



Jersey

SOCIAL SECURITY (MEDICAL CERTIFICATION) (AMENDMENT No. 3) (JERSEY) ORDER 2018

Made

23rd April 2018

Coming into force

30th April 2018

THE MINISTER FOR SOCIAL SECURITY, in pursuance of Articles 29 and 51 of the Social Security (Jersey) Law 1974¹, orders as follows –

1 Social Security (Medical Certification) (Jersey) Order 1974 amended

In Schedule 1 to the Social Security (Medical Certification) (Jersey) Order 1974² –

- (a) in the Rules for Medical Certification in Part A –
 - (i) in rule 1, in the definition “certificate” for the words “FOR DOCTORS USE ONLY” there shall be substituted the words “Doctor’s section”,
 - (ii) rules 5 and 7 shall be deleted,
 - (iii) in rule 6, for the words “In any other case, the certificate shall” there shall be substituted the words “Every certificate must”, and
 - (iv) in rule 8, the words “5 or” shall be deleted; and
- (b) for the form of medical certificate in Part B there shall be substituted the form set out in the Schedule to this Order.

2 Citation and commencement

This Order may be cited as the Social Security (Medical Certification) (Amendment No. 3) (Jersey) Order 2018 and shall come into force on 30th April 2018.

DEPUTY S.J. PINEL OF ST. CLEMENT

Minister for Social Security

SCHEDULE
(Article 1(b))

FORM OF MEDICAL CERTIFICATE TO BE SUBSTITUTED

	Office use only <input type="text"/>	Certificate number <input type="text"/>
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S101 Medical Certificate - Short Term Incapacity Allowance (STIA) benefit

1 Doctor's section - always complete this section

I certify that I have examined (first and last name)	Examination date (DD MM YYYY)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Reason for illness and incapacity for work	Ailment code
<input type="text"/>	<input type="text"/>
Return to work date (certificate valid until)	
<input type="text"/> / <input type="text"/> / <input type="text"/>	
Is this ailment a flare up of an existing Long Term Incapacity Allowance (LTIA) condition?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Backdate certificate to (DD MM YYYY)	
<input type="text"/> / <input type="text"/> / <input type="text"/>	
You must provide further details if	
<ul style="list-style-type: none"> • this certificate is backdated by more than 3 days. • this is a duplicate certificate. • there is information available which you feel we need to know to support this claim. 	
Doctor's ID	Doctor's signature
<input type="text"/>	
Doctor's name	
<input type="text"/>	

How we will use your data

We, the Social Security department, will use the information provided and other relevant information we hold to assess your entitlement to STIA. Where we have consent, or laws allow, we may:



- use the information to assess other benefits or services provided by Social Security.
- forward the information to other organisations e.g. for investigating fraud or pursuing debt.
- report accidents at work or work-related illnesses to the Health and Safety Inspectorate.

Claiming STIA benefit

Complete and sign the next page of this form and send the original to the Social Security Department, PO Box 55, La Motte Street, St. Helier, Jersey, JE4 8PE. Your claim may be delayed if you do not return the form to us as soon as possible.

You are not allowed to work and claim STIA. You must tell us if you return to work before your **return to work date** (as given by your Doctor in section 1), or if your circumstances change in any way that may affect your claim.

Further information on STIA can be found at www.gov.je/STIA

• Write in **BLOCK CAPITALS** and use only **blue** or **black** ink
 • Keep within boxes provided and place a in questions requiring a Yes or No

2 Personal details - always complete this section

First names
 Last name
 Address
 Postcode

Social Security number
 Date of birth (DD MM YYYY) / /
 Is this where you currently live? Yes No

Contact phone number

3 Your claim

3.1 Is this **your first** certificate for this period of illness?
 Yes If yes, complete all of section 3 No If no, move on to section 4

3.2 What date did you become unfit for work? (DD MM YYYY)
 / /

3.3 What date did you last work? (DD MM YYYY)
 / / or I have been unemployed for more than 6 months

3.4 Do you claim benefits from another country, or does someone else claim on your behalf?
 Yes No If yes, tell us which benefit
 Country Amount per week £ .

3.5 Have you paid social security contributions in the last 3 years in another country?
 Yes No If yes, tell us which country


3.6 What is the reason for this illness or injury? (please see "How we will use your data" overleaf)
 An accident at work A work related illness Neither

4 Who do you want us to pay? Select either option 4.1 or 4.2

4.1 Your employer. They should enter their STIA authority code
OR
 4.2 You directly. Tell us your bank details (the details you give will not change any other benefit payments)
 Name of account holder
 Sort code - - Your account number
 Is this a repeat certificate for this period of illness? Cross here if you want us to use the same bank details.

I understand that the law does not allow me to work, including voluntary or unpaid work, and claim this benefit.
 I will tell Social Security if I return to work early or if my circumstances change in any way that may affect my claim, including absences from Jersey.
 I understand that Social Security may speak to my Doctor about the information provided on this form in order to process this claim.

Signature



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- ¹ *chapter 26.900*
² *chapter 26.900.48*