



TURKS AND CAICOS ISLANDS NATIONAL INSURANCE BOARD CLAIM FOR INVALIDITY PENSION

- **INVALIDITY PENSION** is a National Insurance benefit you may be able to receive as a periodical payment, between the ages of 16 and 60 years of becoming an invalid and satisfying the qualifying conditions.
 - **WHO THIS FORM IS FOR:** Insured persons, whether employed, self-employed or voluntary contributors.
 - **WHEN TO SUBMIT THIS FORM:** Within three months from the date from which you were certified an invalid.
 - **WHAT YOU HAVE TO PROVIDE:** Two forms of identification, preferably passport (*Bio metric page*) any other valid Government issued identification. Appropriate Medical Certificate
- NOTE:** If submitting application to the office only **ORIGINAL** documents are acceptable.
If submitting online documents should be certified by a Justice of the Peace of Notary Public.
Baptismal Certificates **ARE NOT** acceptable.

SECTION A: DETAILS OF CLAIMANT

1. Name: _____ : _____
Last First Middle Initial(s)
2. National Insurance Number: _____
3. Date of Birth: _____ / _____ / _____
Day Month Year
4. Address: _____
5. Occupation: _____
6. Telephone No.: _____
7. Email: _____
8. Have you previously received Invalidation Benefit under the National Insurance Scheme? Yes No
9. Are you receiving any National Insurance Benefit? Yes No
If yes, please state which benefit (For example, Sickness, Maternity, Survivors') _____
10. Are you able to perform any type of work other than your usual employment? Yes No
11. Date you were certified as an invalid: _____ / _____ / _____
Day Month Year

SECTION B: DETAILS OF EMPLOYMENT

1. State your last occupation: _____
2. State the name and address of your last employer:
Name: _____
Address: _____

3. Employer's Registration No.: _____

SECTION C: PAYMENT INFORMATION

Please deposit my benefit payment to my: Savings Chequing | CIBC/FCIB Scotia Bank RBC

Account No.: _____ in the name of _____

I do not have an account.

Please make cheque payable to _____

SECTION D: DECLARATION AND CLAIM

Any person who knowingly makes any false statement or false representation or who produces or furnishes or knowingly allows to be produced or furnished any document or information, which he knows to be false, commits a criminal offence punishable by a fine or imprisonment or both.

I CLAIM Invalidity Pension and hereby state that I am incapable of work as a result of a disablement which is likely to remain permanent. Attached is a medical certificate of permanent incapacity for work from Dr. _____.

Claimant's Signature: _____

Date: _____ / _____ / _____
Day Month Year