

**TURKS AND CAICOS ISLANDS
NATIONAL INSURANCE BOARD****TEMPORARY UNEMPLOYMENT BENEFIT FORM**

FOR OFFICIAL USE ONLY

Date Received: _____

Claim#: _____

Signature: _____

WHO THIS FORM IS FOR: Unemployed persons who were in insurable employment immediately prior to April 1, 2020.

WHAT YOU HAVE TO PROVIDE: Proof of registration as unemployed with Labour Department or Termination Certificate from former employer.

SECTION A: CLAIMANT INFORMATION

NIB # _____ Date of Birth: _____
DD/MM/Year

Full Name: _____
First MI. Surname

Address: _____

Phone: _____ Email: _____

Date Cease Work: _____ Paid Vacation Period _____

SECTION B: ELIGIBILITY

Are you currently employed? Yes No Are you Self-Employed? Yes No

Are you receiving income from any other means? Yes No

If yes, please explain: _____

Are you in receipt of any other NIB benefit or assistance? Yes No

I commenced work with my former employer on: My last day of work was:

The last day for which I was paid was: dd/mm/yyyy

Name of immediate supervisor: _____
First Name Surname

Section C: BANK INFORMATION

Please deposit my benefit payment to my: Savings Chequing

Account # _____ CIBC FCIBC ScotiaBank RBC I do not have an account

SECTION D: LATE DECLARATION (If more than 30 days late)

I was unable to submit my claim within the prescribed time due to the following reason(s):

- I was bed – ridden.
- I was unable to properly execute the documentation – Employer’s Signature required. I was overseas.
- Other (please specify)
-

SECTION E: DECLARATION

I UNDERSTAND that if I give information that is incorrect action may be taken against me.

I DECLARE: that the information on this form is correct and complete.

Important Note: Any person, who for the purpose of obtaining any benefit or other payment under this Ordinance, whether for himself or for some other person knowingly makes any false representation or knowingly allows to be produced any document or information which he/she knows to be false, shall be liable to a fine commits an offence and is liable on summary conviction to a fine of \$1000 or to imprisonment for a term of six months, or to both.

Claimant’s Signature: _____

Date: _____