CLAIM FOR FUNERAL BENEFIT

Section A: Explanatory Notes
1. A claim may be made in respect of the funeral of:
   • a person who had paid at least fifty (50) weeks of Contributions to National Insurance; OR
   • the wife or husband of a person who had paid at least fifty (50) National Insurance Contributions; OR
   • an employed person or self-employed person whose death was caused by an accident at work or by a disease arising out of the work environment.
2. The claim is to be made by the person who has paid the funeral expenses or is liable to pay them.
3. This claim form MUST be accompanied by:
   • the death certificate;
   • the marriage certificate if claim is being made on the strength of a spouse’s contributions;
   • the (original) receipt or estimate from the funeral Home, or other evidence of payments of funeral expenses.

Section B: Deceased Person’s Details
4. □ Mr.  □ Mrs.  □ Ms. 

5. N.I. #: __________________________
6. Date of Birth: __________
7. Date of Death: __________

8. Employment History:

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<thead>
<tr>
<th>Previous Employer/Company Name</th>
<th>Start Date (dd/mm/yyyy)</th>
<th>End Date (dd/mm/yyyy)</th>
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Section C: Spouse’s Details
9. □ Mr.  □ Mrs.  □ Ms. 

10. N.I. #: __________________________
11. Date of Birth: __________
12. Date of Marriage: __________

13. Employment History:

<table>
<thead>
<tr>
<th>Previous Employer/Company Name</th>
<th>Start Date (dd/mm/yyyy)</th>
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Section D: Claimant’s Details
14. □ Mr.  □ Mrs.  □ Ms. 

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15. N.I. #: ______________  16. Date of Birth: ______________

17. House # & Street: ______________________________________

18. Telephone #1: ______________  19. Telephone #2: ______________

20. P.O. Box: ___________________  21. Email Address: _________________________

22. Relationship to the deceased: ________________________________________

Section D: Payments Details

Recipients of Short-Term Benefits (with the exception of persons who live on Bahamian islands where there are no banks) are required to have their benefit payments sent to the bank of their choice (in The Bahamas). Persons who live on islands where there are no banks, may continue to collect payments from their nearest NIB local office. Please select where you want your payments sent:

23. □ Bank ___________________________ Branch: ______________________
    Account No: _______________  Account Type: Joint □ Personal □

A copy of the relevant banking information showing the branch and account number must be submitted with this form.

If account is jointly held, please complete below.

| Name of Co-signer: __________________ | Tel: ______________ |
| Declaration: I hereby acknowledge that entitlement to Benefit/Assistance ceases upon the death of the above-named claimant. Therefore, any amount deposited to our account for any period after his/her death remains the property of The National Insurance Board, and must be returned immediately. The National Insurance Board reserves the right to recover said funds to which the claimant was not entitled. |
| Signature: ___________________________ Date: ______________ |

□ Cheque payment:   Local Office: __________________ Island: ______________

Section E: Claimant’s Declaration

I declare that:

24. The information given by me on this form is true and correct to the best of my knowledge and belief.

25. I wish the Benefit payment be made payable to □ me    □ Funeral Home

__________________________
Name of Funeral Home


27. Claimant’s Signature: ___________________________
OR, if unable to sign,

Agent/Representative’s __________________________  __________________________
Name (printed)                                               Signature

Date: __________________________________
             dd/mm/yyyy

Note: For further information about the Funeral Benefit, please ask for the Funeral Benefit leaflet at your nearest Local Office or visit www.nib-bahamas.com.

IMPORTANT NOTE: Any person who for the purpose of obtaining benefit under The National Insurance Act, for himself or for some other person, knowingly makes any false statement or false representations or produces any document, etc. which he knows to be false, shall be liable to a fine not exceeding Two Thousand Five Hundred Dollars ($2,500), or to imprisonment for a period not exceeding Twelve (12) months or both.

For Official Use Only

Form B.51 (Revised 3/2017)