

FORM 12

SICKNESS OR TEMPORARY DISABLEMENT BENEFIT  
[Regulation 63 read with section 63 ]  
CLAIM FOR BENEFIT

I ..... son/wife/daughter of ..... Insurance No.  
..... hereby state that because of sickness/ temporary disablement, I have  
not been at work since ..... I have not been in receipt of wages for leave holidays.

FURTHER, I state that I was not on strike during the period of certified abstention on account of  
sickness / temporary disablement, i.e., from ..... to ..... for which benefit is claimed.

\* I no longer claim to be sick / temporary disabled from ..... and I shall / did not take  
up any work for remuneration before that date.

I claim, benefit, accordingly, I desire payment in cash at local office / by money order.

Present employer (if changed) ..... department  
..... present address (if changed) .....

Date .....

Signature or thumb impression  
Local Office .....

**Accident case only**

Date, time and place of accident ..... if a notice of the  
accident had not been given to the employer state briefly, on a separate paper how the accident happened.

Date .....

Signature or thumb impression

\* Delete which is not applicable.

- Notes :**
1. Any person who makes a false statement or representation for the purpose of obtaining benefit whether for himself or for some other person renders himself liable to prosecution.
  2. This Form should be completed and sent without delay to the appropriate local Office.
  3. A final certificate must be obtained before resuming work.