



# Continuing Eligibility to Receive a Benefit

This form must be validated by a **“Sanctioned Authority,”** i.e., an Officer of the National Insurance Board; Counsel or Attorney of the Supreme Court; a Public Officer above the rank of Assistant 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 The Bahamas, a *sanctioned authority* may also be a Notary Public, a Lawyer, or a Chief of Police.

## I. PENSIONER INFORMATION

Pensioner: \_\_\_\_\_  
Surname First Name Other Name(s)

Claim No: \_\_\_\_\_ N.I. #: 

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|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

 Tel. No: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/Settlement

P. O. Box/Area Code \_\_\_\_\_ E-mail: \_\_\_\_\_

Benefit: \_\_\_\_\_ \*Bank: \_\_\_\_\_ Account # \_\_\_\_\_

*\*If the bank account information indicated above is different from the one previously supplied, be sure to complete and submit a “Direct Deposit” form.*

## II. CHANGE OF ADDRESS (Complete only if you moved since last verification)

Address: \_\_\_\_\_  
House /Apt.# Street P.O. Box/Area Code:

\_\_\_\_\_ Island/State Country

Telephone No: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

## III. VERIFICATION

- 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 within the prescribed timeframes.

**(Complete only the sections that apply to you)**

### RETIREMENT BENEFIT VERIFICATION

1. Employment Status:    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. Employment Status:    Employed                       Self-Employed                       Unemployed

**SURVIVORS BENEFIT SPOUSE & INDUSTRIAL DEATH BENEFIT SPOUSE VERIFICATION**

1. Have you remarried? Yes  No
2. Employment Status: 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 or orphan children? Yes  No
6. If "Yes", indicate below 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 |                |
|                   |               |    |    |                  |    |                   |    |                             |    |                |
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**SURVIVORS BENEFIT PARENT/INDUSTRIAL DEATH PARENT VERIFICATION**

1. Employment Status: 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

|  |                                |  |
|--|--------------------------------|--|
| <b>DECLARATION BY SANCTIONED AUTHORITY</b>   |                                | <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>Office Seal<br/>or<br/>office stamp here</b> </div> |
| Document used to identify Pensioner: _____ # _____   |                                |  |
| "This is to certify that _____ is alive and has been interviewed by me on this _____ day of _____ 20_____" |                                |  |
| Signature _____  | Full Name (Please Print) _____ | Position _____   |

|   |                       |            |
|---|-----------------------|------------|
| <b>DECLARATION BY PENSIONER</b>   |                       |            |
| <i>To be signed in the presence of the sanctioned authority</i>   |                       |            |
| "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 or Mark of Pensioner _____  | Witness to Mark _____ | Date _____ |

**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.**