



# The National Insurance Act, 1972

## Commonwealth of The Bahamas

### CLAIM FOR UNEMPLOYMENT BENEFIT

**For Official Use Only**  
 Have you seen the Unemployment Card  
 Yes  No

**IMPORTANT NOTES**

1. This form MUST be accompanied by:
  - The NIB Unemployment Card (Form B.81); and
  - The Employer's Termination of Service/Lay-Off Certificate.

**SECTION A: CLAIMANT'S DETAILS**

Receiving Officer \_\_\_\_\_

1.  Mr./  Mrs./  Ms. \_\_\_\_\_  
*Last Name* *First Name* *Middle Name(s)*
2. Date of Birth: \_\_\_\_\_ 3. N.I. #: 

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*dd/mm/yyyy*
4. House # & Street: \_\_\_\_\_
5. City/Settlement: \_\_\_\_\_ 6. Island: \_\_\_\_\_
7. Telephone #1: \_\_\_\_\_ 8. Telephone #2: \_\_\_\_\_ 9. P.O. Box: \_\_\_\_\_
10. Email Address: \_\_\_\_\_

**SECTION B: ELIGIBILITY (tick response)**

11. Are you currently employed? Yes  No
12. Are you Self-Employed? Yes  No
13. Are you receiving income from any other means? Yes  No

If yes, please explain: \_\_\_\_\_

14. Are you in receipt of any NIB Benefit or Assistance? Yes  No

If yes, please list: \_\_\_\_\_

15. Recent Employment History

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

**SECTION C: UNEMPLOYMENT DETAILS**

16. Name of last employer/Company \_\_\_\_\_

17. Address of last employer/Company \_\_\_\_\_

City/Settlement: \_\_\_\_\_ Island: \_\_\_\_\_

18. Name of immediate supervisor \_\_\_\_\_  
*First name Last name*

19. Contacts of last employer/company:

Telephone #1: \_\_\_\_\_ Telephone #2: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Email Address: \_\_\_\_\_

20. I commenced work with the above employer/company on: \_\_\_\_\_  
*dd/mm/yyyy*

21. My last day of work was: \_\_\_\_\_  
*dd/mm/yyyy*

22. The last day for which I was paid was: \_\_\_\_\_  
*dd/mm/yyyy*

**SECTION D: PAYMENTS**

For the time being (March 2020 until further notice) Recipients of Unemployment Benefit (with the exception of persons who live on Bahamian islands where there are no banks) are required to have their payments sent to the banks of their choice. ***Please provide information on where you want your benefit payment(s) sent:***

23. 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.*

**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.

**SECTION E: CLAIMANT'S DECLARATION**

***I declare that the information given by me on this form is true and correct to the best of my knowledge and belief. I, hereby, claim Unemployment Benefit under the National Insurance Act, 1972.***

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*dd/mm/yyyy*