

*National Insurance Corporation
(Economic Relief Programme for COVID 19) Regulations*

SAINT LUCIA

STATUTORY INSTRUMENT, 2020, No. 64

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*National Insurance Corporation
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SAINT LUCIA

STATUTORY INSTRUMENT, 2020, No. 64

[24th April, 2020]

In exercise of the power conferred under section 65G of the National Insurance Corporation Act, Cap. 16.01, the Minister responsible for the National Insurance Corporation makes these Regulations:

Citation

1. These Regulations may be cited as the National Insurance Corporation (Economic Relief Programme for COVID 19) Regulations, 2020.

Interpretation

2. In these Regulations —

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

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

“Economic Relief Programme for COVID 19” means the economic relief programme established by the Board after the World Health Organization declared COVID 19 a pandemic on the 11th day of March, 2020;

“loss of income” means the termination of salary;

“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 enactment 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;

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- (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.

Economic Relief Programme for COVID 19

3. For the purposes of section 65A of the Act, the Economic Relief Programme for COVID 19 provides financial assistance to insured persons who have suffered a loss of income as a result of COVID 19.

Entitlement

4. Subject to these Regulations, an insured person who suffers a loss of income as a result of COVID 19 is entitled to receive a payment under the Economic Relief Programme for COVID 19 during the period for making a claim specified under regulation 5(4).

Claim form and manner for making a claim

5.—(1) An insured person may make a claim online under the Economic Relief Programme for COVID 19 in the form set out in the Schedule.

(2) Notwithstanding subregulation (1), a claim under the Economic Relief Programme for COVID 19 may be made on the request of an insured person, in another manner approved by the Director.

(3) An insured person shall specify in his or her claim whether he or she is in receipt of any financial assistance from his or her employer or an entity affiliated with his or her employer during the period for making a claim specified under subregulation (4).

(4) A claim under subregulation (1) or (2) must be made during the period of three months commencing on the 1st day of April, 2020 and terminating on the 30th day of June, 2020.

Conditions for payment

6.—(1) A payment under the Economic Relief Programme for COVID 19 may be made only if the insured person —

- (a) was engaged in insurable employment in February, 2020;
- (b) subject to subregulation (2), was engaged in insurable employment and paid at least one contribution prior to the 29th day of February, 2020;

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- (c) has suffered loss of income as a result of COVID 19; and
- (d) is not in receipt of any other benefit from the Corporation, other than a funeral grant.

(2) In the case of an insured person who is self-employed, a payment under the Economic Relief Programme for COVID 19 may be made if he or she —

- (a) was engaged in insurable employment and paid at least one contribution within the last twelve months prior to the 29th day of February, 2020;
- (b) satisfies subregulation (1)(a), (c) and (d).

(3) Where an insured person is in receipt of a benefit and is entitled to receive a payment under the Economic Relief Programme for COVID 19, the payment will be at the higher rate.

Rate of payment

7.—(1) Subject to subregulation (3), a payment under the Economic Relief Programme for COVID 19 shall be made in monthly sums equivalent to fifty per cent of the insurable earnings of an insured person who is entitled to receive a payment under regulation 4.

(2) Subject to subregulation (3), an insured person shall be paid a monthly sum which, when added to any financial assistance received under regulation 5(3), is equivalent to fifty per cent of his or her insurable earnings.

(3) A monthly sum payable under this regulation is subject to a minimum payment of five hundred dollars and a maximum payment of one thousand five hundred dollars.

Method of payment

8. A payment under the Economic Relief Programme for COVID 19 may be made to an insured person —

- (a) by making a deposit to the bank account number specified in the claim form;
- (b) if the employee gives his or her written consent for a payment to be made to his or her employer on his or her behalf, to his or her employer;

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- (c) if the method specified under paragraph (a) is impractical and on the request of an insured person, by another method approved by the Director.

Notice of re-employment or change of information

9. An insured person shall, during the period for making a claim, immediately give written notice to the Director if —

- (a) he or she is re-employed;
- (b) the information provided in his or her claim changes.

