P. O. Box N-7508 ❖ Nassau, Bahamas ❖ Tel: (242) 502-1500 ❖ Fax: 322-3048

CONTINUING ELIGIBILITY TO RECEIVE A BENEFIT

IMPORTANT NOTE:

Any person who, for the purpose of obtaining a Benefit under Section 49(5) Chapter 350 Statute Laws of The Bahamas, either for himself or for some other person, knowingly makes false statements or submits false documents, shall be liable to a fine not exceeding $2,500 or to imprisonment for up to twelve months or both.

FOR OFFICIAL USE ONLY

PENSIONER: _____
Surname First Name Other Name(s)

N.I. #: | | | | | | | | | **TELEPHONE** _____

ADDRESS: _____
Street City /Settlement

P. O. BOX/AREA CODE _____ **CLAIM NUMBER:** _____

BENEFIT: _____ **BANK:** _____ **ACCOUNT #** _____

COMPLETE IF YOU MOVED SINCE YOUR LAST VERIFICATION

ADDRESS: _____
House /Apt.# Street P.O. Box:

_____
Island/State Country

TELEPHONE NO._____ (H) _____ (W)

PLEASE NOTE:

- Every Pensioner must notify the Director in writing as soon as practicable after the occurrence of any change of circumstances that may affect his right to Benefit or to the receipt thereof.
- Any Pensioner who, without good cause, fails to notify the Director of such Change of Circumstances will be guilty of an offence and would be liable on summary conviction to a fine not exceeding one hundred dollars, ($ 100.00).
- A change of circumstance may affect a Pensioner's entitlement to Benefit.
- Although a Pensioner was awarded Benefit, he can be disqualified from further receipt of Benefit/Assistance if his circumstances change.
- Payment of Benefits will be suspended if a pensioner fails to produce evidence of his continuing eligibility for such payments.

(Complete Only the Section (s) That Applies to You)

Retirement Benefit Verification

1. Are you: Employed ☐ Self-employed ☐ Unemployed ☐
2. If *Employed*/*Self-employed*, how much do you earn Weekly: $_____/ Monthly: $_____

   Employer's Name: _____ Address: _____ Tel: _____

Invalidity Benefit Verification

1. Are you: Employed ☐ Self-Employed ☐ Unemployed ☐

Survivors Benefit Spouse & Industrial Death Benefit Spouse Verification

1. Have you remarried? Yes ☐ No ☐
2. Are you: Employed ☐ Self-Employed ☐ Unemployed ☐
3. If *Employed*/*Self-employed*, how much do you earn Weekly: $_____/ Monthly: $_____

   Employer's Name: _____ Address: _____ Tel: _____
4. Are you an invalid Yes ☐ No ☐
5. Do you have custody of any dependent /orphan children? Yes ☐ No ☐
6. If "Yes", indicate their names and whether they're attending school full-time:

Child's Full Name	Date of Birth	living with you?		supported by you?		attending school full-time?		Name of School
	dd / mm / yy	Yes	No	Yes	No	Yes	No	

Industrial Death Parent/Survivors Benefit Parent Verification

1. Are you: Employed ☐ Self-Employed ☐ Unemployed ☐
2. If *Employed*/*Self-employed*, how much do you earn Weekly: $_____/ Monthly: $_____

   Employer's Name: _____ Address: _____ Tel: _____
3. Are you an invalid Yes ☐ No ☐

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 stamp here

Signature **Full Name (Please Print)** **Position**

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 of Mark of Pensioner **Witness to Mark** **Date**

NOTE: A ***"SANCTIONED AUTHORITY"*** is an Officer of the National Insurance Board; Counsel or Attorney of the Supreme Court; a Public Officer above the rank of Assistance Head of Department; an ordained Minister of Religion; a Bank Manager; Magistrate; or Justice of the Peace, who is not a member of the Pensioner's immediate family. In the case of Pensioners who reside outside of the country, a sanctioned authority may also be a Notary Public; a Lawyer, or a Chief of Police.