



CLAIM FOR UNEMPLOYMENT BENEFIT

FOR OFFICIAL USE ONLY

Have you seen the Unemployment Card? Yes No

Section A: Claimant Details

1. Mr.
 Mrs.
 Ms.

_____ Last Name First Name Middle Name(s)

2. N.I. #:

3. Date of Birth: _____
(dd/mm/yyyy)

4. House # & Street: _____

5. City/Settlement: _____ 6. Island: _____

7. Telephone # 1: _____ 8. Telephone #2: _____

9. P. O. Box: _____ 10. Email Address: _____

Section B: Eligibility (Tick Response)

11. Are you currently unemployed? Yes No

12. Are you Self-Employed? Yes No

13. Are you receiving income from any other means? Yes No

(If yes, explain) _____

14. Are you receiving a pension from your former Employer? _____

15. Are you in receipt of any NIB Benefit or Assistance? Yes No

(If yes, please list) _____

16. Employment History

Previous Employer/Company Name	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)

Section C: Unemployment Details

17. Name of last employer/company _____
18. Address of last employer/company _____
19. Name of immediate supervisor _____
20. Telephone number of last employer/company _____
21. I commenced work at the above employer/company on _____
dd/mm/yyyy
22. My last day at work was _____
dd/mm/yyyy
23. The last day for which I was paid _____
dd/mm/yyyy

Section D: Bank Information:

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 bi-weekly payments sent to the banks of their choice in The Bahamas. Persons who live on islands where there are no banks, may collect their bi-weekly cheques from their nearest Local Offices. **Please select where you want your payments sent:**

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.

Cheque payment **Local Office:** _____ **Island:** _____

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:** _____

dd/mm/yyyy

Section E: Claimants Declaration

The information given by me on this form is true and correct to the best of my knowledge and belief. I claim Benefit under the National Insurance Act, 1972.

24. Claimant's Signature: _____

25. Date: _____
dd/mm/yyyy

IMPORTANT NOTES

- A. This form MUST be accompanied by a NIB Unemployment Card (Form B81), duly stamped by the Department of Labour's Employment Exchange;
- B. Persons unemployed:
 - i. Before April 20, 2009, should present a notification/letter of termination from the employer;
 - ii. On or after April 20, 2009, should provide Termination of Service/Lay-off Certificate (Form B80).
- C. Any person who for the purpose of obtaining benefit under The National Insurance Act, knowingly makes any false statement or false representations or produces any document, etc. which he/she knows to be false, shall be liable to a fine not exceeding Two Thousand Five Hundred Dollars (\$2,500), or imprisonment for a period not exceeding twelve (12) months or both.

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