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## NATIONAL INSURANCE ACT, 1946

# Sickness Benefit



April, 1948

MINISTRY OF NATIONAL INSURANCE

## NATIONAL INSURANCE ACT, 1946

**IMPORTANT.**

The information given in this leaflet is based on draft Regulations which have been submitted to and published by the National Insurance Advisory Committee but still require to be laid before Parliament. Until that action has been completed the information must be regarded as provisional and subject to alteration.

**Sickness Benefit**

From 5th July, 1948, the new National Insurance scheme replaces the old system of National Health Insurance, and this leaflet explains the general conditions under which sickness benefit is payable from that date.

**IMPORTANT CHANGES AT 5th JULY, 1948**

1. **New classes of insured persons.** Under the new scheme, insurance against sickness covers self-employed persons (Class 2) as well as persons who work for employers (Class 1), without any limit as to income or earnings ; and there are no exceptions for special classes of employment as there were under the old system. There are, however, special conditions for married women, and also for seafarers, civilian airmen and members of H.M. Forces. These special conditions are explained in separate leaflets available at the local National Insurance Offices.

2. **Improved benefits.** There is one standard rate of benefit (26/-) which is the same as that paid for unemployment benefit or retirement pension. For the first time, allowances in addition to sickness benefit are paid for the claimant's dependants, and a single woman receives the same rate as a man.

**HOW AND WHERE TO CLAIM SICKNESS BENEFIT**

3. **First Medical Certificates.** An insured person who becomes incapable of work and wants to claim sickness benefit should obtain from his doctor a medical certificate stating the cause of his incapacity. Special forms are used for this purpose and they contain not only the doctor's certificate but also the insured person's application for benefit. Whenever a fresh claim is being made the doctor will give a **FIRST CERTIFICATE** and the insured person should in every case complete and sign the left hand part (Part II) of the form headed **NOTICE OF INCAPACITY AND CLAIM FOR BENEFIT**. He should then turn to the back of the certificate and answer the question in Part III about dependants. If he thinks that his incapacity is due to an injury at work or to one of the prescribed industrial diseases he should also complete Part IV. The completed form should be sent to the local National Insurance Office *without delay*.

4. **Notice of incapacity.** If the local National Insurance Office is not informed of the incapacity within the first three days, the insured person may suffer a loss of benefit. When, for any reason, a medical certificate cannot be obtained within the first three days a note (giving full name, address and *National Insurance Number*) should be sent to that Office informing them of

the incapacity ; this should be followed up by the first medical certificate as soon as possible and, in any case, within ten days from the beginning of the incapacity.

**5. Intermediate medical certificates.** So long as the incapacity lasts and the insured person claims benefit he must continue to send in medical certificates. The forms provided for this purpose are INTERMEDIATE CERTIFICATES and usually they have to be sent in each week, but in cases of long illness the doctor may use a special form of the certificate which can be given at longer intervals. Every intermediate certificate includes a part headed CLAIM FOR BENEFIT to be completed by the insured person. When there has been a change in the circumstances of a dependant for whom a claim has been made, a note explaining the change should be sent with the certificate.

**6. Final Certificates.** When the doctor considers that the insured person is fit for work or will be fit to resume work within three days he will give a FINAL CERTIFICATE which also contains a part headed CLAIM FOR BENEFIT to be completed by the insured person. The final certificate should be sent to the local National Insurance Office on the last day of incapacity. A doctor cannot give a final certificate after the insured person has resumed work.

### 7. General rules.

- (a) Unless each part of the form is properly completed there may be delay in payment.
- (b) It is especially important that the National Insurance number should always be correctly inserted.
- (c) The form should be signed by the insured person or, if he is unable to sign, by someone on his behalf.
- (d) A final certificate should always be obtained before work is resumed.
- (e) Even when notice has been given within the first three days (see paragraph 4) certificates must be sent to the local National Insurance Office within ten days from the beginning of the incapacity, otherwise benefit may be lost.
- (f) If for any reason the doctor does not give a certificate on a standard form, any other form of certificate given should be sent to the local National Insurance Office with a note giving the insured person's full name, address and National Insurance number.

## HOW SICKNESS BENEFIT IS PAID

8. The method of payment which will generally be found most convenient is by means of Orders, sent by post from the local National Insurance Office, which can be cashed at a Post Office by the insured person or by someone on his behalf. But, if he prefers, his benefit can be paid in cash at the local National Insurance Office. If for any reason he wants arrangements made for the benefit to be brought to his home, the position should be explained to the Office.

