employee should not register again if he/she changes job/occupation.**

CHAPTER 4

NATIONAL INSURANCE BENEFITS

4.0 BENEFITS

The benefits provided under the National Insurance Scheme are:

i	Retirement	vi	Employment Injury Disablement
ii	Invalidity	vii	Employment Injury Death
iii	Widow's/Widowerv	viii	Maternity Allowance
iv	Orphan's/Special Child	ix	Special Anniversary Pension
v	Employment Injury	x	Funeral Grant

A new health benefit (NIGOLD) was introduced for all NIS pensioners effective December 1, 2005. This provides assistance to the pensioner for health services including doctors' visits, prescription drugs, diagnostic services, dental and optical services, hospitalization (room and board), surgeon's, assistant surgeon's and anaesthetist's fees.

4.1 LATE CLAIMS AND PAYMENT CLAUSE OF THE NATIONAL INSURANCE ACT

4.1.1 Late Claims

Claims for pension benefits must be made within twelve (12) months of the due date. For example, if an Old Age pension becomes payable on July 1, 2005, that claim must be made by June 30, 2004.

4.1.2 Old Age Pension

A retired female contributor becomes eligible for Old Age Pension at age 60 and a male retiree at age 65. However, where a female contributor continues to work beyond her sixtieth (60th) birthday, she will be eligible whenever she ceases gainful employment or at age 65 whichever comes first. A male contributor who works beyond age 65 will qualify for pension benefits whenever he ceases gainful employment or at age 70, whichever comes first.

4.1.3 Funeral Grants

Applications for Funeral Grants must be made within twelve (12) months of the contributor's date of death.

4.2 BENEFIT PAYMENTS

4.2.1 Local Pension Payments

Pensions are paid at Post Offices and any branch of the National Commercial Bank. Pension payments are made through pension order books. Each book contains 13 vouchers and each voucher represents payment for two weeks.

4.2.2 Overseas Payment of Pensions

Pensioners who reside abroad and who have not appointed a local agent to collect their pension, are paid once every six months by way of bank drafts in the currency of the country in which the pensioner resides.

4.2.3 Life Certificate

The Ministry sends a Life Certificate with each draft, and the certificate must be signed by the pensioner, notarized and returned within three months. The Ministry makes no further payment until the Life Certificate is returned.

CONTACT INFORMATION

For further information please contact:

Head Offices

Labour Division
1F North Street
Kingston
Jamaica
1 (876) 922-9500-14
1 (876) 922-6902 (fax)
1 (876) 922-0996 (fax)

Social Security Division
14 National Heroes Circle
Kingston 4
Jamaica
1 (876) 922-8000-13
1 (876) 924-9639 (fax)
1 (888) 991-2089 (Toll Free)

Regional Offices

Montego Bay Regional Office
4 Sam Sharpe Square
Montego Bay
St. James
Jamaica
1 (876) 971-4313
1 (876) 952-2327
1 (876) 952-8467
1 (876) 971-6797 (fax)

St. Ann's Bay Regional Office
4 Windsor Road
St. Ann's Bay
St. Ann
Jamaica
1 (876) 972-0472
1 (876) 794-9184-5
1 (876) 794-9080 (fax)

Mandeville Regional Office
Lot 24 Mandeville Plaza
Mandeville
Manchester
Jamaica
1 (876) 962-2573
1 (876) 625-8868-9
1 (876) 625-8670 (fax)

PARISH OFFICES (ISLAND WIDE)

Westmoreland
181/4 Lewis Street
Savanna-La-Mar
Westmoreland
Jamaica
1 (876) 918-0275
1 (876) 955-2532

St. Elizabeth
17 High Street
Black River
St. Elizabeth
Jamaica
1 (876) 634-3853
1 (876) 965-2228

Portland
3 Smatt Road
Port Antonio
Portland
Jamaica
1 (876) 715-4980
1 (876) 993-2259