Grounds for ceasing payment

10. The Director shall cease payments under the Economic Relief Programme for COVID 19 —

- (a) if an insured person is re-employed during the payment period;
- (b) if an insured person, for himself or herself or for another person, makes a false statement or representation, or produces, furnishes or causes to be produced or furnished a false document in order to receive payments under the Economic Relief Programme for COVID 19.

Expiry

11. These Regulations cease to have effect on the 30th day of June, 2020.

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SCHEDULE

(Regulation 5)



**NATIONAL INSURANCE CORPORATION
ECONOMIC RELIEF CLAIM FORM**

PERSONAL INFORMATION AND IDENTIFICATION

First Name: _____ Other Name: _____ Last Name: _____

Date of Birth (DD/MM/YYYY): _____

National Insurance Corporation Number (NIC No.): _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Please upload photographic identification (Identification Card, Driver Licence or Passport)

EMPLOYMENT INFORMATION

Please provide details of your most recent employment:

Name of Last Employer(s)	Last Employer Registration Number (if known)	Last Employer's contact information/ Telephone Number	Last date of employment (DD/MM/YYYY)

Are you currently receiving any payments from your last employer? Yes No

If "Yes": (i) Specify the payment type(s): _____

(ii) Indicate the amount that you are being paid monthly: _____

Were you on vacation for any period after the 31st day of March 2020? Yes No

If "Yes", please provide the end date of your vacation (DD/MM/YYYY): _____

Why are you no longer employed with your last employer? _____

Tick the following boxes which you confirm to be true or false:

TRUE FALSE

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I was employed with my last employer in February 2020 and have contributed to the National Insurance Fund for at least one month prior to February 2020 |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not in receipt of any benefit from the National Insurance Corporation for the same period of unemployment being claimed |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not currently receiving any payments from my last employer |

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Were you last employed with a hotel? Yes No

If Yes, please select the Hotel's Name:

Please choose... ↓

If you choose 'Hotel is not listed' please also specify your choice in the accompanying text field.

By selecting the appropriate box below please indicate whether or not you consent to have your Last Employer as identified above receive on your behalf all payments due to you from the National Insurance Corporation under this Claim for Economic Relief.

Choose one of the following answers:

- I consent to have my Last Employer receive all payments on my behalf and I understand that:
- (a) Giving my consent will permit the National Insurance Corporation to communicate with my Last Employer about any payment to be made to me while my claim is under consideration and on approval of my claim;
 - (b) This consent will remain in place until either the final payment of all sums are paid to me or until I withdraw consent;
 - (c) I can withdraw my consent at any time;
- I do not consent

FINANCIAL INFORMATION

Name of Financial Institution:

Please choose... ↓

If you choose 'Other' please also specify your choice in the accompanying text field.

Note: You must provide a valid Routing Number if your Financial Institution is either BNC or BHTT.

Enter 9-digit Routing Number _____

Branch of Financial Institution: _____

Type of Account: Savings Checking

Please provide your account number below.

Please enter a valid Bank Account Number.

Account No: _____ Confirm Account No: _____

By providing your account information for the purposes of payment under the Economic Relief Programme 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 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 the payment to you will be processed based on said information.

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NATIONAL INSURANCE CORPORATION
ECONOMIC RELIEF CLAIM FORM

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 and I commit to immediately provide to the Director written notice if I am re-employed during the period for making a claim and any other change of the information provided in this claim.

I understand that I am solely responsible for any losses arising from the Corporation's reliance on the above information including the financial information provided, including but not limited to losses associated with funds being incorrectly credited to the wrong beneficiary.

Yes

WARNING: A person who knowingly makes a false statement or representation for the purpose of obtaining a benefit under the Economic Relief Programme for COVID 19 for himself or herself or for another person commits a criminal offence punishable by a fine or imprisonment or both pursuant to the National Insurance Corporation Act, Cap. 16:01.

Made this 24th day of April, 2020.

ALLEN M. CHASTANET,
Minister responsible for the
National Insurance Corporation.