

SAINT CHRISTOPHER, NEVIS AND ANGUILLA

STATUTORY RULES AND ORDERS

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THE SOCIAL SECURITY ACT, 1977

No. 13 of 1977

THE SOCIAL SECURITY (BENEFITS) REGULATIONS, 1978

Arrangement of Regulations

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In exercise of the powers conferred on him by section 56 of the Social Security Act, 1977 the Minister of Agriculture, Lands, Housing and Labour hereby makes the following Regulations:-

Citation.

1. These Regulations may be cited as the Social Security (Benefits) regulations, 1978.

**PART I
PRELIMINARY**

Interpretation.

2. In these Regulations, unless the context otherwise requires –

“appeals tribunal” means an appeal tribunal established and constituted under the Social Security (Determination of Questions) Regulations, 1978;

“claimant” includes a person claiming assistance and a person claiming benefit or assistance on behalf of another person;

“confinement” means labour resulting in the birth of as living child or labour after less than twenty-eight weeks pregnancy resulting in the birth of a whether alive or dead;

“contribution” means the total of an employer’s and an employed person’s contributions;

“contribution week” and “contribution year” have the same meanings respectively as in the Contributions Regulations;

“Contribution Regulations” means the Social Security (Contributions) Regulations, 1978

“determining authority” means as the case may be require, the Board, the director, an appeal tribunal or the High Court;

“grant” means maternity, age or survivor’s benefit paid by a single payment;

“invalid” means a person incapable of work as the result of a specific disease or of bodily or mental disablement, other than an employment injury, being such a disease or disablement as is likely to remain permanent; and “invalidity” shall be construed accordingly;

“medical examination” includes bacteriological and radiological tests and similar investigations, and references to being medically examined shall be construed accordingly;

“medical practitioner” includes a person practicing medicine outside the sate who, not being a registered medical practitioner, is qualified to practice medicine and is not prohibited from so doing under the law of the place where he practices;

“midwife” means a person registered under the Midwifery Act;

“payable order” means a draft or voucher, order or any other instrument whatsoever except a serial order, which is payable through the Post Office, the office of the Board or a bank;

“pension” means sickness, maternity, invalidity, age or survivor’s benefit paid by periodical payments;

“pension order” means an order of payment through the Post Office, the office of the Board or a bank of a weekly sum on account of pension;

“serial order” means one of a series of orders, including pension orders, for the payment through the Post office, the office of the Board or bank of a sum on account of benefit which is or has been contained in a book of such orders;

“wages” means gross earnings calculated in accordance with Regulation 6 of the Contributions Regulations.

PART II

CLAIMS

Claims to be made in writing.

3.(1) A claim for benefit or assistance shall be made in writing to the director on the form approved by the Board for the purpose of claiming that benefit or assistance, or in such other manner, being in writing, as the Director may accept as sufficient in the circumstances of any particular case or class of cases.

3. (2) Forms of claim shall be supplied without charge by the Board.

3. (3) Where a claim for benefit or assistance has been made on an approved form other than the appropriate form the claim may be treated as if had been made on the appropriate form:

Provided that the Director may in any such case require the claimant to complete the appropriate form.

Information to be given.

4. (1) A claimant shall furnish such certificates, documents, information and evidence for the purpose of determining the claim as is prescribed in these Regulations; and the Director may require any claimant to attend at such place as the director may specify and there to submit himself to medical or other examination by one or more medical practitioners or other persons appointed by the Board for that purpose.

4. (2) If so required by the Director, a claimant shall in particular furnish the following information concerning himself and person making a claim on behalf of another person shall furnish such information about the person for whom the benefit or assistance is claimed –

(a) his name, certificate of birth, usual place of residence, employment or former employment and, not being the claimant, his relationship to the claimant;

(b) his position in regard to benefit or assistance under the Act, available sources of income and the amounts contributed by any person towards his maintenance; and

(c) in the case of a claim in respect of a wife or husband, or a widow or widower, or a claim based on the fact that the wife, husband, widow or widower was an insured person, a certificate to the marriage, or evidence of cohabitation;

together with a declaration confirming the information given.

4. (3) The Director may accept in support of claims and in the absence of any certificate or document mentioned in the foregoing paragraphs –

(a) as proof of kinship or marriage or cohabitation, evidence of other persons or other documentary evidence;

(b) as proof of age, extracts from baptismal records or school records or such other evidence as he considers satisfactory.

Date for claims.

5. For the purpose of any claim to benefit or assistance the day of receipt of the claim at the office of the Director shall be deemed to be the date of the claim.

Amendment of claims.

6. (1) If a claim is defective when it is received by the Director, the Director may refer the claim to the claimant and, if the form is returned properly completed within one month, from the date on which it is so referred, the claim shall be treated as if it had been duly made in the first instance.

6. (2) A claimant who has made a claim in accordance with these Regulations may amend the claim at any time before a decision has been given thereon by notice in writing delivered or sent to the Director, and any claim so amended shall be treated as if it had been duly made in the first instance.

Interchange of claims.

7. Where it appears that a claimant for one benefit or assistance may be entitled to some other benefit or assistance, the claim may be treated by the Director as a claim for that other benefit or for assistance.

Time for claiming.

