



CONTINUING ELIGIBILITY TO RECEIVE SURVIVOR'S 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; 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

I. PENSIONER INFORMATION

Pensioner: _____			
Surname	First Name	Other Name(s)	
N.I. #: <input type="text"/>	Tel. No: _____		
Address: _____			
Street		City/Settlement	
P. O. Box/Area Code _____	E-mail: _____		

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

1. Bank: _____	2. Branch: _____
3. Account No: _____	4. Account Type: 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:

Name of Co-signer: _____	Tel: _____
Email: _____	
Declaration: <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>	
Signature: _____	Date: _____

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 - SPOUSE/DEPENDANT CHILDREN/ORPHANS

1. Employment Status: Employed Self-employed Unemployed
2. If *Employed/Self-employed*, how much do you earn Weekly: \$ _____ / Monthly: \$ _____
3. If *Employed*, Employer's Name: _____ Address: _____ Tel: _____
4. Financial Assets (rentals, bank accounts, land worth, shares, stock, bonds, etc.) \$ _____
5. Do you reside in The Bahamas? Yes No
6. If "no," how long have you lived abroad? _____
7. Have you remarried? Yes No If "yes," date of remarriage: _____
8. Are you an invalid? Yes No If "yes," nature of invalidity _____
9. Do you have custody of any dependent or invalid child(ren) of the deceased? Yes No
10. If "yes", complete section below:

Full Name of Dependent, Orphaned or Invalid Child	Date of birth			Living with you?		Supported by you?		Attending school full-time?		Name of School (if applicable)
	dd	mm	yy	yes	no	yes	no	yes	no	

PARENT(S)

1. Employment Status: Employed Self-Employed Unemployed
2. If *Employed/Self-employed*, how much do you earn Weekly: \$ _____ / Monthly: \$ _____
3. If *Employed*, Employer's Name: _____ Address: _____ Tel: _____
4. Are you an invalid? Yes No If "yes," nature of invalidity _____

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