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Although there were clear directions on her first and intermediate certificates, claimant was not aware of the procedure for claiming. Claim disallowed.

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1. My decision is that the claimant is disqualified for receiving sickness benefit in respect of any period more than three days before the 17th August, 1948.

2. The claimant entered a hospital on the 17th June last and was discharged on the 23rd July. She made a claim for sickness benefit on the 17th August, before which date she had neither made a claim nor given notice of incapacity for work as required by Section 28 of the National Insurance Act, 1946, and the regulations made thereunder. She is therefore disqualified for receiving sickness benefit in respect of any period more than three days before the 17th August unless she proves that there was good cause for her delay in giving notice of incapacity and making the claim in accordance with Regulations 11 and 15 of the National Insurance (Claims and Payments) Regulations, 1948 [S.I. 1948 No. 1041].

3. The Insurance Officer disallowed the claim, being of opinion that no good cause was shown but on appeal the Local Tribunal reversed his decision. The Chief Insurance Officer appeals.

4. According to the record the only oral evidence given at the hearing was a statement by the claimant that she was in hospital for an operation and "did not appreciate had to inform Ministry". As their "grounds of decision and findings on questions of fact" the Tribunal recorded "Failure due to misunderstanding". This evidence and finding do not justify the decision of the Tribunal. The fact that a claimant was not aware of the statutory requirements as to notice and claim cannot of itself be good cause for not complying with these requirements. A claimant who is ignorant of the procedure must take proper steps to obtain the necessary information. If a claimant is too ill to take such steps when the time for giving notice arises it would be necessary to consider whether he might not have obtained the necessary information before he fell ill; but on the view I take of the facts this question does not arise in the present case. Nor can it be suggested in the present case that the claimant was given misleading information by the authorities. On the contrary, on the face of the first certificate (form Med.1) the claimant is directed to turn to the back of the form and on the back the claimant is clearly directed to return the form without delay to the local office of the Ministry of National Insurance. This direction is repeated on the intermediate certificate (form Med.2a).

5. The Local Tribunal also had before them some letters which the claimant had written to the local Insurance Officer. In these letters the claimant explains that she had sent Forms Med.1 and 2a to her employers for each week of her stay in hospital and that when she called for these on her discharge from hospital the employers were unable to produce them. The claimant accordingly obtained a certificate from the hospital covering her stay there and certificates from her doctor covering the period from her discharge to the 17th August.

6. There is nothing in these letters to rebut the inference to be drawn from the claimant's statements at the hearing, viz., that the reason why she failed to give notice of incapacity and claim benefit within the prescribed time was that she was ignorant of the statutory requirements on these points. As already stated this ignorance does not constitute good cause for her failure to comply with the requirements.

7. It follows that the decision of the local Insurance Officer was correct and the appeal of the Chief Insurance Officer must be allowed.

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