



# CONTINUING ELIGIBILITY TO RECEIVE INVALIDITY ASSISTANCE

### IMPORTANT NOTES:

1. Payment of Assistance will stop if you fail to verify - i.e., produce evidence of your continuing eligibility for payments - twice annually.
2. A change in circumstances may disqualify you from receiving assistance. Notify NIB in writing as soon as possible after the occurrence of any change that may affect your eligibility for assistance, otherwise you will be guilty of an offence and liable on summary conviction to a fine not exceeding \$100.
3. Assistance is paid only to persons ordinarily resident in The Bahamas. Before you leave the country for any stay that will exceed three months, you must notify NIB in writing so that a determination can be made as to whether or not your payments will continue.
4. You do not have to visit NIB to be verified. Other sanctioned authorities who can validate this form are Counsels or Attorneys of the Supreme Court, Public Officers above the rank of Assistant Head of Department, ordained Ministers of Religion, Bank Managers, Magistrates, or Justices of the Peace, who are not members of your immediate family. If you reside outside The Bahamas, the authority may also be Notaries Public, Lawyers, or Chiefs of Police. Return completed forms via: [verifications@nib-bahamas.com](mailto:verifications@nib-bahamas.com); or P.O. Box N-7508; or drop off to your nearest NIB Local Office.
5. If, for the purpose of obtaining assistance, you knowingly make false statements or fail to disclose material information, you shall be liable to a fine not exceeding \$2,500 or to imprisonment for up to 12 months or both [Section 52(5)(b), National Insurance Act]. Additionally, you will be liable to repay any sums you receive as a result of the non-disclosure or misrepresentation, and such sums, if not summarily paid, will be recovered from any future entitlements, if any [Section 31, National Insurance Act].

Date of Receipt
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### I. PENSIONER INFORMATION

<b>Pensioner:</b> _____											
Surname	First Name	Other Name(s)									
<b>N.I. #:</b> <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<b>Tel. No:</b> _____		
<b>Address:</b> _____											
Street		City/Settlement									
<b>P. O. Box/Area Code</b> _____	<b>E-mail:</b> _____										

### II. BANKING INFORMATION *(Complete only if you're changing bank account)*

<b>1. Bank:</b> _____	<b>Branch:</b> _____
<b>Account No:</b> _____	<b>Account Type:</b> Joint <input type="checkbox"/> Personal <input type="checkbox"/>

*A copy of your bank card/book showing branch and account number must accompany this form. If account is jointly held, please have co-signatory to account complete and sign declaration below:*

<b>Name of Co-signer:</b> _____	<b>Tel:</b> _____
<b>Email:</b> _____	
<b>Declaration:</b> <i>I, hereby, acknowledge my understanding that entitlement to assistance ceases upon the death of the above-name claimant, therefore, any amount deposited to our joint account for periods 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 the said funds to which the claimant was not entitled.</i>	
<b>Signature:</b> _____	<b>Date:</b> _____

**III. ADDRESS (Complete only if you moved since last verification)**

House/Apt.# \_\_\_\_\_ Street \_\_\_\_\_ city/settlement \_\_\_\_\_  
Island/State \_\_\_\_\_ Country \_\_\_\_\_  
Telephone No : \_\_\_\_\_ P. O. Box/Area Code \_\_\_\_\_

**IV. VERIFICATION**

- 1. Employment Status:      Employed       Self-employed       Unemployed
- 2. If *Employed/Self-employed*, how much do you earn Weekly: \$ \_\_\_\_\_ / Monthly: \$ \_\_\_\_\_
- 3. If *Employed*:
  - i. Employer's Name: \_\_\_\_\_
  - ii. Employer's Address: \_\_\_\_\_
  - iii. Employer's email: \_\_\_\_\_
  - iv. Employers Telephone No(s): \_\_\_\_\_
  - v. For how long have you worked with this employer? \_\_\_\_\_
- 4. List Financial Assets:
  - i. Rental property: Weekly: \$ \_\_\_\_\_ / Monthly: \$ \_\_\_\_\_
  - ii. Real Estate: \$ \_\_\_\_\_
  - iii. Stocks/Bonds/Shares: \$ \_\_\_\_\_
  - iv. Deposits on bank accounts: \$ \_\_\_\_\_
- 5. Do you reside in The Bahamas?    Yes       No
- 6. If "no," how long have you resided outside The Bahamas? \_\_\_\_\_
- 7. When did you last leave the country? \_\_\_\_\_    When did you return? \_\_\_\_\_
- 8. Have you married since last verification?    Yes       No
- 9. If "yes," date of marriage: \_\_\_\_\_

**V. DECLARATION BY PENSIONER (To be signed in the presence of the sanctioned authority)**

"I \_\_\_\_\_ do, hereby, declare that all of the information supplied by me on this form is true to the best of my knowledge and belief."

Signature or Mark of Pensioner

Witness to Mark

Date

**VI. VERIFICATION DECLARATION BY SANCTIONED AUTHORITY**

Document used to identify Pensioner: \_\_\_\_\_ # \_\_\_\_\_

"This is to certify that \_\_\_\_\_ is alive and has been interviewed by me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_"

Office Seal  
or  
office stamp here

Signature

Full Name (Please Print)

Position