Clarendon

6b Manchester Ave
May Pen
Clarendon
Jamaica
1 (876) 902-6419
1 (876) 986-2472

Trelawny

4 King Street
Falmouth
Trelawny
Jamaica
1 (876) 617-5506

St. Thomas

4a-6a Wharf Road
Morant Bay Plaza
St. Thomas
Jamaica
1 (876) 982-2208
1 (876) 731-7141

St. Mary

2 Main Street
Port Maria
St. Mary
Jamaica
1 (876) 994-9635

St. Catherine

6 Nugent Street
Spanish Town
St. Catherine
Jamaica
1 (876) 984-4161
1 (876) 984-2554

Website & email addresses

Ministry of Labour & Social Security: www.mlss.gov.jm

Labour Market Information & Electronic Labour Exchange: www.lmis-ele.org.jm

Industrial Safety Section: email address mlss-oshd@cwjamaica.com

Appendix I

**MINISTRY OF LABOUR AND SOCIAL SECURITY
APPLICATION FOR NATIONAL INSURANCE NUMBER**

FORM: R2

FOR D.P. USE ONLY				
National Insurance Number				
Parish	YOB	Sex	SI.	No.

This form is to be completed using BLOCK LETTERS.
Bring supporting documents to verify*

- (i) Birth Date
- (ii) Marriage Date
- (iii) Spouse's Date of Birth

All dates must be entered in the format year, month, day (YYYYMMDD) e.g. Date of Birth:-1969/12/25.

Do NOT write in boxes immediately below shaded area.

1. Applicant's Name

Surname					First Name					Middle Name				

Maiden/Other Name (if any)					TRN Number				

2. Sex (Tick (✓) the appropriate box)

Male Female

Y		M		D	

3. Date of Birth

FOR OFFICIAL USE ONLY	
Verified by:	
Passport No.	_____
Birth Cert.	_____
Baptismal Cert.	_____
School Record	_____

4. Address of Applicant

Lot/Apartment Number					Street Name/District															

Post Office/Postal Agency					Code					Parish					Code					

* Birth Certificate, Baptismal Certificate, Passport

5. Country of Birth

Name of Country										Code	

6. Nationality

Nationality										Code	

7. Applicant's Occupation

Occupation										Code	

8. Are you self-employed?

Y/N

8. Marital Status (Tick (✓) one (1) of the boxes below)

9.

Single	Common-law	Married	Divorced	Widowed	Separated	Code

Appendix I

10. Have you ever registered under NIS?
If 'yes' give NIS NUMBER

NIS Number						

(THIS SECTION IS TO BE COMPLETED BY PERSONS WHO ARE MARRIED)

11. Spouse's Name

Surname	First Name	Maiden Name (If Applicable)

12. Spouse's Date of Birth

Y	M	D

FOR OFFICIAL USE ONLY

* Verified by:
 Passport No. _____
 Birth Cert. _____
 Baptismal Cert. _____
 School Record _____

13. Date of Marriage

Y	M	D

FOR DP USE ONLY

* Verified by:
 Marriage Cert. _____
 Others (Specify) _____

(THIS SECTION IS TO BE COMPLETED BY ALL APPLICANTS)

14. Parish of Birth

Parish	Code

15. Name of Mother/Guardian

Surname	First Name	Maiden Name

16. Name of Father/Guardian

Surname	First Name

(THIS SECTION IS TO BE COMPLETED IN RESPECT OF THE EMPLOYER)

17. Employer's Reference No.

Reference Number

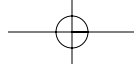
18. Name of Employer

Name/Company Name

19. Business Address of Employer

Lot/Apartment Number

Street Name/District



Appendix I

Postal Office/Postal Agency										Code	

Lot/Apartment Number							Code	

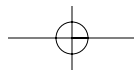
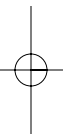
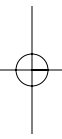
20. I hereby certify that the aforesaid statements are true to the best of my knowledge and belief.

.....
Signature or Mark (X)

.....
Date

.....
Signature of Witness/J.P.

