

**NATIONAL INSURANCE AND SOCIAL SECURITY ACT, CHAPTER 36:01**

**SICKNESS BENEFIT – MEDICAL CARE DECLARATION FORM**

(To accompany claim for Sickness Benefit – Medical Care Expenses incurred abroad)

**WARNING:** Any person who knowingly makes a false statement or false representation for the purpose of obtaining any payment for himself or for some other purpose under the National Insurance and Social Security Act, Chapter 36:01, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

NAME OF INSURED PERSON.....  
Block Letters

N.I. No. 

--	--	--	--	--	--	--	--	--	--	--

ADDRESS .....

.....

DATE .....

TO: General Manager  
National Insurance Scheme  
Brickdam & Winter Place  
Georgetown  
Guyana

Dear Sir,

I, the undersigned hereby apply for reimbursement of Medical Care Expenses under the National Insurance and Social Security Act, Chapter 36:01, and make the following declaration with regard to Medical Insurance Coverage:

1.  That I have no other Medical Insurance Coverage except that provided by the National Insurance Scheme – Guyana;
2.  That I have Medical Insurance Coverage other than that provided by the National Insurance Scheme – Guyana.

Further, I expect that my Insurance Company will cover me for \_\_\_\_\_% or (\$ \_\_\_\_\_) of the total expenses incurred for treatment abroad, and I will be liable for the additional \_\_\_\_\_% or (\$ \_\_\_\_\_).

I also declare that the information stated above is true to the best of my knowledge and belief.

.....  
Date

.....  
Signature of Insured Person

**\*(Tick the appropriate box)**