



THE NATIONAL INSURANCE ACT, 1972

THE NATIONAL INSURANCE BOARD
OF THE COMMONWEALTH OF THE BAHAMAS

DATE OF RECEIPT

BY HAND

BY POST

CLAIM FOR RETIREMENT BENEFIT

IMPORTANT NOTES

1. Full Retirement Benefit is payable from age 65 years, but a reduced benefit may be paid from age 60 years. A claim should be submitted as soon as possible after retirement, but not earlier than three months before reaching "retirement" age.
2. Some benefit may be lost if a claim is submitted more than six months after the actual date of retirement (if the claimant is age 60 years or older at the time of retirement).
3. Forms should be brought or mailed to any one of the Board's Local Offices. Claim forms should be accompanied by:
 - a) A birth certificate, affidavit or passport; **and**
 - b) The National Insurance Identification card; **and** (in the case of an employed person)
 - c) A letter from the employer stating the date of retirement.
4. Once benefit payments commence, pensioner will be required to present himself/herself for verification, or (in the case of those abroad) to produce notarized evidence of continuing eligibility for the benefit, at least twice each year - in his/her birth month and six months thereafter. Failure to do so, will result in the suspension of further payments.

DETAILS OF APPLICANT

1. SURNAME _____
2. OTHER NAME(s) _____
3. STREET ADDRESS _____
4. E-MAIL _____
5. TELEPHONE _____
6. P. O. BOX _____
7. DATE OF BIRTH: ____/____/____
 day month year
8. N.I. No.

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9. PRESENT (or last) EMPLOYER _____
10. EMPLOYER'S P. O. BOX _____
11. EMPLOYER'S TELEPHONE _____
12. DATE OF RETIREMENT: Day _____ Month _____ Year _____

PAYMENT

Please be reminded: A reduced Benefit will be paid if you choose to claim before you reach age 65 years.

1. DO YOU WISH PAYMENTS TO COMMENCE FROM CLAIM DATE? Yes No

2. IF "NO", WHEN: _____

Recipients of Retirement Benefit (with the exception of persons who live on Bahamian islands where there are no banks) are required to have their monthly payments sent to the banks of their choice (in The Bahamas). Persons who live on islands where there are no banks, may collect their monthly cheques from their nearest local office.

Please provide information on where you want your cheques to be sent:

3. PAYSTATION INFORMATION (for claimants on Family Islands with no banks, only)

Local Office: _____

4. BANK INFORMATION:

Bank _____ Branch: _____ Account # _____

DECLARATION AND CLAIM

I DECLARE that the particulars given by me and recorded in this claim are true to the best of my knowledge and belief.

I CLAIM Retirement Benefit under the National Insurance Act, 1972, and I undertake that if a pension is awarded I shall inform the National Insurance Board of any change in my circumstances which may affect my entitlement to the pension.

Signature (or Mark) of Pensioner _____ Date _____

Witness to Mark if claimant is unable to sign: _____

PLACES OF EMPLOYMENT SINCE OCTOBER, 1974

In addition to your current or last employer (stated on front), we'd like to know the details of your past employment history. This would help greatly in ensuring that your claim is processed speedily and correctly. (Use blank sheet to list additional employers if needed)

#1 COMPANY: _____ EMPLOYEE #: _____ DEPT. # _____
OWNER: _____ CONTACT PERSON: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____ PHONE CONTACT: _____
NATURE OF YOUR WORK: _____ EARNINGS: _____
EMPLOYMENT: When Started: _____ When Left: _____

#2 COMPANY: _____ EMPLOYEE #: _____ DEPT. # _____
OWNER: _____ CONTACT PERSON: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____ PHONE CONTACT: _____
NATURE OF YOUR WORK: _____ EARNINGS: _____
EMPLOYMENT: When Started: _____ When Left: _____

#3 COMPANY: _____ EMPLOYEE #: _____ DEPT. # _____
OWNER: _____ CONTACT PERSON: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____ PHONE CONTACT: _____
NATURE OF YOUR WORK: _____ EARNINGS: _____
EMPLOYMENT: When Started: _____ When Left: _____

#4 COMPANY: _____ EMPLOYEE #: _____ DEPT. # _____
OWNER: _____ CONTACT PERSON: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____ PHONE CONTACT: _____
NATURE OF YOUR WORK: _____ EARNINGS: _____
EMPLOYMENT: When Started: _____ When Left: _____

#5 COMPANY: _____ EMPLOYEE #: _____ DEPT. # _____
OWNER: _____ CONTACT PERSON: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____ PHONE CONTACT: _____
NATURE OF YOUR WORK: _____ EARNINGS: _____
EMPLOYMENT: When Started: _____ When Left: _____

PLEASE NOTE:

Any person who, for the purpose of obtaining a benefit under the National Insurance Act, either for himself or some other person, makes any false statement or false representation, or produces any false documents, etc, shall be liable to a fine not exceeding \$2,500, or to imprisonment for up to twelve months, or both.