.....
Date



Appendix 2

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NATIONAL INSURANCE NUMBER

**2005
 NATIONAL INSURANCE
 DEDUCTION CARD**

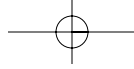
Ministry of Labour & Social Security Jamaica
IMPORTANT: This card must bear the employee's National Insurance Number

EMPLOYEE'S SURNAME	CHRISTIAN NAMES
EMPLOYER	EMPLOYEE'S OCCUPATION
EMPLOYER'S REF. NO.	IF NOT EMPLOYED THROUGHOUT THE YEAR STATE
EMPLOYER'S ADDRESS	1. Commencement Date.....and/or 2. Terminal Date.....

NATIONAL INSURANCE INSTRUCTIONS

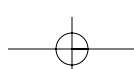
1. Enter in Col. (2) for the week or month concerned the gross pay/emoluments for the period.
2. Enter in Col. (3) for each week (or part of a week) of employment the total contribution due to be paid by the employee.
3. Enter in Col. (4) for each week (or part of a week) of employment the total contribution due to be paid by the employer.
4. Each week add up the entries in Cols. (3) and (4) and enter the amount in Col. (5).
5. At the end of each month, add up the entries for that month in Col. (5) and enter the amount in the last line for the month in Col. (6).
6. For further detailed instructions see contribution tables.
7. Do not use a deduction card for any year other than the one for which it was issued.
8. This card is the property of the Ministry of Labour & Social Security.

Week Commencing (1)	Gross Pay/Emoluments (2)		National Insurance						National Housing Trust					
			Employee's Contri. (3)		Employer's Contri. (4)		Weekly Total (5)		Monthly Total (6)		Employee's 2% of Gross Emoluments (7)		Employer's 3% of Employee's Gross Emolument (8)	
	\$	¢	\$	¢	\$	¢	\$	¢	\$	¢	\$	¢	\$	¢
3 Jan.														
10 Jan.														
17 Jan.														
24 Jan.														
31 Jan.														
7 Feb.														
14 Feb.														
21 Feb.														
28 Feb.														



Appendix 2

	\$	¢	\$	¢	\$	¢	\$	¢	\$	¢	\$	¢	\$	¢
7 Mar.														
14 Mar.														
21 Mar.														
28 Mar.														
4 Apr.														
11 Apr.														
18 Apr.														
25 Apr.														
2 May														
9 May														
16 May														
23 May														
30 May														
6 June														
13 June														
20 June														
27 June														
4 July														
11 July														
18 July														
25 July														
1 Aug.														
8 Aug.														
15 Aug.														
22 Aug.														
29 Aug.														
5 Sept.														
12 Sept.														
19 Sept.														
26 Sept.														
3 Oct.														
10 Oct.														
17 Oct.														
24 Oct.														
31 Oct.														



Appendix 2

	\$	¢	\$	¢	\$	¢	\$	¢	\$	¢	\$	¢	\$	¢
7 Nov.														
14 Nov.														
21 Nov.														
28 Nov.														
5 Dec.														
12 Dec.														
19 Dec.														
26 Dec.														
Grand Total														
NATIONAL INSURANCE SUMMARY							NATIONAL INSURANCE INSTRUCTIONS							
No. Weekly Contributions			Additional Contributions				(1) Weekly Paid Contributions 21/2% Gross Salary matched by Employer's 21/2% to a ceiling of \$9,620 per week. (2) Monthly paid Contributions 21/2% Gross Salary matched by Employer's 21/2% to a ceiling of \$41,666 per month.							
HOUSING TRUST INSTRUCTIONS														
(1) In Column 7 enter Employee's Contribution equal to 2% of Employee's Gross Emoluments (2) In Column 8 enter Employer's Contribution equal to 3% Employee's Gross Emoluments														

Appendix 3

MINISTRY OF LABOUR & SOCIAL SECURITY

05/06

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NATIONAL INURANCE NUMBER

NATIONAL INSURANCE STAMP CARD

1ST APRIL 2005 TO 31ST MARCH 2006

SURNAME.....

FIRST AND MIDDLE NAMES IN FULL MR. MRS..... MISS

FULL POSTAL ADDRESS.....

