



# CLAIM FOR FUNERAL BENEFIT

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### Section A: Explanatory Notes

- A claim may be made in respect of the funeral of:
  - a person who had paid made at least fifty (50) weeks of Contributions to National Insurance; **OR**
  - the wife or husband of a person who had paid at least fifty (50) National Insurance Contributions; **OR**
  - an employed person or self-employed person whose death was caused by an accident at work or by a disease arising out of the work environment.
- The claim is to be made by the person who has paid the funeral expenses or is liable to pay them.
- This claim form **MUST** be accompanied by:
  - the death certificate;
  - the marriage certificate if claim is being made on the strength of a spouse's contributions;
  - the (original) receipt or estimate from the funeral Home, or other evidence of payments of funeral expenses.

### Section B: Deceased Person's Details

4.  Mr.  
 Mrs.  
 Ms. \_\_\_\_\_  
*Last Name First Name Middle Name(s)*

5. N.I. #:         6. Date of Birth: \_\_\_\_\_ 7. Date of Death: \_\_\_\_\_  
*dd/mm/yyyy dd/mm/yyyy*

#### 8. Employment History:

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

### Section C: Spouse's Details

9.  Mr.  
 Mrs.  
 Ms. \_\_\_\_\_  
*Last Name First Name Middle Name(s)*

10. N.I. #:         11. Date of Birth: \_\_\_\_\_ 12. Date of Marriage: \_\_\_\_\_  
*dd/mm/yyyy dd/mm/yyyy*

#### 13. Employment History:

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

### Section D: Claimant's Details

14.  Mr.  
 Mrs.  
 Ms. \_\_\_\_\_  
*Last Name First Name Middle Name(s)*

15. N.I. #:         16. Date of Birth: \_\_\_\_\_  
*dd/mm/yyyy*
17. House # & Street: \_\_\_\_\_
18. Telephone #1: \_\_\_\_\_ 19. Telephone #2: \_\_\_\_\_
20. P.O. Box: \_\_\_\_\_ 21. Email Address: \_\_\_\_\_
22. Relationship to the deceased: \_\_\_\_\_

**Section D: Payments Details**

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 benefit payments sent to the bank of their choice (in The Bahamas). Persons who live on islands where there are no banks, may continue to collect payments from their nearest NIB local office. ***Please select where you want your payments sent:***

23.  **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.**

**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*

- Cheque payment:** **Local Office:** \_\_\_\_\_ **Island:** \_\_\_\_\_

**Section E: Claimant's Declaration**

**I declare that:**

24. The information given by me on this form is true and correct to the best of my knowledge and belief.
25. I wish the Benefit payment be made payable to  me  Funeral Home

\_\_\_\_\_  
 Name of Funeral Home

26. I hereby claim Funeral Benefit under The National Insurance Act, 1972.

27. Claimant's Signature: \_\_\_\_\_

OR, if unable to sign,

Agent/Representative's \_\_\_\_\_  
Name (printed) Signature

Date: \_\_\_\_\_  
dd/mm/yyyy

**Note:** For further information about the Funeral Benefit, please ask for the **Funeral Benefit** leaflet at your nearest Local Office or visit [www.nib-bahamas.com](http://www.nib-bahamas.com).

**IMPORTANT NOTE:** Any person who for the purpose of obtaining benefit under The National Insurance Act, for himself or for some other person, knowingly makes any false statement or false representations or produces any document, etc. which he knows to be false, shall be liable to a fine not exceeding Two Thousand Five Hundred Dollars (\$2,500), or to imprisonment for a period not exceeding Twelve (12) months or both.

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