8. The time for claiming benefits shall be –

(a) in the cases of sickness benefit, not later than ten days from the earliest day in respect of which incapacity for work is certified;

(b) in the case of maternity benefit –

(i) if maternity allowance is claimed before confinement, not earlier than six weeks beginning with the contribution week before the contribution week in which it is expected that the claimant will be confined;

(ii) in any other case, within three weeks beginning with the date of confinement;

(c) in the case of invalidity, age or survivor's benefit, within three months from the date on which, apart from satisfying the condition of making a claim, the claimant becomes entitled thereto;

(d) in the case of funeral grant, within six months from the date of death of the deceased.

8. (2) Subject to paragraphs (3) and (4) a person failing to make a claim for benefit or assistance within the time prescribed shall be disqualified from receiving –

(a) in the case of sickness benefit in respect of any day more than ten days before the date on which incapacity for work is certified, subject to Regulation 13;

(b) in the case of maternity benefit, benefit in respect of any period before the beginning of the contribution week in which the claim is made;

(c) in the case of invalidity, age or survivor's benefit, benefit in respect of any period more than three months before the date of which the claim is made;

(d) in the case of funeral grant, the grant;

(e) in the case of assistance, payment in respect of any period more than one month before the date on which the claim was made.

8. (3) If in any case the claimant proves –

(a) that on a date earlier than the date on which the claim was made, apart from satisfying the condition of making a claim, he was entitled to the benefit or to assistance; and

(b) that throughout the period between the earlier date and the date on which the claim was made there was good cause for delay in making such claim,

he shall not be disqualified under paragraph (2) from receiving any benefits of the assistance to which he would have been entitled if the claim had been made on the earlier date.

8. (4)

(a) No sum shall be paid by way of sickness, maternity, invalidity, age or survivor's benefit in respect of any period more than six months before the date on which the claim there for is duly made.

(b) No sum shall be paid by way of funeral grant if the claim therefor is not duly made within twelve months after the date of the death of the person in respect of whom the grant is payable.

(c) No sum shall be paid by way of assistance in respect of any period more than three months before the date on which the claim therefor is duly made.

8. (5) Without prejudice to paragraphs (1) to (4), where it has been certified by a medical practitioner that a person is capable of work and will continue to be incapable of work for a period specified in the certificate, a claim for sickness benefit may, unless the Director otherwise orders, be made by the person in respect of the period, or such shorter period as the Director may in the circumstances determine, in either case commencing immediately after the date of the certificate.

PART III BENEFITS

A. Sickness Benefits.

Entitlement.

9. Subject to the provisions of these Regulations, sickness benefit shall be awarded to an insured person who is rendered incapable of work as a result of some specific disease or of bodily or mental disablement other than employment injury; and for this purpose an insured person shall be treated as incapable of work on any day during which he is required to abstain for work because he is under observation by reason of being a carrier, or his having being contact with the case, of infectious disease.

No entitlement after 62.

10. No insured person shall be awarded or paid sickness benefit on or after attaining the age of sixth-two years.

Support of claim.

11. A claim for sickness benefit shall be supported by a certificate of a medical practitioner in accordance with the Schedule to these Regulations or by such other evidence as the Director may require for the purpose of establishing the insured person's incapacity for work.

Conditions to be satisfied.

12. Sickness benefit shall be awarded only if the insured person had been an insured person not less than twenty-six contribution weeks and –

(a) was an employed person immediately before the day on which incapacity commenced; and

(b) had actually paid or had actually at least eight contributions in the period of thirteen weeks immediately preceding the contributions week in which the first day of the continuous period of incapacity for work occurred.

Commencement.

13. An insured person who is awarded sickness benefit shall not be entitled to receive such benefit for the first three days of any continuous period of incapacity for work but only from the fourth day of any such period;

Provided that for the purpose of computing the first three days of any continuous period of incapacity for work –

- (a) public holidays shall be included: and
- (b) Sundays shall not be included.

Duration.

14. Subject to the provisions of these Regulations, sickness benefit shall be paid in respect of each day (excluding Sundays) as long as incapacity for work continues, subject to a maximum of twenty-six days in any one continuous period of incapacity for work.

Amount.

15. (1) The daily rate of sickness benefit shall be fifty percent of the average weekly wages of the insured person, divided by six.

15. (2) Wages for the purpose of this Regulations shall include any contributions credited in accordance with Regulations 59 and the weekly average thereof shall be those wages for the thirteen continuous contribution weeks immediately preceding the week in which incapacity for work began or was deemed to have begun, divided by thirteen;

Provided that any two or more periods of incapacity for work not separate by more than eight weeks shall be treated as one continuous period of incapacity for work starting on the first day of the first of those periods, and the daily rate of benefit payable in respect of the later period or periods shall be the rate paid during the first period.

B. Maternity Benefit.

Entitlement.

16. Subject to the provisions of these Regulations, maternity allowance and maternity grant shall be awarded to a woman who is an insured person in respect of her pregnancy and confinement and maternity grant shall be awarded

to a woman who is the wife of an insured person in respect of her pregnancy and confinement:

Provided that if a woman is at the same time herself an insured person and the wife of an insured person maternity grant shall be awarded to her either as the insured person or as the wife of the insured person and not in both capacities.