## RATES OF BENEFIT

9. **Ordinary Rates.** The ordinary weekly rates of benefit are :—

Men, single women and widows aged 18 and over	.. ..	26/-
Married women aged 18 and over—(but see paragraph 10)	.. ..	16/-
Young persons under 18—(but see paragraph 11)	.. ..	15/-
Increase for one dependent adult	.. ..	16/-
Increase for one dependent child	.. ..	7/6

These rates, except that for a dependent child, may be reduced if the contributions paid or credited fall short of the required number (see paragraph 14).

10. **Married Women.** A married woman receives the same rate of benefit as a single woman of her own age if—

- (i) she is entitled to an increase of benefit for her husband ; *or*
- (ii) she is living apart from her husband and cannot get financial help from him.

What is said about young persons under 18 in the next paragraph will include married women under 18.

11. **Young persons** under 18 who are entitled to an increase of benefit for a dependant receive the appropriate adult rate of benefit for themselves.

## CONTRIBUTION CONDITIONS

12. **Benefit Year.** A benefit year is a period of 12 months, beginning 5 months after the end of the contribution year, that is, after the end of the period covered by claimant's contribution card.

13. **Credits.** A credit will be given for each complete contribution week (Monday to Sunday inclusive) during which a person receives unemployment, sickness or injury benefit. Credits are also given for certain other periods—see Leaflet N.1.45.

14. **The Normal Contribution Conditions.** There are two contribution conditions for sickness benefit.

(a) To be entitled to benefit at all a claimant must have *paid* 26 contributions as an employed or as a self-employed person—that is in Class 1 or Class 2.

(b) To be entitled to benefit at the full rate in a benefit year a claimant must have *paid or had credited* 50 Class 1 or Class 2 contributions in his last contribution year before the benefit year began. Benefit may be paid at a reduced rate if less than 50 (but at least 26) contributions were paid or credited. Contributions in Class 3 (as a non-employed person) do not, in general, count for sickness benefit, but if a certain number of Class 1 or Class 2 contributions have been paid or credited in the contribution year referred to, contributions in Class 3 for the remaining weeks of that year may count as Class 1 or Class 2 contributions.

NOTE : The first contribution card will not run for a period of 52 weeks, but there will be four kinds of card running for 35, 48, 61 or 74 weeks as the case may be, in order to provide a quarterly stagger in the future for the annual exchange of cards. Suitable modifications will, however, be made in the contribution conditions to ensure that they are fair to all insured persons, notwithstanding differences in the period covered by their first contribution card.

15. **Contributions paid or credited before 5th July, 1948.** Provided that their insurance under the old scheme had not lapsed, any Health Insurance contributions paid by or credited to an employed contributor or a voluntary contributor before 5th July, 1948, will count for sickness benefit as if they were Class 1 or Class 2 contributions or credits. If at least 104 Health Insurance Contributions were actually paid up to 5th July, 1948, the insured person will be treated as if he had paid the 156 Class 1 or Class 2 contributions required to give title to sickness benefit without limit of time (see paragraphs 27 and 28).

## OTHER BENEFIT CONDITIONS

16. **Disqualifications.** A claimant whose incapacity is the result of his own misconduct may be disqualified for receiving benefit for a period not exceeding six weeks. A similar disqualification may be imposed if the claimant

acts in a way which would retard his recovery ; or if he fails *without good cause*, to undergo medical examination or treatment when required.

The question whether any disqualification arises on these grounds is settled by the independent Statutory Authorities (see paragraphs 31 to 34).

**17. The Age Limits and Conditions for those over Pension Age.** The claimant must be over school-leaving age and must be under 70 if a man, or under 65, if a woman. Men between 65 and 70 and women between 60 and 65 are entitled to benefit only if they have not retired and, in addition to satisfying the usual conditions, their insurance would give them a retirement pension if they did retire. The rate of sickness benefit for such claimants will not be greater than the rate at which the retirement pension would be payable. Benefit will not be payable, however, to a man who had reached the age of 65 or a woman who had reached the age of 60 by 5th July, 1948 ; their title to sickness benefit ceased at that age.

18. In order to avoid the delay which might occur, because of this condition, in deciding whether sickness (or unemployment) benefit can be paid after pension age and the rate of benefit payable, anyone approaching his 65th birthday (60th birthday for a woman) who does not intend to retire on reaching that age, should nevertheless make a provisional application for the question of his title to retirement pension to be investigated. This will also ensure that a retirement pension can be promptly paid when the person actually retires. The application should be made on form B.R.1., obtainable at any Post Office or National Insurance Office. (Fuller advice on this point is given in Leaflet N.I.15.)

**19. Overlapping benefits.** In general, sickness benefit is not payable at the same time as any other National Insurance benefit or pension (including injury benefit) ; or as an unemployability supplement to an industrial disablement pension or to a war disability pension ; or as a government training allowance. A reduced rate of benefit may be payable to an industrial disablement or a war disability pensioner or to a person receiving workman's compensation, unless he has requalified for the full rate by paying 13 Class 1 or 2 contributions (or alternatively in the case of war disability pensioners, 26 including those paid before 5th July, 1948) for weeks of work since the date of the injury (or the date of discharge from H.M. Forces for war disability pensioners).

