



CLAIM FOR RETIREMENT BENEFIT

Date of Receipt

IMPORTANT NOTES

Where a person has worked and paid at least 500 contributions to National Insurance, he/she may be eligible for Retirement Benefit if he or she is at least age 60 years of age and is either retired from gainful employment or is paid wages of half or less of the National Insurance wage ceiling. See additional notes on bottom of second page.

When submitting this claim for Retirement Benefit, be sure it is accompanied by the correct supporting documents, specifically:

- a) Proof of identification - i.e., Birth Certificate or passport (affidavit will be accepted under special conditions);
- b) National Insurance Identification card;
- c) Letter from employer/former employer confirming date of retirement or amount of wages; and
- d) Completed **Direct Deposit** form, duly signed by the co-holder of the bank account where bank account into which payments will be deposited (if awarded) is jointly held.

PARTICULARS OF CLAIMANT

1. Surname _____ 2. Other Name(s) _____

3. Address _____
 House # Street/Settlement Island/State Country

4. E-Mail _____

5. Telephone _____ 6. P. O. Box _____

7. Date of Birth: ____/____/____ 8. N.I. No.

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9. Present (or last) Employer _____

10. Employer's P. O. Box _____ 11. Employer's Telephone # _____

12. Date of Retirement: ____/____/____
 day month year

BENEFIT PAYMENT INFORMATION

Should you chose to claim Retirement Benefit prior to reaching age 65 years, you will be paid a reduced benefit based on the actual number of months you are from your 65th birthday. Reduced benefit rates range from 65%, payable when claimed at age 60 years, to 100%, payable when benefit is claimed at or after age 65 years. Ranges for full 12-month periods are as follows (with incremental increases in between):



Once you claim the benefit early, the reduced rate is fixed for life and will not increase at age 65 years
Form B.58 (revised 2013)

PAYMENT, Cont'd

1. Mindful that a reduced benefit is payable for each month that you are shy of your 65th birthday, when do you wish your benefit to begin?

Claim Date

Last birthday

Next birthday

Retirement date

Any other date (no retroactivity is implied) _____

2. Bank Information:

Recipients of Retirement Benefit (with the exception of persons who live on Bahamian islands where there are no banks) are required to have their monthly payments sent to the banks of their choice in The Bahamas. Persons who live on islands where there are no banks, may collect their monthly cheques from their nearest Local Offices. **Please indicate where you want your payments to be sent:**

Bank _____

Branch: _____

Account No: _____

Account Type: Joint Personal

If account is jointly held, please ensure that co-signatory to account signs a Direct Deposit form.

3. Paystation (for claimants on Family Islands with no banks, only)

Local Office: _____ Island _____

ADDITIONAL NOTES:

1. Once you reach age 60 years and retire from gainful employment, the date you actually submit your claim is the start date of your benefit payment period.

Once you reach age 65 years, you will have six (6) months from the date of retirement in which to submit your claim. There will be no retroactive payments exceeding the 6-month period.

2. Once benefit payments begin, you will be required to present yourself for verification, or, in the case of those living abroad, to produce notarized evidence of continuing eligibility for the benefit. *Continuing eligibility* means that you are alive and, if you are younger than age 65 years, you have not returned to gainful employment where wages or income exceeds half of the N.I. insurable wage ceiling.

Verification must be conducted twice each year - during your birth month and six months thereafter. Failure to be verified as prescribed, will result in suspension of benefit payments.

PLACES OF EMPLOYMENT SINCE OCTOBER, 1974

In addition to your current or last employer (stated on front), we'd like to know the details of your past employment history in The Bahamas. Please list them in the space provided. Give as much of the requested information as you can, as this would help greatly in ensuring that your claim is processed speedily and correctly.

(Use blank sheet to list additional employers if needed)

Company: _____ Employee #: _____ Dept. # _____
Owner: _____ Contact Person: _____
Address: _____
 Bldg# Street/Settlement Island/State Country
P. O. Box _____ Telephone # _____
Nature of your Work: _____
Employment: When Started: _____ When Left: _____

Company: _____ Employee #: _____ Dept. # _____
Owner: _____ Contact Person: _____
Address: _____
 Bldg# Street/Settlement Island/State Country
P. O. Box _____ Telephone # _____
Nature of your Work: _____
Employment: When Started: _____ When Left: _____

Company: _____ Employee #: _____ Dept. # _____
Owner: _____ Contact Person: _____
Address: _____
 Bldg# Street/Settlement Island/State Country
P. O. Box _____ Telephone # _____
Nature of your Work: _____
Employment: When Started: _____ When Left: _____

Company: _____ Employee #: _____ Dept. # _____
Owner: _____ Contact Person: _____
Address: _____
 Bldg# Street/Settlement Island/State Country
P. O. Box _____ Telephone # _____
Nature of your Work: _____
Employment: When Started: _____ When Left: _____

Company: _____		Employee #: _____	Dept. # _____
Owner: _____		Contact Person: _____	
Address: _____			
P. O. Box _____	Bldg# _____	Street/Settlement _____	Island/State _____
		Telephone # _____	Country _____
Nature of your Work: _____			
Employment: When Started: _____		When Left: _____	

EMPLOYMENT IN ANY OTHER CARICOM COUNTRY

In addition to your employment in The Bahamas, have you worked in any CARICOM country? If so, please provide information:

Company: _____		Employee #: _____	Dept. # _____
Owner: _____		Contact Person: _____	
Address: _____			
P. O. Box _____	Bldg# _____	Street/Settlement _____	Island/Province _____
		Telephone # _____	Country _____
Nature of your Work: _____			
Employment: When Started: _____		When Left: _____	

DECLARATION AND CLAIM

I DECLARE that the particulars given by me and recorded in this claim are true to the best of my knowledge and belief.

I CLAIM Retirement Benefit under the National Insurance Act, 1972, and I undertake that if a pension is awarded I shall inform the National Insurance Board of any change in my circumstances which may affect my entitlement to the pension.

Signature (or Mark) of Pensioner _____ Date _____

Witness to Mark if claimant is unable to sign: _____

PLEASE NOTE

Any person who, for the purpose of obtaining a benefit under the National Insurance Act, either for himself or some other person, makes any false statement or false representation, or produces any false documents, etc, shall be liable to a fine not exceeding \$2,500, or to imprisonment for up to twelve months, or both.