Support of claim

17. A claim for maternity benefit shall be supported by a certificate of a medical practitioner or a midwife in accordance with the Schedule to these Regulations or by such other evidence as the Director may require for the purpose of establishing the pregnancy or confinement, as the case may be.

Conditions to be satisfied.

18. (1) Maternity allowance shall be awarded only if the insured person has been an insured person for at least thirty-nine contribution weeks and if not fewer than twenty-six contributions have actually been paid by or on behalf of, or credited by virtue of Regulations 59 to, that person in those contribution weeks, being the contribution weeks immediately preceding the contribution week in which occurs the day which is six weeks before the expected day of confinement or in which occurs the day from which the allowance is claim, whichever is the later.

18. (2) Maternity grant shall be awarded only if not fewer than twenty-six contributions have actually been paid by or on behalf of the insured person during the thirty-nine contribution weeks immediately preceding the week in which occurs the day of confinement.

Certificate of confinement.

19. A woman who has been awarded maternity allowance before she was confined shall, as soon as possible after her confinement, obtain a certificate of her confinement in accordance with the Schedule to these Regulations and send it to the Director within three weeks of her confinement or, within the same period, furnish the Director with such other evidence of her confinement as he may require.

Duration.

20. Subject to the provisions of these Regulations, a maternity allowance shall be paid for a period starting on a date not earlier than six weeks before the expected date of confinement and continuing until the expiration of –

- (a) thirteen week, or
- (b) six weeks from the day of confinement,

whichever shall be the later.

Amount.

21. (1) The daily amount of maternity allowance shall be fifty percent of the average weekly wages of the insured person, divided by six.

21. (2) Wages for the purpose of this Regulation shall include any contributions credited in accordance with Regulation 59 and the weekly average thereof shall be the sum of those wages for the thirty-nine continuous contribution weeks immediately preceding the contribution the contribution week in which the allowance is due to be paid for the first time, divided by thirty-nine.

21. (3) The amount of maternity grant shall be \$50 in respect of each child born at one confinement.

C Invalidity Benefit

Entitlement.

22. Subject to the provisions of these Regulations, invalidity benefit shall be awarded to an insured person who is an invalid.

Support of claim.

23. A claim for invalidity benefit shall be supported by a certificate of a medical practitioner in accordance with the Schedule to these Regulations or by such other evidence as the Director may require for the purpose of establishing the insured person's incapacity for work.

Conditions to be satisfied.

24. Invalidity benefit shall be awarded only if –

- (a) the insured person has not attained the age of sixty-two years; and
- (b) not fewer than one hundred and fifty contributions have actually been paid by him or on his behalf.

Duration.

25. Subject to the provisions of these Regulations invalidity benefit shall be paid for so long as invalidity continues.

Amount.

26. (1) The annual amount of invalidity benefit shall be thirty percent annual wages of the insured person or of \$24,000, whichever shall be the lesser, to which shall be added –

- (a) two percent of his average annual wages or of \$24,000, whichever shall be the lesser, for each unit of fifty contributions actually paid in respect of him, or credited to him in accordance with regulations 59,

subsequent to the total first five hundred of such contributions and up to a total of seven hundred and fifty of such contributions; and

(b) one percent of his average annual wages or of \$24,000, whichever shall be the lesser, for each unit of fifty such contributions in excess of seven hundred and fifty of such contributions:

Provided that in no case shall invalidity benefit exceed sixty percent of the insured person's average annual wages or \$16,800 per annum, whichever shall be the lesser, nor be than \$8 a week.

26. (2) Average annual wages for the purpose of this Regulation shall be the sum of the weekly wages paid to the insured person during the three best contribution years out of his last fifteen contribution years, or such lesser number being the total number of contribution years since 1st February 1978, divided by three.

26. (3) The weekly rate of invalidity benefit shall be the annual rate thereof divided by fifty-two and rounded to the nearest multiple of ten cents.

Extent to which contributions may be applied in respect of future claims to benefit.

27. If invalidity benefit ceases to be paid because the beneficiary ceases to be an invalid, any contributions which were taken into account for the purpose of the award or the amount of that benefit may be taken in to account in respect of any subsequent claim by that insured person for invalidity benefit or of any claim by that person for age benefit.

D. Age Benefit.

Pension entitlement and conditions to be satisfied.

28. (1) Subject to the provisions of paragraph (2) and of these Regulations, age benefit shall be awarded as a pension to an insured person who has attained the age of sixty-two years and –

(a) by or on behalf of whom not fewer than one hundred and fifty contribution have actually been paid; and

(b) by or on behalf of whom a total of not fewer than five hundred contributions have actually been paid or have been credited by virtue of Regulations 33 and 59.

28. (2) Age benefit shall not be awarded to a beneficiary to whom invalidity is being paid.

Grant entitlement and conditions to be satisfied.

29. Subject to the provisions of these Regulations, age benefit shall be awarded as a grant to an insured person who does not satisfy the requirements set out in Regulation 28 but who has attained the age of sixty-two years and by or on behalf of whom not fewer than fifty contributions have been paid or have been credited by virtue of Regulation 59.

Duration of age pension.

30. Subject to the provisions of these Regulations, age pension shall be paid from the date of the beneficiary's sixty-second birthday until his death.

Amount of pension.