## INCREASE OF BENEFIT FOR DEPENDANTS

20. An increase of benefit for a dependant cannot be paid unless the claimant is himself entitled to benefit. It cannot be paid directly to the dependant or to anyone but the claimant himself. The rates of payment for dependants are given in paragraph 9.

**21. Dependent Child.** The child for whom an increase can be paid (see paragraph 9) must be a child within the meaning of the Family Allowances Act, 1945, for whom a family allowance is not actually in payment because the child is the first or only child of the family. This means, broadly speaking, that the increase is payable for a child of the claimant or of his wife or a child who is maintained by him. The increase is only payable while the child is under school-leaving age, or up to, but not including, 1st August following the 16th birthday if the child is still at school or is an apprentice. An apprentice is a person undergoing full-time training for any trade, business, profession, office, employment or vocation, and not in receipt of earnings which provide him, wholly or substantially, with a livelihood. (A person who is in any doubt whether for the purpose of the increase a child can be included in his or her family will find further information in leaflet FAM 1., which can be obtained at any local National Insurance Office.)

**22. Dependent Adult.** An increase of benefit may be paid at the adult rate (see paragraph 9) for any ONE of the following persons who is not a child.

- (a) THE CLAIMANT'S WIFE, if she is residing with the claimant *or* is wholly or mainly maintained by him and, in either case, is not earning more than 20s. a week.
- (b) THE CLAIMANT'S HUSBAND, if he is incapable of self-support and is wholly or mainly maintained by her.
- (c) A CLOSE RELATIVE\* if the relative is residing with the claimant and is wholly or mainly maintained by the claimant. If the relative is a man he must be incapable of self-support ; and if a woman she must not be earning more than 20s. a week. If she is a married woman, either her husband must be incapable of self-support, or she must be living apart from him and unable to obtain financial help from him.
- (d) A WOMAN LOOKING AFTER THE CLAIMANT'S CHILD OR CHILDREN if she *either* resides with and is wholly or mainly maintained by the claimant ; *or* she is employed by the claimant at a wage of not less than 16s. a week. The woman must not be earning from any other employment more than 20s. a week if she is residing with the claimant, or more than 30s. if she is non-resident.

**23. Maintenance of Dependants.** The claimant cannot be treated as wholly or mainly maintaining a dependant unless, when incapacitated (or unemployed) he contributes towards the maintenance of the dependant the amount of the increase of benefit received and, when working (except where the dependancy did not arise until after he became incapacitated or unemployed) he contributed more than half the actual cost of the dependant's maintenance. If a dependant is wholly or mainly maintained by two or more claimants between them, each of whom is entitled to benefit under the National Insurance or Industrial Injuries Schemes and each of whom satisfies the other conditions for increase of benefit for that dependant, then in the absence of agreement, the increase will be paid to the elder or eldest of them.

**24. Overlapping Benefits of Dependants.** In general, increase of benefit is not payable for an adult dependant who is himself, or herself, receiving any National Insurance or Industrial Injuries pension or benefit or a war pension or a government training allowance. Only one claimant can get an increase of benefit for the same dependant.

## DAYS FOR WHICH BENEFIT MAY BE PAID

**25. Periods of Interruption of Employment.** Benefit is payable only for days of incapacity which form part of a "Period of Interruption of Employment". No benefit can be paid for an odd day of incapacity. But any two or more days of incapacity or unemployment which occur within a period of six consecutive days, excluding Sundays, form a period of interruption of employment.

Any two such periods of two or more days each, which are not separated by more than thirteen weeks, are treated for benefit purposes as forming a single period of interruption of employment. A period of interruption of employment may include, in addition to periods of incapacity or unemployment, any periods when the claimant was receiving maternity or attendance allowance, or in some cases a training allowance paid by a Government Department. Periods when

\* MALE RELATIVES—Father, stepfather, grandfather ; brother, stepbrother, half-brother ; son, stepson, grandson.

\* FEMALE RELATIVES—Mother, stepmother, grandmother ; sister, stepsister, half-sister ; daughter, stepdaughter, granddaughter.

the claimant did not satisfy the conditions for benefit (except the contribution conditions) or was disqualified, do not count towards a period of interruption of employment.

**26. *Waiting Days.*** Sickness (or unemployment) benefit cannot be paid for the first three days of a period of interruption of employment unless and until there are at least twelve days of incapacity or unemployment within the thirteen weeks beginning on the first waiting day.

