IMPORTANT NOTES

When a person who has worked and paid at least 150 contributions to National Insurance dies, certain members of his/her family may be eligible for survivors benefit in the following priority order:

i) widow/widower;
ii) dependent children under age 16, or under age 21 if still in school full-time;
iii) unmarried children who are not children of the deceased person, but who were dependent upon him/her, under age 16 or under age 21 if still in school full-time; or are invalids;
iv) unmarried orphans under age 16, or under age 21 if still in school full-time; and
v) the parents (if no spouse or children qualify).

When submitting this claim for Survivors Benefit, be sure it is accompanied by the correct supporting documents, as follows:

a) Deceased’s Death Certificate;
b) Claimant’s identification - i.e., Birth Certificate or passport;
c) Claimant’s National Insurance Identification card; and
d) Where bank account into which payments will be deposited (if awarded) is jointly held, a completed Direct Deposit form, duly signed by the co-holder of the bank account.

PART A: PARTICULARS OF DECEASED PERSON

1. Surname _______________________________
2. Other Name(s) ________________________________
3. Date of Death: ______/_____/_____
4. N.I. # ______________
5. Was deceased receiving Retirement, Invalidity or other Benefit from National Insurance? Yes □ No □
6. If “Yes,” what was he/she receiving? __________________________________________________________

PART B: PARTICULARS OF CLAIMANT

1. Surname _______________________________
2. Other Name(s) ________________________________
3. Date of Birth ______/_____/_____
4. N.I. # ______________
5. Street Address _____________________________________________________________________________
6. E-mail (even if not yours personally) __________________________________________________________
7. Telephone # ____________________________
8. P. O. Box _________________________________

PLEASE NOTE:
If you are claiming additional benefit based on the provision of the new Amendment, skip to Part F

Form B.56 (Revised January 2011)
PART C: IF CLAIMING AS DEPENDENT SPOUSE

Additional supporting Document:

i. Marriage Certificate; or
ii. Affidavit in the case of “common law” spouse.

1. Date of Marriage to Deceased: _____/_____/_____
2. Were you living with the deceased at the time of his/her death? Yes ☐ No ☐
3. If “No,” please explain: _______________________________________________________________________

PART D: IF CLAIMING FOR DEPENDENT CHILD (CHILDREN)/UNMARRIED INVALIDS/UNMARRIED ORPHANS

Additional supporting Document:

i. Birth Certificate(s);
ii. Children’s N.I. Registration card; and
iii. In the case of child(ren) age 16 years and older, letter confirming full-time status in school.

Note: Up to 10 children may qualify if there is no qualifying spouse

<table>
<thead>
<tr>
<th>Name</th>
<th>D.O.B</th>
<th>Currently living with</th>
<th>School Currently Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td>First Initial</td>
<td>dd mm yy</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART E: IF CLAIMING AS DEPENDENT PARENT

Additional supporting Document:
   i. Deceased’s Birth Certificate; and
   ii. Affidavit avowing maintenance.

1. Were you wholly dependent upon the income of the deceased at the time of his/her death? Yes ☐ No ☐

2. Are you employed? Yes ☐ No ☐

3. Are you self-employed? Yes ☐ No ☐

4. If employed, give details of Employer:
   i. Name ___________________________________
   ii. Address _______________________________
   iii. Telephone # ____________________________
   iv. P. O. Box ______________________________

5. Are you an invalid and incapable of gainful employment? Yes ☐ No ☐

6. If “Yes,” what is the nature of your invalidity? ___________________________________________________

7. Does the deceased have a surviving spouse and/or children? Yes ☐ No ☐

PART F: IF CLAIMING ADDITIONAL BENEFIT

Widows and Widowers who, at the time of their spouse’s death, qualified for Survivors Benefit and their own Retirement or Invalidity Benefit may be eligible for additional benefit payments.

Additional supporting Documents:
   i. Marriage Certificate if you are not now receiving Survivors Benefit;
   ii. Retirement letter from former employer, or Invalidity letter from medical practitioner (whichever applies) if you are now receiving Survivors Benefit

1. What Benefit are you now receiving? Retirement ☐ Invalidity ☐ Survivors ☐

2. When did benefit payments start? __/____/____

3. If you are receiving Retirement or Invalidity Benefit, please confirm:
   i. Date of Marriage to Deceased: __/____/____
   ii. Were you living with the deceased at the time of his/her death? Yes ☐ No ☐
   iii. Did you have the care of child(ren) of the deceased’s under age 16 or under age 21 in school full-time at the time of his/her death? Yes ☐ No ☐

4. If you are receiving Survivors Benefit, please confirm:
   i. Date of Retirement __/____/____ or ii. Onset of invalidity __/____/____
PART G: MONTHLY PAYMENTS
Recipients of Long-Term Benefits (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 office. Please provide information on where you want your cheques to be sent:

1. 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.

2. Pay Station (for claimants on Family Islands with no banks, only)  
   Local Office: .................................................. Island ..................................................

PART H: 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: ..................................................

IMPORTANT, 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.