



Striving for Social Justice

ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

Date

REQUEST TO EMPLOYER FOR INFORMATION IN RESPECT OF BENEFIT CLAIM

To:

Employer's Reg. No.

Address:

.....

A claim has been made for BENEFIT

*by/in respect of

..... Social Security No.

of

Address

The Claimant has stated that the latest date *he/she was at work as an employee in your establishment was on

Please make the insured person's wage record available to the inspector or other officer presenting this notice in order that relevant information needed for settling the claim may be extracted.

Your kind cooperation-operation will be greatly appreciated.

Yours faithfully,

.....
Director, Social Security.



ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

CERTIFICATE BY EMPLOYER IN RESPECT OF BENEFIT CLAIM

Striving for Social Justice

To: Director,
Social Security,

1. The person named overleaf was at work in my establishment up to
and has not reported for work from that date on account
of *his/her *sickness / pregnancy / termination of employment
injury confinement death
2. *He/She resumed/is expected to resume duties on
3. M *has been/will be paid wages at
the rate of \$ per *week/month up to and
including
4. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO
THE BEST OF MY KNOWLEDGE AND BELIEF.

.....
(Signature or Employer or
Authorised Agent)

Date:

Note: In the event of an accident arising out of or in the course of employment the accident must be promptly reported to the Social Security Office on the form approved for that purpose.