



# Saint Lucia GOVERNMENT GAZETTE

## **EXTRAORDINARY**

**Vol. 189 • Issue 50 • Tuesday August 18, 2020**

Published under Authority by the National Printing Corporation  
Cnr. of Jeremie and Laborie Streets  
Castries, Saint Lucia, West Indies

Tel.: (758) 468 2199  
Fax : (758) 452 4582

Email : [npc@gosl.gov.lc](mailto:npc@gosl.gov.lc)

Website Address : <http://www.slugovprintery.com>

GOVERNMENT NOTICE

---

The following document is published with and forms part of this  
*Extraordinary Gazette*:

Statutory Instrument

No. 128 of 2020 — National Insurance Corporation (Sickness Benefit)  
(COVID 19) (No. 2) Regulations

*National Insurance Corporation  
(Sickness Benefit) (COVID 19) (No. 2) Regulations*

**SAINT LUCIA**

STATUTORY INSTRUMENT, 2020, No. 128

**ARRANGEMENT OF REGULATIONS**

*Regulation*

1. Citation and commencement
2. Interpretation
3. Entitlement
4. Commencement of sickness benefit
5. Claim form and manner for making a claim
6. Conditions for sickness benefit
7. Period of payment
8. Rate of sickness benefit
9. Expiry

**SCHEDULE**



*National Insurance Corporation  
(Sickness Benefit) (COVID 19) (No. 2) Regulations*

## SAINT LUCIA

STATUTORY INSTRUMENT, 2020, No. 128

[ 18th August, 2020 ]

In exercise of the power conferred under section 47 of the National Insurance Corporation Act, Cap. 16.01, the Minister responsible for the National Insurance Corporation makes these Regulations:

### **Citation and commencement**

1.—(1) These Regulations may be cited as the National Insurance (Sickness Benefit) (COVID 19) (No. 2) Regulations, 2020.

(2) These Regulations are deemed to have come into force on the 1<sup>st</sup> day of August, 2020.

### **Interpretation**

#### **2. In these Regulations —**

“Act” means the National Insurance Corporation Act, Cap. 16.01;

“Chief Medical Officer” means the Chief Medical Officer under the Public Health Act, Cap. 11.01;

“COVID 19” means the novel Coronavirus known as 2019-nCoV;

“private person” includes an individual, a company or a partnership;

“statutory body” means any corporation, company, board, commission, authority or other body established by or under an Act to provide goods or services to the public and all or part of its appropriations for operating purposes are provided under that heading in the budgetary estimates tabled in Parliament, and —

(a) at least half of its members are appointed by Cabinet or a Minister;

(b) at least half of its operating expenses are charged on the Consolidated Fund or by other funds administered by a public body, or by both at the same time.

*National Insurance Corporation*  
*(Sickness Benefit) (COVID 19) (No. 2) Regulations*

**Entitlement**

3.—(1) Subject to these Regulations, sickness benefit is payable to an insured person who is rendered temporarily incapable of work as a result of being infected or placed in quarantine or isolation for COVID 19, and for this purpose —

- (a) an insured person is treated as incapable of work for any day during which he or she is required to abstain from work for any day during which —
  - (i) he or she is placed in isolation due to the fact that he or she is manifesting signs and symptoms of COVID 19 for a period not exceeding fourteen days,
  - (ii) he or she is placed in quarantine by reason of having been exposed to COVID 19 through direct or indirect contact for a period not exceeding fourteen days,
  - (iii) he or she is diagnosed with COVID 19;
- (b) one day in each week as may be determined by the Director in any particular case or class of cases is not treated as a day of incapacity for work and must be disregarded in computing any period of consecutive days.

(2) An insured person who receives full pay from his or her employer during a period of incapacity for work is not entitled to receive a sickness benefit.

**Commencement of sickness benefit**

4.—(1) An insured person who is entitled for a sickness benefit under regulation 3, may receive the sickness benefit for the first day and any continuous period of incapacity of work.

(2) An insured person is not entitled to receive a sickness benefit on or after attaining the pensionable age.

(3) Subregulation (2) does not apply to a person who has continued to make the appropriate contributions after pensionable age.

*National Insurance Corporation*  
*(Sickness Benefit) (COVID 19) (No. 2) Regulations*

**Claim form and manner for making a claim**

**5.—**(1) An insured person may make a claim for sickness benefit in the form set out in the Schedule.

(2) A claim under subregulation (1) must be —

(a) made through the use of an electronic mail address provided by the Corporation;

(b) signed, in the case of an insured person —

(i) employed by or under the Crown or a statutory body, by two senior officers, including the Permanent Secretary or head of a department, unit or agency,

(ii) who is in the employment of a private person, by two senior employees, including the Chief Executive Officer, Human Resource Manager, Chief Financial Officer or a person who performs the duties of these persons;

(c) supported —

(i) in a case of an insured person who is diagnosed with COVID 19, with a sick leave form certified by the registered medical practitioner, medical officer or a person appointed by the Chief Medical Officer to do so,

(ii) in any other case, with —

(A) evidence of being infected with or placed in isolation or quarantine for COVID 19;

(B) other evidence as the Director may require for the purpose of establishing the insured person's incapacity for work.

(3) Notwithstanding subregulation (2)(a), a claim for sickness benefit may be made on the request of an insured person, in another manner approved by the Director.

