
THE SOCIAL SECURITY (BENEFITS) (SICKNESS)
REGULATIONS

Arrangement of Regulations

Regulation

1. Citation.
 2. Interpretation.
 3. Notices, etc. may be sent by post.
 4. Entitlement to benefit.
 5. Day from which benefit is to commence; no entitlement after age 60.
 6. Time and manner of submitting claims, etc.
 7. Conditions which must be satisfied.
 8. Rate of benefit.
 9. Disqualification.
- SCHEDULE.

S.R.O. 42/1973.
S.R.O. 31/1978.
S.R.O. 25/1981.
S.I. 15/1987.
S.I. 29/1991.

THE SOCIAL SECURITY (BENEFITS) (SICKNESS)
REGULATIONS MADE UNDER SECTIONS 29, 30
AND 31 OF THE SOCIAL SECURITY ACT.

1. These regulations may be cited as the Social Security (Benefits) (Sickness) Regulations. Citation.

2. In these regulations, unless the context otherwise requires.— Interpretation.

“average insurable weekly earnings” means the sum of insurable earnings on which contributions are based, paid in three calendar months immediately preceding the month of incapacity and divided by—

(a) in the case where the number of weeks worked is more than eight, the number of weeks worked during such calendar months; or

(b) in the case where the number of weeks worked is less than eight, any number of weeks worked prior to the date of the incapacity;

“continuous period of incapacity for work” means the sum total of any two or more periods of incapacity for work which are not separated by more than eight weeks;

“prescribed” means prescribed by the Director; and

“registered” means registered under the Medical Act.

Notices, etc. may be sent by post.

3. Any notice, application, card or other document which is authorised or required to be given, presented, issued or delivered under these regulations may be sent by pre-paid post.

Entitlement to benefit.

4. (1) Subject to the provisions of these regulations, sickness benefit shall be granted to an insured person who is rendered incapable of work as a result of some specific disease or bodily or mental disablement otherwise than as a result of employment injury; and for this purpose an insured person shall be treated as incapable of work for any day during which he is required to abstain from work because he is under observation by reason of being a carrier of, or his having been in contact with a case of, infectious disease.

(2) For the purposes of these regulations and these regulations only, a public service employee is not an insured person.

(3) For the purposes of these regulations “public service” includes statutory board.

Day from which benefit is to commence; no entitlement after age 60.

5. (1) An insured person who is eligible for 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 as from the fourth day or any such period.

(2) No insured person shall be entitled to sickness benefit on or after attaining the age of sixty years.

6. (1) An application for a claim under these Regulations shall be made in the form prescribed in the Schedule and shall reach the Director not less than twenty-one days after the date of the incapacity.

Time and manner of submitting claims, etc.

(2) The Director may in addition to the particulars furnished in the prescribed form require the insured person—

(a) to provide such other evidence for the purpose of establishing the insured person's incapacity for work;

(b) to attend for and submit to an examination by one or more registered medical practitioners appointed by the Board.

(3) Any application submitted after the period specified in subregulation (1) may be rejected by the Director.

(4) Any applicant whose application is rejected under this regulation may, within fourteen days of such rejection appeal to the Board for consideration.

7. (1) Sickness benefit shall be payable only if the insured person—

Conditions which must be satisfied.

(a) was engaged in employment as an insured person pursuant to section 19 of the Act immediately prior to the day on which incapacity commenced;

(b) had been insured for not less than 26 weeks; and

(c) had been insured for not less than eight weeks during the three calendar months immediately preceding the month of the incapacity.

(2) Subject to regulations 5 (1), sickness benefit shall be paid for each day (excluding Sundays) as long as incapacity for work continues subject to a maximum of 26 weeks in any continuous period of incapacity for work.

8. (1) The daily rate of sickness benefit shall be 60 per centum of the average insurable weekly earnings divided by 6.

Rate of benefit.

(2) The daily rate of benefit payable during any continuous period of incapacity for work shall be the daily rate of benefit paid in respect of the first day of that period of incapacity.

Disqualification.

9. An insured person entitled to payment of sickness benefit shall be disqualified for receiving benefit for such period as the Director may decide, but not exceeding 13 weeks, if

(a) the claimant has become incapable of work through his own misconduct;

(b) the claimant fails, without good cause, to comply with a notice in writing by the Director requiring him to attend for and submit himself to medical or other examination; or

(c) the claimant fails, without good cause, to observe any of the following rules of behaviour, namely—

(i) to refrain from behaviour calculated to retard his recovery, or to answer any reasonable enquiries by a duly authorised officer of the Board;

(ii) not to be absent from his place of residence without leaving word where he may be found; or

(iii) not to do work for which remuneration is or would ordinarily be payable.

SCHEDULE (Regulation 6)

Section A

(To be completed by a registered medical practitioner)

To: Mr/Mrs/Miss

I hereby certify that on 19....., I examined you and found that you are suffering from In my opinion, you will be fit to resume work on19.....

Occupational Injury.

Yes	No

Name
(please print)

Address

.....

Signature Date

Section B

(Medical certificate for employer)

I hereby certify that on 19....., I
examined , and by reason of illness,
he/she is incapacitated. In my opinion, he/she will be fit to resume
work on 19.....

Signature Date

Section C

(To be completed by claimant)

1. My social security number is
2. My name is
3. My address is
-
4. I am employed by
5. The address of my employer is.....
-
-

6. I claim sickness benefit from 19.....
During the three months immediately before my illness,
my other employer(s) was/were—

Name Address

(a)

(b)

(c)

Signature Date 19.....

Section D

(To be completed by employer)

This is to certify that has been
employed in this establishment from
19....., his/her weekly/monthly rate being \$ He/She
last worked on 19.....
and has been absent from 19.....
on account of incapacity which was/was not due to an injury
sustained during the course of his/her employment here.

HE/SHE RETURNED TO WORK ON
19.....

List below the employee's earning for the previous month. If he/she
is paid monthly, indicate the number of weeks worked using the
Saturdays as your guideline.

Weekly paid

Monthly paid

w/e

1. 19..... \$

2. 19..... \$ \$ for the month
of 19.....

3. 19..... \$ Number of weeks worked

4. 19..... \$

5. 19..... \$