OCCUPATION	Please insert upon receipt of Stamp Card
This part to be filled in before final surrender of Card	
SIGNATURE OF INSURED PERSON.....	Mr. Mrs. Miss
IMPORTANT INSERT PRESENT ADDRSS IF DIFFERENT FROM ABOVE	
(FOR OFFICE USE ONLY)	
LAST EMPLOYERS NAME AND..... ADDRESS.....	

This card must be exchanged through the Local National Insurance Office for a new Card immediately after 31st March 2006.

FINDER: Please deliver to a National Insurance Office
(Page 1)

Appendix 3

Issued other than on exchange	Ints.	Date	L.O. Code
Continuation			

FOR STAMPING
FROM.....

AFFIX NATIONAL INSURANCE STAMP IN THE DENOMINATION APPLICABLE

Weeks Commencing

WARNING: To buy Insurance Stamps other than from a Post Office or from the ministry, or sell them, or to buy, sell or deface a card or remove a stamp or affix a used stamp may result in prosecution.		4 APR. 05	11 APR. 05	18 APR. 05
	25 APR. 05	2 MAY 05	9 MAY 05	16 MAY 05
	30 MAY 05	6 JUNE 05	13 JUNE 05	20 JUNE 05
	4 JULY 05	11 JULY 05	18 JULY 05	25 JULY 05
	8 AUG. 05	15 AUG. 05	22 AUG. 05	29 AUG. 05
	12 SEPT. 05	19 SEPT. 05	26 SEPT. 05	3 OCT. 05
	17 OCT. 05	24 OCT. 05	31 OCT. 05	7 NOV. 05

Appendix 3

21 NOV. 05	28 NOV. 05	5 DEC. 05	12 DEC. 05	19 DEC. 05
26 DEC. 05	2 JAN. 06	9 JAN. 06	16 JAN. 06	23 JAN. 06
30 JAN. 06	6 FEB. 06	13 FEB. 06	20 FEB. 06	27 FEB. 06
6 MAR. 06	13 MAR. 06	20 MAR. 06	27 MAR. 06	

FOR OFFICIAL USE

	At Issue	At Surrender
D.W.	<input type="radio"/>	<input type="radio"/>
V.C.	<input type="radio"/>	<input type="radio"/>
Sep	<input type="radio"/>	<input type="radio"/>
OTHER	<input type="radio"/>	<input type="radio"/>

Ref. No.....
 Occup. Code.....
 POSTED BY.....

AUDITED BY.....

Appendix 3**GENERAL INSTRUCTIONS**

1. Keep this card in a safe place.
2. Report the loss, destruction or defacement of this card to the local National Insurance Office immediately.
3. This card may at any time be retained by an inspector or recalled by the Ministry. In either case a receipt will be issued and another card issued in its place.
4. Cancel each stamp by writing or stamping on it the date on which it was affixed.

INSTRUCTIONS TO EMPLOYERS

5. You are required to have a Stamp Card in respect of each of your employees who is domestic worker.
6. Affix stamps before payment of wages. The employee's National Insurance contributions may be deducted from the wages when paid.
7. You must allow any employee, if he so desires to inspect his card once per month.
8. You must ensure that each employee sign his card and insert his address on page 1 at any time during the four weeks before it is due for surrender.
9. If you are the first employer to stamp this card, please insert the insured person's occupation in the box provided for this information on page 1.
10. If the employee leaves your employment you must return this card to him stamped up to date and obtain a receipt. If the employee dies or for any other reason you cannot return his card to him, send it to the Local National insurance Office with a note explaining the circumstances.

INSTRUCTIONS TO EMPLOYED PERSONS

11. Give this card immediately to your employer for stamping.
12. You have the legal right to inspect your card not more than once a month. Ensure that there is a stamp for each week during which you were employed.

INSTRUCTIONS TO SELF-EMPLOYED PERSONS

13. Affix a \$20.00 National Insurance stamp to this card every week. However, for any week in which you are an employed person the instructions for employed persons apply.

	Insured Person	Employer	Total
Domestic workers	\$10	\$10	\$20
Members of the Jamaica Defence Force	\$10	\$10	\$20
Self Employed Person	\$20	-	\$20
Voluntary Contributors	\$20	-	\$20

Appendix 4

NATIONAL INSURANCE ACT

EMPLOYER/*BUSINESS REGISTRATION FORM

Date:.....