31. (1) The annual amount of age pension shall be thirty percent of the average of the average annual wages of the insured person or of \$24,000, whichever shall be the lesser, to which shall be added –

(a) two percent of his average annual wages or of \$24,000, whichever shall be the lesser, for each unit of fifty contributions actually paid in respect of him, or credited to him in accordance with Regulations 33 and 59, subsequent to the first five hundred of such contributions and up to a total of seven hundred of such and fifty of such contributions; and

(b) one percent of his average annual wages or of \$24,000, whichever shall be the lesser, for each unit of fifty such contributions in excess of seven hundred and fifty of such contributions;

Provided that in no case shall age pension exceed sixty percent of the insured person's average annual wages or \$16,800 per annum, whichever shall be the lesser not be less than \$8 a week.

31. (2) Average annual wages for the purpose of this Regulation shall be the sum of the weekly wages paid to the insured person during the three best contribution years out of his last fifteen contribution years, or such lesser number being the number of contribution years since 1st February 1978, divided by three.

31. (3) The weekly rate of age pension shall be the annual rate thereof divided by fifty-two and rounded to the nearest multiple of ten cents.

Amount of grant.

32. (1) The amount of age grant shall be a lump sum equal to six times the average weekly wages of the insured person for each unit of fifty contributions actually paid in respect of him, or credited to him in accordance with Regulation 59.

32. (2) Average weekly wages for the purpose of this Regulation shall be the sum of the weekly wages paid to the insured person during the period for

which he was an insured person, divided by the number of contribution weeks in that period.

Age pension persons over 52 on 1.2.1978.

33. An insured person who was over the age of fifty-two years on 1st February 1979 shall be credited with contributions equal to fifty contributions for each age year of age in excess of fifty-two years subject to a maximum of three hundred and fifty contributions:

Provided that (1) such contributions –

- (a) shall be taken into account in respect of age pension only;
 - (b) shall only be taken in to account in assessing the average annual wages of the insured person; and
 - (c) shall only be taken in to account to the extent necessary to enable an insured person to qualify for age pension at the rate of thirty percent of his average annual wages; and
- (2) in no case shall an age pension under this Regulation exceed \$30 a week.

E. Funeral Grant

Entitlement.

34. (1) Subject to the provisions of these Regulations funeral grant shall be awarded on the death of a person who –

- (a) was a insured person; or
- (b) was the spouse of an insured person.

34. (2) Funeral grant shall be paid to any person who has met, or to any person who gives to the Director an undertaking in writing to meet, the whole or part of the deceased's funeral expenses, so, however that any payment of funeral grant to a person by virtue of this paragraph shall be subject to the condition that if that person fails to carry out any such undertaking he shall repay to the Fund any funeral grant so paid to him.

34. (3) Where –

- (a) occurred at sea and the deceased person was buried at sea; or
- (b) the person who has met or is liable to meet the cost of the funeral of the deceased person cannot be found; or

- (c) the cost of the funeral was less than the amount of the benefit,

The benefit or, as the case may be, the remainder thereof, shall be paid to such person or persons as the Director in his discretion may decide.

Condition to be satisfied.

35. Funeral grant shall be awarded only if the insured person has been an insured person not less than twenty-six contributions weeks and had paid not fewer than twenty-six contributions.

Support of claim.

36. A claim for funeral grant shall be supported by a death certificate or by such other evidence as the Director may require for the purpose of establishing the death of the insured person or his or her spouse and by such evidence as the Director may require to establish that the claimant is entitled thereto.

Amount.

37. The amount of funeral grant shall be \$200.

F. Survivor's Benefit

Entitlement.

38. (1) Subject to the provisions of these Regulations, survivor's benefit shall be awarded to the widow or widower, as the case may be, and to any child of a deceased insured person if, at the date of his death, that insured person –

- (a) had actually paid one hundred and fifty weekly contributions;
- (b) was in receipt of invalidity benefit or age benefit; or
- (c) would have been awarded age benefit had he made a claim for such benefit.
- (d) was sixty-two years of age or over and would have been awarded age benefit had he made a claim for such benefit.

38. (2) Where, at the date of his death, the deceased insured person was in receipt of invalidity benefit or age pension, or would have been awarded either of such benefits if he had made a claim therefor, or had actually paid one hundred and fifty weekly contributions survivor's benefit shall be awarded as pension.

38. (3) Where, at the date of his death, the deceased insured person had been awarded age grant, or would have been awarded age grant if he had made a claim therefore, survivor's shall be awarded as a grant.

Support of claim.

39. A claim for survivor's shall be supported by a death certificate or by such other evidence as the Director may require for the purpose of establishing the death of the insured person.

Widows.

40. (1)

(a) A widow who, at the date of her husband's death was fifty years of age or over and had been married to him for not less than three years, shall be awarded a survivor's pension for her life or a survivor's grant.

(b) A widow who, at the date of her husband's death, had been married to him not less than three years and was at that date an invalid, shall be awarded a survivor's pension for so long as invalidity continues or a survivor's grant.

(c) A widow who, at the date of her husband's death, had not attained the age of fifty years or was not invalid or, being fifty years or over had been married to him for less than three years, shall be awarded a survivor's pension for a period of one year.

40. (2) A survivor's pension payable to a widow shall cease on her remarriage or if she cohabits with a man as his wife.

