



TURKS AND CAICOS ISLANDS NATIONAL INSURANCE BOARD

CLAIM FOR NON-CONTRIBUTORY OLD AGE PENSION

- **NON-CONTRIBUTORY OLD AGE PENSION** is a National Insurance benefit you may be able to receive if you have attained the age of 68 years and satisfy certain residency conditions.
- **THIS FORM IS FOR?** Persons who cannot satisfy the conditions for entitlement to retirement Pension but who have resided in the Turks and Caicos Islands for the relevant periods.
- **WHEN TO SUBMIT THIS FORM?** Within 3 months of the date you attain the age of 68 years.
- **WHAT YOU HAVE TO PROVIDE?** Two forms of identification, preferably passport (*Bio metric page*) and any other valid Government issued identification, evidence of residence.

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 or Notary Public.

Baptismal Certificates **ARE NOT** acceptable.

SECTION A: DETAILS TO BE PROVIDED BY YOU

1. Name: _____ : _____
Last *First* *Middle Initial*
2. National Insurance Number: _____
3. Date of Birth: _____ / _____ / _____
Day *Month* *Year*
4. Address: _____
5. Telephone No.: _____
6. Occupation: _____
7. Are you in receipt of a Government Pension? Yes No If yes, state amount. \$ _____
8. Are you receiving any other pension or other similar payment from any source? Yes No

SECTION B: DETAILS OF EMPLOYMENT, (IF APPLICABLE) RESIDENCE

1. Have you ever lived outside the Turks and Caicos Islands after attaining the age of 40 years? Yes No
If yes, where? _____ How long? _____
Country *Years*
2. Have you lived outside of the Turks and Caicos Islands after attaining the age of 16 years? Yes No
If yes, where? _____ How long? _____
Country *Years*
3. Name of last employer: _____
Address: _____

ALL RESIDENCY REQUIREMENTS MUST BE ATTAINED BY AGE 68

4. Are you currently receiving any National Insurance Benefit? Yes No
If yes, state benefit (*For example, Death Benefit, Survivors' Benefit*): _____

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 _____

Please make my cheque payable to my Employer (*as stated above*) as I will be receiving full salary.

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 Non-Contributory Old Age Pension

Claimant's Signature: _____

Date: _____ / _____ / _____
Day Month Year

I am unable to sign this Claim Form, as a result, _____
(Name of person signing)
will be signing on my behalf.

Authorized Signature: _____
For and on behalf of Claimant

Date: _____ / _____ / _____
Day Month Year