(Employers please answer all questions. *Businesses please answer Q 1-14 only)

1. Business Name [grid]

2. Proprietor/Managing Director [grid] Surname First Name

3. Business Address [grid] Street No. Street/District

4. Parish [grid]

5. Telephone [grid]

6. Mailing Address [grid] Street No. Street/District

[grid] Parish

7. Nature of Business _____

8. Location of Records _____

9. Collectorate of Payment _____

10. Number of Directors _____

11. Names of Directors _____ (Please add information on separate sheet of paper if necessary)

12. Number of Branches in Business Establishment _____

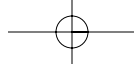
13. Date Liability Commenced (Date must be written as ddmmyy) [grid]

14. Number of Employees in Business Establishment _____

I certify that the information given is correct [grid] Surname

[grid] First Name

Position in Firm Signature..... Date.....

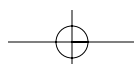
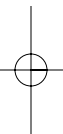
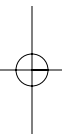


Appendix 4

FOR OFFICIAL USE ONLY

Collection Code _____
Industry Code _____
Parish Code _____
Ref. No. _____
Checked by _____ Date _____

Ministry of Labour & Social Security, P.O. Box 10, Kingston 4



Appendix 5

NATIONAL INSURANCE

REMITTANCE CARD

FOR THE YEAR-----

DEDUCTION OF NATIONAL INSURANCE CONTRIBUTIONS
FROM SALARIES AND WAGES

The declarations overleaf should be completed and this card returned to the Collector of Taxes not later than 14th day of each month with a remittance for the total amount of National insurance contributions due by the Employer and the Employees for the preceding month.

The card will be returned to you with and Official Receipt.

DIRECTIONS AS TO PAYMENT

The amount should be sent to the Collector by a certified cheque payable to the Collector of Taxes or in currency.

All cheques should be crossed.

Payment may be made personally at the Collector's Office between 9:00 a.m. and 3:00p.m. (Monday to Friday).

EMPLOYER

ADDRESS.....

.....

This card is the property of the Ministry of Labour & Social Security. Please send it in with your Annual Returns to the Collector of Taxes.

(C3)

Appendix 5

EMPLOYER

EMPLOYER'S REFERENCE NO.					

TO THE COLLECTOR OF TAXES

COLLECTOR'S REFERENCE NO.

I declare that –

- (a) the amount of National insurance Contributions entered in column 4 below is the total amount for which I am accountable for the month indicated in respect of contributions for that month and
- (b) A remittance is enclosed.

Month (1)	Gross Pay (2)	No. of Empl oyees (3)	N.I. Contributions (4)	Interest (5)	Total N.I. and Interest (6)	Signature of Employer (7)	Collector's Receipt No. and date of Payment (8)
20.....							
(1) 31 Jan.							
(2) 28/29 FEB							
(3) 31 MAR.							
(4) 30 APR.							
(5) 31 MAY							
(6) 30 JUNE							
(7) 31 JULY							
(8) 31 AUG.							
(9) 30 SEPT.							
(10) 31 OCT.							
(11) 30 NOV.							
(12) 31 DEC.							
Total for year							

NOTE: The Remittance for each month is due not later than the 14th day of the following month.

Appendix 6

Employer's Name.....

EMPLOYERS REFERENCE NUMBER

NATIONAL INSURANCE ACT, 1965

**EMPLOYER'S ANNUAL RETURN: DECLARATION AND CERTIFICATE
YEAR ENDED 20..... .12. 31**

EMPLOYER'S NAME.....

PREVIOUS BUSINESS NAME (If any)

ADDRESS.....

INSTRUCTION TO EMPLOYER

You are required to make a return of the pay and National insurance and National Housing trust contributions of every employee in your employment for whom you have received a National insurance Deduction Card during the year.

The return is to be made by sending the National insurance Deduction Card to the National insurance Parish Office after the 31st December of the year to which the card relates and not later than the 14th January of the following year.

