



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

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

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

## CLAIM FOR UNEMPLOYMENT BENEFIT

### Section A: Claimant Details

- Mr.  
 Mrs.  
1.  Ms. \_\_\_\_\_
- \_\_\_\_\_
- Last Name* *First Name* *Middle Name(s)*
2. N.I.#: \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_  
*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 unemployed?  Yes  No
12. Are you Self-Employed?  Yes  No
13. Are you receiving income from any other means?  Yes  No  
(If yes, explain) \_\_\_\_\_
14. Are you in receipt of any NIB Benefit or Assistance?  Yes  No  
(If yes, please list) \_\_\_\_\_

### 15. Employment History

| Previous Employer/Company Name | Start Date<br>(dd/mm/yyyy) | End Date<br>(dd/mm/yyyy) |
|--------------------------------|----------------------------|--------------------------|
|                                |                            |                          |
|                                |                            |                          |
|                                |                            |                          |

## **Section C: Unemployment Details**

---

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

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

18. Name of immediate supervisor \_\_\_\_\_

19. Telephone number of last employer/company \_\_\_\_\_

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

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

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

## **Section D: Claimants Declaration**

---

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

23. Claimant's Signature: \_\_\_\_\_

24. Date: \_\_\_\_\_  
*dd/mm/yyyy*

### **IMPORTANT NOTES**

- A. This form **MUST** be accompanied by a NIB Unemployment Card (Form B81), duly stamped by the Department of Labour's Employment Exchange;
- B. Persons unemployed:
  - i. Before April 20, 2009, should present a notification/letter of termination from the employer;
  - ii. On or after April 20, 2009, should provide Termination of Service/Lay-off Certificate (Form B80).
- C. Any person who for the purpose of obtaining benefit under The National Insurance Act, knowingly makes any false statement or false representations or produces any document, etc. which he/she knows to be false, shall be liable to a fine not exceeding Two Thousand Five Hundred Dollars (\$2,500), or imprisonment for a period not exceeding twelve (12) months or both.

For Official Use Only