



TURKS AND CAICOS ISLANDS NATIONAL INSURANCE BOARD

FOR OFFICIAL USE ONLY
DATE RECEIVED:
CLAIM NUMBER:

UNEMPLOYMENT BENEFIT FORM

WHO THIS FORM IS FOR: Unemployed persons, other than a self-employed person, voluntary contributor or a temporary resident employed person, who satisfies the Director that (a) he is involuntarily unemployed; (b) his period of continuous unemployment amount to not less than two weeks, and (c) he is capable and available for work.

WHAT YOU HAVE TO PROVIDE: Proof of registration as unemployed with Labour Department and Termination Certificate/Letter from former employer. A valid Government issued photo identification.

SECTION A: CLAIMANT INFORMATION

NIB #:

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 Date of Birth: _____
DD / MM / YYYY

Full Name: _____
First Name MI Surname

Address: _____

Phone Number: _____ E-mail Address: _____

Date of Termination: _____
DD / MM / YYYY

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: _____
DD/MM/YYYY

My last day of work was: _____ The last day for which I was paid was: _____
DD/MM/YYYY DD/MM/YYYY

Name of immediate supervisor: _____
First Name Surname Position

Section C: BANK INFORMATION

Please deposit my benefit payment to my: Savings Chequing

Account Name: _____ Account Number: _____

CIBC FirstCaribbean International Bank

RBC Royal Bank

ScotiaBank

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 provide information that is incorrect action may be taken against me.

I DECREE and DECLARE: that the information provided on this form is true and correct .

Claimant’s Signature: _____ Date: _____
Signature DD / MM / YYYY

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.

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