The card should be accompanied by this form submitted in quadruplicate along with your Remittance Card (C3).

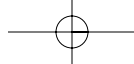
The 'pay' returned must include all salaries, wages, fees, commissions, bonuses and overtime, holiday or other emoluments paid by YOU to such employees in the year being reported.

The columns overleaf should be completed in respect of every employee in whose case contributions were payable during the year. Particulars are not required in respect of employees for whom contributions were paid solely by affixing stamps to National Insurance Stamp Cards.

You must ensure that each of your employees is registered and that his national insurance Number appears on his deduction card and on the Annual Return.

DECLARATION AND CERTIFICATE TO BE SIGNED BY EMPLOYER

I declare that all National Insurance deduction Cards received and used by me during the year 20..... are forwarded herewith. The number attached is



Appendix 6

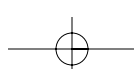
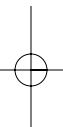
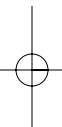
I also certify that all the particulars required to be entered on the Cards and all particulars required in this notice to be returned are in every respect fully and truly stated according to the best of my knowledge and belief.

Employer's Signature.....
Date.....

FOR OFFICIAL USE ONLY

<p>I certify that</p> <p>(a) The number of Deduction Cards received is</p> <p>(b) The amount received as per remittance Card is \$.....</p> <p>(c) Remittance card is/is not attached</p> <p>Signature of Receiving Officer</p> <p>Parish.....</p> <p>Date.....</p>	<p>DATE STAMP (RECEIVAL DATE)</p>
---	--

C4



Appendix 6

NAME OF EMPLOYEE (IN ALPHABETICAL ORDER SURNAME FIRST)	NIS NUMBER	TAX-PAYER REGISTRATION NUMBER	GROSS EMOLUMENTS INCLUDING COMMISSIONS AND FEES ACTUALLY PAID IN YEAR	NO. OF WEEKLY CONTRIBUTIONS	TOTAL NATIONAL INSURANCE CONTRIBUTIONS EMPLOYEES	NATIONAL INSURANCE CONTRIBUTIONS EMPLOYERS	TOTAL NATIONAL INSURANCE CONTRIBUTIONS (TOTAL OF COLUMNS 5 & 6)	NATIONAL HOUSING TRUST			RE-MARKS
								EM- PLOYEE CONTRIBUTION AT 2% OF GROSS EMOLUMENTS	EM- PLOYER CONTRIBUTION AT 3% OF GROSS EMOLUMENTS OF EM- PLOYEE	NO. OF WEEKLY CONTRIBUTIONS	
NOTE: IF THERE IS NOT SUFFICIENT SPACE TO LIST ALL EMPLOYEES USE THE CONTINUATION SHEETS (FORM C4A) BUT THE TOTALS FROM THESE SHEETS SHOULD BE ENTERED HERE.											
TOTAL THIS PAGE.....											
TOTALS FROM LAST PAGE.....											
GRAND TOTALS.....											
PAYMENTS (EXCLUDING INTEREST AND PENALTY).....											
BALANCE DUE.....											
OR BALANCE OVERPAID.....											

C4

Appendix 7

CERTIFICATE OF PAY AND CONTRIBUTIONS DEDUCTED

Year ending December 31st 20.....

Name of Employee..... National Insurance Number

1. Gross Pay and Contributions in my/Our Employment

Gross Pay Or Emoluments		No. of Contribution Weeks	Total Employees National Insurance Contributions		Total Employees National Housing Trust Contributions	
\$	¢		\$	¢	\$	¢

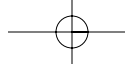
2. A completed certificate must be given to each employee who was in your employment on 31. 12. 20.... From whose pay National Insurance and National Housing Trust contributions have been deducted at any time during the year by you.

Employer's ref. No.

.....
Employer

.....
Date

To the employee: Keep this certificate. You may need the information it contains when you are completing your Income Tax return.



