



The National Insurance Board
Of The Commonwealth of The Bahamas
The National Insurance Act, 1972

For Official Use Only

CLAIM FOR FUNERAL BENEFIT (Form B.51)

Section A: Explanatory Notes

- A claim may be made in respect of the funeral of:
 - a person who had paid at least fifty (50) National Insurance Contributions; **OR**
 - the wife or husband of a person who had paid at least fifty (50) National Insurance Contributions; **OR**
 - an employed person whose death was caused by an accident at work.
- 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 the deceased was married;
 - the receipt or estimate from the funeral director, 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 person: _____

Section E: Claimant's Declaration

I declare that:

23. The information given by me on this form is true and correct to the best of my knowledge and belief.
24. I wish the Benefit payment be made payable to _____ / the Claimant.
Name of Funeral Home
25. I hereby claim Funeral Benefit under The National Insurance Act, 1972.
26. Claimant's Signature: _____
- OR**, if unable to sign,
Agent/Representative's _____
Name (printed) Signature
- Date: _____

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.

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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