40. (3) A survivor's pension payable to a widow pursuant to paragraph (1) (b) ceases otherwise than because of her remarriage or cohabitation, if she is then over the age of fifty years she shall be awarded a survivor's pension for her life.

Widowers.

41. A widower shall be granted a survivor's pension if, at the death of his wife's death –

(a) he and his wife had been married for not less than three years; and

(b) he had been wholly or mainly maintained by his wife immediately prior to her death; and

(c) he had no income from any source whether by way of benefit or otherwise,

and any such pension shall be payable for so long as he continues to satisfy the aforesaid conditions as to invalidity and means:

Children.

42. (1) A survivor's pension or a survivor's grant shall be awarded to an unmarried child, including an adopted child, a step-child or an illegitimate child, of a deceased insured person who, at the date of the parent's death, was under the age of sixteen years and was living with or was wholly maintained by the deceased at the date of his death.

42. (2) A survivor's pension shall be payable in respect of a child until he attains the age of sixteen years:

Provided that in the case of an invalid child a survivor's pension shall be payable for so long as invalidity continues.

Amount.

43. (1) For the purpose of this Regulation and of Regulation 44, the maximum amount survivor's pension shall in respect of an entitlement under Regulation 38(1)(a) be thirty percent of the average annual wages of the deceased insured person and in respect of entitlement under Regulation 38 (1) (a) (b) (c) and (d) be the annual amount of invalidity benefit or of age pension, as the case may be, which was being paid or would have been payable to the deceased insured person.

43. (2) For the purpose of this Regulation and of Regulations 44, the maximum amount of survivor's grant shall be the amount of age grant which had been paid or would have been paid to the deceased insured person.

43. (3) The amount of a survivor's pension or a survivor's grant payable to a spouse shall be equal to one-half of the maximum amount.

43. (4) The amount of a survivor's pension or a survivor's grant payable to a child shall be equal to one-sixth of the maximum amount, save that in respect of any child who is an orphan or who is an invalid the amount may be one third of the maximum amount if the Director so determines.

43. (5) The aggregate of survivor's pension or a survivor's grants payable to a spouse and children shall not exceed the maximum amount.

43. (6) Where no spouse is entitled to survivor's benefit, the maximum amount may be paid in respect of any child or children of the deceased:

Provided that the amount of pension payable in respect of each child shall not exceed the rates set out in paragraph (4).

Insufficiency of amount available for distribution to children.

44.(1) Where the maximum amount available for the payment of survivor's pensions or grants to the children of a deceased insured person is insufficient to

enable payment to be made in respect of all of the children in accordance with Regulations 42 and 43 and a question is raised as to which of several children should be awarded such pensions or grants, then the question shall be referred to the Board for decisions in accordance with the Social Security (Determination of Questions) regulations, 1978.

44. (2) Where survivor's pensions or grants have been awarded in circumstances for which paragraph (1) provides and in accordance with that paragraph, and there is any other child of the deceased insured person who has not been awarded a survivor's pension or grant because of the provisions of that paragraph, then any such other child may be awarded a survivor's pensions and grant, in accordance with Regulations 42 and 43, at any time when the total amount of survivor's pensions or grants actually being paid to children of the deceased insured person falls below the maximum amount; and in any case the provisions of paragraph (1) shall apply.

PART IV ASSISTANCE

No assistance when invalidity or age benefit awarded.

45. Assistance shall not be awarded to a person who has been awarded invalidity or age benefit.

Entitlement.

46. Subject to the provisions of these Regulations assistance may be awarded to a claimant who –

- (a) has attained the age of sixty-two years; and
- (b) is not in gainful employment; and
- (c) is in need; and
- (d) is ordinarily resident in the State.

Review.

47. An award of assistance may be reviewed by the Board at any time and shall be cancelled if it appears to the Board that the beneficiary is no longer eligible for assistance in accordance with Regulation 46.

Duration.

48. Subject to Regulation 47, assistance which has been awarded shall be paid for his life to the beneficiary or to such other person on behalf of the beneficiary as the Board may direct.

Amount.

49. Assistance shall be paid at the rate of \$7 a week.

**PART V
PAYMENT OF BENEFIT.**

Time and manner of payment of benefit.

50. (1) Any benefit or assistance shall be paid in accordance with the award thereof as soon as is reasonably practicable after such an award has been made and may be paid in cash, by reasonable order or, in the case of a benefit in respect of which there are periodical payments or of assistance, by serial order, as the Board may direct, either generally or in respect of any benefit or of assistance, or of any beneficiary; and periodical payments shall be made at such intervals as the Board may direct, either generally or in respect of any class of such payments or of any beneficiary.

50. (2) In any case in which there is an award by the determining authority under which periodical payments are to be made, the Board may cause arrangements to be made whereby, on furnishing such evidence as to identify and such other particulars as may be required, the beneficiary may obtain a book of pension orders or of serial orders (as the case may be) and the beneficiary shall be notified of the appropriate place at which he may obtain such a book of the arrangements so far as they affect him.

50. (3) The Board shall arrange, where appropriate, for the issue of a fresh book of pension orders or of serial orders on the expiration of the previous book.

Books of orders to remain property of Board.

51. (1) Any book of pension orders or of serial orders issued to any person shall remain the property of the Board.