Appendix 8

MINISTRY OF LABOUR AND SOCIAL SECURITY

LEAVING CERTIFICATE FOR INSURED EMPLOYEE

PART 1

- 1. Name of employee.....
- 2. Occupation.....
- 3. Date of leaving.....

4. National Insurance No.

[] []

5.

Gross Pay Emoluments		Number of Contribution Weeks	Total employee National Insurance Contribution		Total employee National Insurance Housing Trust Contribution	
\$	¢		\$	¢	\$	¢

6. I/We certify that the last National Insurance Contribution paid by me/us in respect of the above named was for week beginning.

..... Day Month Year

Employer's
Reference
Number [] []

Employer.....
Address.....

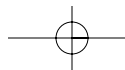
Date.....

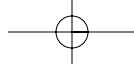
7. INSTRUCTIONS TO EMPLOYER

Complete this form taking care that the carbon entries on Parts 2 & 3 are legible. Hand all three parts (unseparated) to the employee when he/she leaves.

8. INSTRUCTIONS TO EMPLOYEE

Detach Part 1 and keep it. You may need the information when you are completing your income Tax return. Hand Parts 2 & 3 (unseparated) to your new employer so that your rights to pension and other benefits may be safeguarded.





Appendix 8

1. Name of employee.....
2. Occupation.....
3. Date of leaving.....

4. National Insurance No.

5. For entry on Part 1 only.

6. I/We certify that the last National Insurance Contribution paid by me/us in respect of the above named was for week beginning.

.....

Day
Month
Year

Employer's Reference Number

Employer.....
Address.....

Date.....

7. **INSTRUCTIONS TO NEW EMPLOYER**
Complete section 8 below, detach Part 2 and send it to the local National Insurance Office. Retain Part 3 for your records.

8. **TO MINISTRY OF LABOUR & SOCIAL SECURITY**

.....

The above named employee entered my/our employment on
..... His/Her rate of pay is..... per week/month.

Date

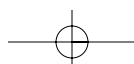
Please supply appropriate Social Security Card.

Employer's Reference Number

Employer.....
Address.....

Date.....

C5



Appendix 9**NATIONAL INSURANCE ACT, 1965****INTERIM REPORT OF ACCIDENT****NOTES****TO THE EMPLOYER:**

Whenever an employee is injured in the course of his employment, please record the particulars in your accident book, complete two of these forms and deliver one to the injured person to be shown to the doctor. You should promptly send the other form to your local National Insurance Office. Should it not be practicable to deliver a form to the injured person, it should be sent directly to the doctor as soon as the doctor's identity becomes known.

In the event of your employee's claim being disallowed, the Ministry has the right to recover from you and the claimant the cost of medical treatment borne by the National Insurance Fund.

If the employee dies before being examined by a doctor one form only will suffice and it should be sent to the local National Insurance Office.

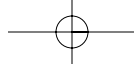
TO THE INJURED PERSON

You should give this form to the doctor when you first see him after your accident. When the doctor gives you the medical certificate, you should complete the reverse side, which constitutes a claim for benefit, and send or take it to the local National Insurance Office most convenient to you. If your claim is allowed, medical treatment will be provided free of charge at government hospitals and clinics. If you go to a private doctor, the Ministry will pay, within certain limits, for only two visits. However, if your claim is disallowed, you will be liable to repay the amounts paid by the Ministry in respect of medical treatment received by you for the injury. Should you decide not to make a claim, you should, nevertheless, send a note to the National Insurance Office giving reasons for your decision.

TO THE DOCTOR

The injured person mentioned overleaf may desire to make a claim for benefit under the National Insurance Act and Regulations. If the claim is disallowed, only the cost of medical treatment up to the date of disallowance will be paid by this Ministry. Please note that the Ministry will pay for only two visits to a private doctor in respect of each injury or prescribed disease.

You must retain this form to be used as the basis for your claim. Please submit your bill for treatment as well as this form to the Permanent Secretary, Ministry of Labour & Social Security, National Insurance Division, P.O. Box 10, Kingston 5. The Form "Medical Bill" (AC 10) is available to you for this purpose. These forms are available at any National Insurance Office.



Appendix 9

M.....