*National Insurance Corporation*  
*(Sickness Benefit) (COVID 19) (No. 2) Regulations*

**Conditions for sickness benefit**

- 6.** Sickness benefit shall be payable only if —
- (a) the insured person —
    - (i) is absent from work in accordance with regulation 3,
    - (ii) is engaged in insurable employment immediately prior to the day on which incapacity commenced,
    - (iii) was engaged in insurable employment and has paid at least two month's contributions for a period of four months immediately preceding the 1<sup>st</sup> day of March, 2020, and
    - (iv) has paid contributions for not less than six months since his or her registration under the Act;
  - (b) the employer was operating on the first day on which the incapacity commenced.

**Period of payment**

**7.**—(1) Sickness benefit shall be paid for each day, excluding one day in each week as determined under these Regulations as long as the incapacity continues, subject to a maximum period of six months in any continuous period of incapacity for work.

(2) In determining a period of incapacity, a period separated by not more than eight weeks is treated as one continuous period of incapacity for work starting on the first day of the first such period.

**Rate of sickness benefit**

**8.** The rate of sickness benefit is sixty-five per cent of the average insurable earnings of an insured person in the last four months immediately preceding the 1<sup>st</sup> day of March, 2020.

**Expiry**

**9.** These Regulations cease to have effect on the 31<sup>st</sup> day of December, 2020.



*National Insurance Corporation  
(Sickness Benefit) (COVID 19) (No. 2) Regulations*

**SCHEDULE**

(Regulation 5(1))



**NATIONAL INSURANCE CORPORATION  
COVID-19 SICKNESS BENEFIT FORM**

THIS FORM MUST BE SIGNED AND COMPLETED IN THE CASE OF AN INSURED PERSON (1) IS EMPLOYED BY THE CROWN OR STATUTORY BODY - BY ANY TWO SENIOR OFFICERS INCLUDING THE PERMANENT SECRETARY OR HEAD OF A DEPARTMENT, UNIT OR AGENCY (2) IS EMPLOYED BY AN INDIVIDUAL, PARTNERSHIP OR COMPANY - BY ANY TWO SENIOR EMPLOYEES INCLUDING THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR HUMAN RESOURCE MANAGER.

**INSTRUCTIONS FOR COMPLETION**

This section must be completed by the Employer before the Application is submitted to the NIC.

Employer's Name:

Employer's  
Registration Number:  Telephone Number:

Email  
Address:

1. This is to certify that Mr./Mrs./Ms.:

SURNAME FIRST NAME

2. National Insurance Corporation Number:  Telephone Number:

Address:

3. Employee has been absent from work from:   
yyyy mm dd

4. Please state exact date employee is expected to return to work:   
yyyy mm dd

5. The employee's absence is as a result of:

- i.  **Quarantine** - He or she is required to abstain from work because he or she may have been exposed to COVID-19 through direct or indirect contact
- ii.  **Isolation** - He or she is required to abstain from work due to the fact that he or she is manifesting signs and symptoms of COVID-19
- iii.  **COVID-19** - He or she is required to abstain from work due to the fact that he or she has been diagnosed with COVID-19.
- iv.  **NONE OF THE ABOVE**

If COVID-19 is selected please ensure the sick leave form certified by a registered medical practitioner or a medical officer or a person appointed by the Chief Medical Officer is attached to this form

*National Insurance Corporation  
(Sickness Benefit) (COVID 19) (No. 2) Regulations*

6. Will the employee be receiving his/her full pay for the entire period of absence?

Yes  No

If "YES", state the exact period that the employee will be receiving full pay:

From 

yyyy	mm	dd

 to 

yyyy	mm	dd

7. Is Applicant still employed?: Yes  No

If "NO" please state reason(s):

**DECLARATION**

I hereby certify that the above-captioned statements are true to the best of my knowledge and belief and I assume full responsibility as to their correctness. I also undertake to notify the National Insurance Corporation as soon as possible of the employee's return to work.

**REPRESENTATIVE #1:**

SURNAME

FIRST NAME

**POSITION:**

**SIGNATURE:**

**REPRESENTATIVE #2:**

SURNAME

FIRST NAME

**POSITION:**

**SIGNATURE:**

**EMPLOYER'S STAMP:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*National Insurance Corporation  
(Sickness Benefit) (COVID 19) (No. 2) Regulations*

**THIS SECTION TO BE COMPLETED BY EMPLOYEE**

*\*Routing Number is necessary if your financial institution is either RBC or RBTT.*

**EMPLOYEE FINANCIAL INFORMATION**

NAME OF FINANCIAL INSTITUTION:			
ADDRESS:			
ACCOUNT NO.:		CONFIRM ACCOUNT NO.:	
BRANCH:			
ROUTING NO.:			

By providing your account information for the purposes of payment of a benefit to you via direct deposit you agree that the National Insurance Corporation (the Corporation) will rely on the information which you provide for the processing of each payment of the benefit transmitted to you. You are responsible for providing the Corporation with accurate information including; the account number; the name of the Financial Institution; the Branch of the Financial Institution; and any other information determined by the Financial Institution, since payment to you will be processed on said information. I understand that I am solely responsible for any losses arising from the Corporation's reliance on the account information provided, including but not limited to losses associated with funds being incorrectly credited to the wrong beneficiary.

**DECLARATION**

I hereby certify that the above-captioned statements are true to the best of my knowledge and belief and I assume full responsibility as to their correctness.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Warning: Any person who knowingly makes a false statement or representation for the purpose of obtaining benefit for himself or herself or some other person commits a criminal offence punishable by a fine or imprisonment or both pursuant to the National Insurance Corporation Act, Cap. 16.01.**

1390

*National Insurance Corporation  
(Sickness Benefit) (COVID 19) (No. 2) Regulations*

Made this 17<sup>th</sup> day of August, 2020.

GUY JOSEPH,  
*Minister responsible for the  
National Insurance Corporation.*