51. (2) Any person having a book of pension orders or of serial orders, or any unpaid order, shall, on termination of the benefit to which such book or order relates or when requested so to do by an officer of the Board, deliver such book or order to the Board or such person as the Board may direct.

Board may make other arrangement for payment in certain cases.

52. Notwithstanding anything contained in these Regulations the Board may arrange –

- (a) in the case where the date from which benefit or assistance would commence, or as from which a change in rate of benefit or assistance would take effect, is other than a date immediately following the appropriate day of the week for which that benefit or assistance is payable; or

(b) in the case where the date from which benefit or assistance would cease to be payable is a day other than the appropriate day of the week for which that benefit or assistance is payable,

for a proportion of benefit or assistance to be paid to the beneficiary otherwise than by means of a payable order.

Other methods of payment of pensions

53. Notwithstanding anything contained in these Regulations, the Board may, in any particular case or class of cases, arrange for the payment of benefit or assistance to the beneficiary otherwise than by means of a payable order or a serial order.

Information to be given when obtaining payment.

54. A beneficiary and any person to whom benefit or assistance is paid on behalf of a beneficiary shall furnish in such manner and at such times as the Director may require such certificates and other documents, and such information of facts, relating to the receipt or disbursement thereof as may be specified (either as a condition on which any sum or sums shall be paid or otherwise) by the Director.

Extinguishment of right to sums payable by way of benefit not obtained within prescribed time.

55.(1) The right to any sum payable by way of benefit or assistance shall be extinguished where payment thereof is not obtained within the period of six months from the date on which that sum is receivable in accordance with this Regulation.

55. (2) In calculating the period of six months for the purpose of paragraph (1) no amount shall be taken of –

- (a) any period during which a payable order or serial order, in respect of the sum is in the possession of the Post Office, the Board or a bank at which it is payable, other than a period after written notice has been given to the beneficiary that the order is available for collection;
- (b) any period during which the Board had under consideration any representation that a payable order a serial order in respect of the sum has not been received or has been lost, mislaid or stolen;
- (c) any period during which the beneficiary is for the time being unable to act by reason of any mental incapacity, subject to the qualification that the total period disregarded on account of such inability to act shall not exceed one year; or

(d) any period during which the determination of any question as to such extinguishment is pending.

55. (3) For the purpose of this Regulation, a sum payable by way of benefit or assistance shall, subject to paragraph (4) and to the Regulation 58 (3), be receivable –

(a) in the case of a sum contained in a serial order, on the date on which the order is due to be paid;

(b) in the case of a sum contained in payable order;

(i) if the order is sent through the post on this date on which it is authenticated for payment, and

(ii) in any other case, on the date of issue of the order;

(c) in the case of a sum not contained in a payable order where notice is given orally or in writing to the beneficiary that the sum is available for collection –

(i) if written notice is sent by post, on the date on which it would be delivered in the ordinary course of post; and

(ii) in any other case, on the date of the notice;

(d) in any other case, six months (or such longer period as may be determined by the Board in the circumstances of any particular case) after the date on which the sum became payable.

55. (4) In determining when a sum is receivable under paragraph (3) the following provisions shall apply –

(a) if a beneficiary proves that through no fault of his own he did not receive the payable order or the serial order or written notice, until a date later than the appropriate receivable date determined in accordance with paragraphs (3) the sum shall be receivable –

(i) on that later date; or

(ii) on the date which is six months after the appropriate receivable date,

which is the earlier;

(b) if a beneficiary proves that through no fault of his own he has not the payable order or the serial order or written notice, the sum shall be receivable –

(i) on the date determined in accordance with paragraph (3) on the date basis of the issue of any further payable order or serial order or on giving notice again respect of that sum; or

(ii) on the date which six months after the receivable date determined in accordance with paragraph (3) on the same basis,

whichever is the earlier.

55. (5) Any sum payable by way of benefit or assistance to a beneficiary who is for the time being unable to act shall be receivable in accordance with this Regulation, notwithstanding his inability to give a receipt therefor.

55. (6) A person who would be entitled to benefit or assistance but for the operation of this Regulation shall be treated as if he was entitled thereto for the purpose of any rights or obligations under the Act and any Regulations made there under (whether of himself or any other person) which depend on his being so entitled, other than the right to payment of that benefit or assistance.

Beneficiaries to notify changes of circumstances.

56. (1) A beneficiary shall inform the Director of any change in his circumstances affecting his continued right to receive benefit or assistance or the rate at which the benefit is payable, within one week of the occurrence of the change.

56. (2) The Board may require any beneficiary to furnish from time to time documentary evidence that he is alive and that the conditions governing the grant of such benefit or assistance continue to be satisfied.

Persons unable to act.

57. (1) In the case of any beneficiary, or of any person who is alleged to be entitled to benefit or assistance, or by whom or on whose behalf a claim for benefit of assistance has been made, being a child or a person unable for the time being to act, where no other person or authority has been duly appointed under the law to have charge of such person or his estate, the Board may, upon written application being made to it, appoint a person to make or exercise on behalf of the child or person who is unable to act any claim or right to which the child or person may be entitled under the Act and any Regulations made thereunder, and receive and deal with any sums payable behalf of such child or person:

Provided that –

(a) any such appointment by the Board shall terminate on the date immediately prior to the date on which the board is notified that another person or authority has been duly appointed under the law to have charge of such person or his estate;

(b) a person who has not attained the age of twenty-one years shall not be capable of being appointed to act under this Regulation;

(c) the Board may at any time in its absolute discretion revoke an appointment made under this Regulation; and

(d) any person appointed under this Regulation may, on giving the Board one month's notice in writing of his intention to do so, resign his office.