## DURATION OF BENEFIT

**27. *Limited duration.*** Every claimant who satisfies the contribution conditions and is not disqualified may receive up to 312 days (i.e. 52 weeks not counting Sundays) of sickness benefit in any one period of interruption of employment. If he has paid less than 156 Class 1 or Class 2 contributions and has exhausted the 312 days of sickness benefit, he cannot again become entitled to benefit until 13 Class 1 or Class 2 contributions have been paid since he exhausted benefit. He will then be entitled to a further period of 312 days.

**28. *Unlimited duration.*** If the claimant has paid at least 156 Class 1 or Class 2 contributions or is treated as having paid them under paragraph 15, he will be entitled to sickness benefit, so long as he satisfies the normal conditions, without limit of time up to pensionable age.

## WHEN A CLAIMANT IS ABROAD

29. Sickness benefit is ordinarily paid only to persons in Great Britain, Northern Ireland, the Isle of Man, or, in a case of temporary residence (i.e. for not more than six months), in the Channel Islands. The general rule may not apply, however, when an insured person goes abroad for the purpose of receiving treatment for an incapacity which began before he left this country. In such a case arrangements may be made to pay his benefit to someone in this country authorised by him to receive it. Special arrangements are made for persons who go to Eire.

## WHEN A CLAIMANT IS IN HOSPITAL

30. Sickness benefit does not cease to be payable when a claimant goes into hospital, but in the case of a prolonged stay in a hospital administered under the National Health Service, where maintenance as well as treatment would be entirely free, the benefit may be reduced.

## DECISIONS ON CLAIMS FOR BENEFIT

**31. *The Statutory Authorities.*** Claims for benefit are not decided by the Minister of National Insurance but by Insurance Officers, Local Tribunals and the National Insurance Commissioner, who is appointed by the Crown and must be a lawyer of not less than ten years standing. These are independent Statutory Authorities whose decisions the Minister has no power to alter. The Statutory Authorities, however, must accept the Minister's decision on certain questions which affect claims (see paragraphs 35 and 36).

**32. *Insurance Officer.*** Every claim for benefit will be submitted in the first place to an Insurance Officer, who may allow the claim if he is satisfied that the claimant is entitled to benefit. If the Insurance Officer is not satisfied, he may refer the claim to the Local Tribunal, or disallow it himself. If he disallows the claim the claimant may appeal to the Tribunal within 21 days. He will be told how to appeal when the claim is disallowed.



33. **Local Tribunal.** The Tribunal consists of one member drawn from a panel of employed persons, one who will be a representative of employers or other insured persons, and an independent chairman. The Tribunal may allow the claim, or disallow it, but the claimant has a right of appeal to the Commissioner against its decision if it was not unanimous, or if the Tribunal gives leave to appeal. If leave to appeal is not granted when the decision is given, the claimant may apply for leave within 21 days of the decision.

34. **National Insurance Commissioner.** An appeal to the National Insurance Commissioner must normally be made within 3 months of the decision of the Local Tribunal. In addition to the right under paragraph 33 an appeal may be made by an association of which the claimant has continuously been a member since before he made his claim. The Insurance Officer may also appeal to the Commissioner against the Local Tribunal's decision. The Commissioner's decision is final.

35. **Minister's Decisions.** Any question about contributions, including whether the contribution conditions are satisfied, is decided by the Minister with a right of appeal on questions of law to the High Court (in Scotland, the Court of Session).

36. Any question whether a person is a child or is a child of somebody's family for the purpose of an increase of benefit (see paragraph 21) is decided by the Minister. The claimant has a right of appeal to the Referees appointed under the Family Allowances Act.

37. **Revision of Decisions.** A decision on a claim for benefit can be revised at any time if fresh evidence comes to light. As there is a limit to the time within which arrears of benefit can be paid if a decision is reversed in favour of the claimant, it is important that any new evidence should be reported to the local National Insurance Office without delay.

## RECOVERY OF BENEFIT TO WHICH A CLAIMANT WAS NOT ENTITLED

38. **Repayments.** If, because of a revised decision, the claimant is not entitled to some of the benefit which he has received, he may be required by the Statutory Authorities to repay it unless they are satisfied that he received the benefit in good faith.

39. **Deductions from Benefit.** If a claimant is liable to refund such an overpayment, the amount may be recovered by deductions from any benefit for which he may qualify under the National Insurance or Industrial Injuries schemes. This right of deduction is without prejudice to the right of the Minister to recover the money in some other way, such as by legal proceedings.

40. **Fraud.** In addition to the steps which may be taken to recover benefit which was improperly paid, any person who knowingly makes any false representation in order to obtain benefit is liable on conviction to a fine not exceeding £100 or imprisonment for a term not exceeding three months or both.

