



THE NATIONAL INSURANCE ACT, 1972

**THE NATIONAL INSURANCE BOARD
OF THE COMMONWEALTH OF THE BAHAMAS**

DATE OF RECEIPT
BY HAND <input type="checkbox"/> BY POST <input type="checkbox"/>

Claim for Invalidity Benefit

IMPORTANT NOTES

This Invalidity Benefit claim form should be accompanied by:

- a) A medical certificate or report from your doctor;
- b) A birth certificate, affidavit or passport;
- b) The National Insurance Identification card; and
- c) A completed *Direct Deposit* form (if bank account into which payments will be deposited is a joint account).

DETAILS OF APPLICANT

1. Surname _____ 2. Other Name(s) _____

3. Address _____
 House # Street/Settlement Island/State Country

4. E-mail _____

5. Telephone _____ 6. P. O. Box _____

7. Date of Birth: ____/____/____ 8. N.I. No.

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9. Present (or last) Employer _____

10. Employer's P. O. Box _____ 11. Employer's Telephone _____

12. Nature of incapacity causing invalidity _____

PAYMENT

Recipients of Invalidity 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:

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

Local Office: _____

2. **BANK INFORMATION:**

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.

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 Invalidity 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: _____

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.

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 - in The Bahamas. 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:	