57. (2) Anything required by these Regulations to be done by or to any person who is a child or who is for the time being unable to act may be done by or to any person or authority duly appointed under the law to have charge of such person or of his estate, or by or to the person appointed under this Regulation to act on behalf of such person; and the receipt of any person so appointed shall be a good discharge to the Board and the Fund for any sum paid.

Payment on death.

58. (1) On the death of a person who has made a claim for benefit or assistance, or who is alleged to have been entitled to benefit or assistance, or in respect of whose death a funeral grant is alleged to be payable, the Board may appoint such person as it thinks fit to proceed with or to make a claim for such benefit or assistance, and the provisions of these Regulations shall apply, subject to the necessary modifications, to any such claim.

58. (2) Subject to paragraph (5), any sum payable by way of benefit or assistance which is payable under an award on a claim proceeding with or made under paragraph (1) may be paid or distributed to or amongst persons claiming as personal representatives, legatees, next-of kin or creditors of the deceased, and the provisions of Regulation 55 shall apply to any such payment or distribution:

Provided that –

(a) the receipt of any such person who has attained the age of twenty-one years shall be a good discharge to the Board and the Fund for any sum so paid; and

(b) where the Board is satisfied that any such sum or part thereof is needed for the benefit of any person under the age of twenty-one years,

the Board may obtain good discharge thereof by paying the sum or thereof to a person over that age (who need not be person specified in this paragraph) who satisfies the Board that he will apply the sum so paid for the benefit of the person under the age of twenty-one years.

58. (3) Subject to paragraphs (5), any sum payable by way of benefit or assistance in respect of a deceased person, payment of which he had not obtained at the date of his death may, unless the right thereto was already extinguished at that date, be paid or distributed amongst such persons as are mentioned in paragraph (2), and the provisions of Regulations 55 and of paragraph (5) shall apply to any payment or distribution:

Provided that, for the purpose of Regulations 55 (1), the period of six months shall be calculated for the date on which the sum was receivable by the by any such person and not from the date on which it was receivable by the deceased, and for those purposes the reference in Regulation 55 (3) (d) to the date on which the sum became payable shall be construed as a reference to the date of application to the Board made in accordance with paragraph (4).

58. (4) Paragraphs (2) and (3) shall not apply in any case unless written application for the payment of any such sum is made to the Board within six months form the date of the deceased's death, or within such longer period as the Board may allow in any particular case.

58. (5) The Board may dispense with strict proof of the title of any person claiming in the accordance with this Regulation

PART VI MISCELLANEOUS

Credited contributions.

59. (1) For every contribution week for the whole of which an insured person receives sickness benefit or maternity benefit a contribution shall be credited to that person without actual payment thereof.

59. (2) The provisions of paragraph (1) shall apply in the case of an insured person who, but for the provisions of Regulation 13, would have been entitled to receive sickness benefit.

59. (3) A credited contributions shall, subject to these Regulations, be valid for sickness, maternity, invalidity or age benefit and shall be at the level of the weekly wages corresponding to, or most closely corresponding to, those on the basis of which the sickness or maternity benefit was paid.

Provided that where sickness or maternity benefit was payable at different rates during a contribution week, the credited contribution for that week shall be at level of the weekly wages corresponding to, the higher or highest level of weekly wages on the basis of which such benefit was paid.

Payment of maximum contributions.

60. If before the end of any contribution year the maximum amount of contributions shall have been paid by or on behalf of, or shall have been credited by virtue of Regulations 33 and 59 to, any insured person, being the maximum amount prescribed by the Schedule to the Contributions Regulations, then for the purposes of these Regulations contributions shall be deemed to have actually been paid by or on behalf of that person for each contribution week in that year during which he was an employed person and that person shall be deemed to have been an insured person for each such week.

Entitlement to more than one benefit.

61. (1) Subject to this Regulation, notwithstanding that an insured person has been awarded two or more benefits at the same time or, having been awarded one benefit, is subsequently awarded another benefit, then only one benefit shall be paid to that person and the benefit to be paid shall be either the benefit first awarded or the benefit of which the amount is the greater:

Provided that if a benefit of greater amount ceases to be payable, then the insured person shall not be disqualified from receiving any other benefit which he may have been awarded.

61. (2) An insured person shall not be disqualified from receiving any benefit which may be awarded to him because of the award to him of a funeral grant.

61. (3) An insured person, and the wife of an insured person, shall not be disqualified from receiving sickness or maternity benefit, as the case may be, because of the award to him or to her of survivor's benefit.

Beneficiaries aboard.

62. (1) Except as herein after provided, a beneficiary shall be disqualified from receiving any benefit for any period during which that person is absent from the State.

62. (2) A beneficiary shall not be disqualified from receiving sickness or maternity benefit by reason of being temporarily absent from the State for the specific purpose of being treated or any illness which commenced before he left the State during such period as the Director may allow, having regard to the particular circumstances of the case.

