August 18, 2020

The Director

National Insurance Corporation

Dear Sir,

**Re: National Insurance Corporation Short Term Benefit Payments Via Direct Deposit**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, holder of National Insurance Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorize the National Insurance Corporation (NIC) to provide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ having completed any requisite short term benefit claim forms as my employer with all relevant information on payments made to me in respect of such claims during any period for which I have made and been paid such a claim.

I agree that this authorization shall remain in effect until I revoke the same in writing.

I authorize the NIC to provide the following information in respect of the aforementioned claims paid to me.

* Employee Name
* NIC #
* Type of Claim
* Amount Paid
* Period (s) for which claim paid

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by Witnessed by Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name Employee NIC Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employer Representative Name Official Designation