--	--

(National Insurance No.)

of.....

(Full Home Address)

who *is/was employed by *me/us as a.....
was injured on.....in the following manner:

*This person wishes to be medically examined with a view to making a claim under the employment injury provisions of the National Insurance Act and Regulations.

*This person died at.....am/pm on.....

This accident has been recorded in *my/our Accident Book.

Employer's Stamp or Name & Address

Signature.....

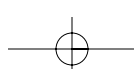
Date.....

Telephone.....

Position in firm.....

*Delete as necessary

NATIONAL INSURANCE FORM NO. EM1



Appendix 9

MINISTRY OF LABOUR AND SOCIAL SECURITY

QUESTIONNAIRE ON ACCIDENT

Instructions to Employer

1. This form, like form EM1 (Interim Report of Accident), should be completed only where the injured person: -
 - (i) requires medical treatment by a medical practitioner or
 - (ii) is likely, as a result of injury caused by the accident, to be incapable of work for at least three (3) days.

2. As soon as an injured worker has been given form EM1 (and a copy thereof sent to the Local Office) you should have the accident thoroughly investigated and the findings recorded in your accident book.

3. You should then complete this form (EM8) immediately and send it to the Local Office. Any avoidable delay in sending it in will result in the injured worker having to wait unnecessarily for his benefit.

IDENTIFICATION PARTICULARS OF INJURED PERSON

Name.....

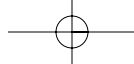
N.I. No.

Occupation.....

Clock/Works No.....

Department.....

EM8

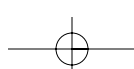
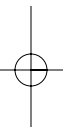
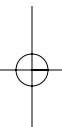


Appendix 9

INFORMATION EMPLOYER IS ASKED TO GIVE

(The National Insurance Act and Regulations provide that employers shall take reasonable steps to investigate the circumstances of every accident when it is reported. Reporting may be oral, e.g. to a foreman or supervisor or by an entry in accident book).

- 1a. Was the worker employed by you on the day of the accident?
- 1b. If so, what was the worker employed to do?
- 2. Between what hours was the worker expected to work on that day. From.....to.....
- 3a. Are you satisfied that an accident occurred? (*Yes or No).....
- 3b. If so, state time, date and place
- 4. Was the worker authorized to be in that place at that time for the purpose of his work? (*Yes or No).....
- 5. What was the worker ^{doing}ding at the time of the accident?
- 6. Was this something authorized or permitted to be done for the purpose of his work? (*Yes or No).....
- 7. What was the accident and how did it happen?
- 8. What injuries were observed or reported? (Please say left or right where appropriate)
- 9a. Was the accident reported to you or a responsible person in your employment? (*Yes or No).....
- 9b. If it was, when was it first reported? (Give date and time) On at.....am/pm



Appendix 9

- 10. Please give the names and addresses of any person who witnessed the accident
.....
- 11a. Did the worker do any work on the day of the accident after it happened? (*Yes or No).....
- 11b. If yes, between what hours? From.....to.....
- 12. Please give details of any discrepancy found between the information reported and that revealed by your investigation.
.....
.....
- 13. What is the nature of your business?

*If you answer "No", please see question 12

- 14. What were the worker's gross weekly wages for the last thirteen weeks immediately before the accident?

Notes

(i) "Gross weekly wages" means total weekly remuneration (including bonuses, commissions and overtime) before deductions and Income Tax, National Insurance etc.

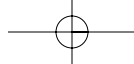
(ii) If the worker has not been continuously employed for thirteen weeks, start from date of the accident and give gross weekly wages up to either the date the claimant was first employed or to where a break of more than seven days, for which no wages were paid, is reached.

WEEK ENDING (date)	Gross Wages
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
TOTAL	
FOR OFFICE USE ONLY AVERAGE	

- 15. State the average weekly wages of this type of worker \$.....

EMPLOYER'S STAMP

Signature.....
 Name of Firm.....
 Position in Firm.....
 Date.....



Appendix 9

FOR OFFICIAL USE: - Insurance Officer's Decision

(1) Insurability Question

(2) Accident Question