62. (3) A beneficiary shall not be disqualified from receiving age or survivor's benefit by reason of being absent from the State.

62. (4) A beneficiary shall not be disqualified from receiving invalidity benefit by reason of being absent from the State for such period as the Director may allow, having regard to the particular circumstances of the case, that benefit having been awarded before that person left the State.

Payment of benefit to beneficiaries aboard.

63. Any benefit which is paid to a beneficiary by virtue to Regulation 62 shall be paid in the State to such representative acting for and on behalf of the absent beneficiary as may be approved by the Director.

Deferment of claims and forfeiture of benefit.

64. (1) If any person who is claiming or who has been awarded any benefit or assistance fails to furnish any information required of him, or to attend when required to do so for medical or other examination, by virtue of these Regulations or of the Social Security (Determination of Questions) Regulations, 1978, consideration of that claim or of any question arising in relation thereto may be deferred until the information has been furnished or the report of the examination has been received, and the determining authority may direct that any benefit or assistance payable in consequence of its award or decision shall be forfeited for the period of such failure.

64. (2) If, in respect of any incapacity, or expected or actual confinement, a person awarded sickness, maternity or invalidity benefit or assistance, as the case may be -

(a) without good reason behaves in any manner calculated to retard his or her recovery or fails without good cause to answer any reasonable enquires by an officer of the Board directed to ascertain whether he or she is doing so;

(b) is absent from his or her place of residence without leaving word where he or she may be found;

(c) undertakes work for which remuneration is or would ordinarily be payable;

(d) fails to comply with the requirements of Regulations 54,

he or she shall be liable to forfeit that benefit assistance for such period not exceeding six weeks as the Director may determine.

Persons undergoing imprisonment or detention.

65. (1) Subject to paragraph (2), a person shall be disqualified from receiving any benefit or assistance for any period during which that person is undergoing imprisonment or detention in legal custody.

65. (2) Where the Board is satisfied that an insured person undergoing imprisonment or detention in legal custody has dependants who, immediately before such imprisonment or detention, were wholly or mainly maintained by him, it may authorise the payment to or on behalf of those dependants of an amount not exceeding one-half of the benefit which would otherwise be payable to the insured person during such a period as the Board may allow, having regard to the particular circumstances of the case.

Offences.

66. If any person contravenes or fails to comply with any requirements of these Regulations he shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding one hundred dollars or, where the offence consists of continuing any such contravention or failure after conviction therefore, one hundred dollars together with a further one hundred dollars for each day on which it is so continued.

SCHEDULE

MEDICAL CERTIFICATES

(Regulations 11, 17, 19 and 23)

1. In this Schedule, unless the context otherwise requires –
“medical practitioner” means a medical practitioner not being the insured person or the husband or wife of the insured person.
2. A certificate shall be either on a form supplied by the Board or on such other form substantially to the like effect as the Director may accept.
3. After a certificate based on an examination has been given, no further certificate based on an examination shall be furnished other than a certificate to replace the original certificate which has been lost or mislaid, and in that case form shall be clearly marked “Duplicate”.

SICKNESS OR INVALIDITY

4. Every certificate of sickness or invalidity shall be in writing in ink or other indelible substance, and shall contain the following particulars –

- (a) the insured person's name;
- (b) the date of the examination on which the certificate is based;
- (c) a concise statement of the nature of the disease or disablement by which the insured person is, in the practitioner's opinion, at the time rendered incapable of work;
- (d) the date on which the certificate is given,;
- (e) the address of the practitioner,

and shall bear, opposite the words " Doctor's Signature", the signature of the certifying practitioner written after there have been entered on the certificate the insured person's name and the statement of the disease or disablement.

5. The statement of the incapacitating disease or disablement shall specify the cause of incapacity as precisely as the practitioner's knowledge of the insured person's condition at the time of the examination permits:

Provided that, if in the practitioner's opinion a disclosure to the insured person of the precise cause would be prejudicial to his well-being, the certificate may contain a less precise statement.

6. (1) In the case in which, in the opinion of the practitioner, the insured person will become fit to resume work on a day not later than the end of the 7th day after the date of the examination on which the certificate is based, the certificate shall specify the first-mentioned day.

6. (2) In any other case, the certificate shall cover a specified number of days or weeks from and including the date of the examination on which the certificate is based, which shall not exceed 28 days, or where at that date the capacity has continued for not less than 28 days, 13 weeks.

In computing any period of time in relation to any certificate given under this Regulation Sunday shall not be disregarded.

CONFINEMENT

7. Every certificate of confinement or expected confinement shall be in writing in ink or other indelible substance and shall be signed by a medical practitioner or a midwife attending the woman.

8. Every certificate of confinement or expected confinement shall contain the following particulars –

- (a) the woman's name;
- (b) in the case of certificate of expected confinement, the week in which it is to be expected that the woman will be confined and the date of the examination on which the certificate is based;
- (c) in the case of certificate of confinement, the date and place of the confinement, and the date of the examination on which the certificate is based;
- (d) the date on which the certificate is given;
- (e) the address of the practitioner or the midwife and, in the case of a midwife , either her registered number or the date of her qualification;

and shall bear, opposite the word "Signature", of the person giving the certificate written after there have been entered on the certificate the woman's name and the date or (as the case may be) the expected date of the confinement.