



CONTINUING ELIGIBILITY TO RECEIVE SURVIVOR'S/DEATH BENEFIT

IMPORTANT NOTES:

1. Payment of Benefits will be suspended 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 benefit. Notify NIB in writing as soon as possible after the occurrence of any change that may affect your right to Benefit, otherwise you will be guilty of an offence and liable on summary conviction to a fine not exceeding \$100.00.
3. 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.
4. If, for the purpose of obtaining a Benefit, 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 will be recovered from any future entitlements [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: _____	Branch: _____
Account No: _____	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, hereby, acknowledge my understanding that entitlement to benefit 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.*

Signature: _____	Date: _____
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