



## GUIDELINES AND CHECKLIST

<b>Application / Benefit:</b>	<b>Application</b>		
<b>Form Name:</b>	<b>RETIREMENT BENEFIT</b>		
<b>Form Number:</b>	<b>NI 82</b>		
<b>Section A</b>			
<b>Description</b>	<b>To be completed by Applicant - (This is the insured person who is/has retired from employment)</b>		
	<b>No.</b>	<b>Questions on form</b>	
		<b>What should be inserted</b>	
<b>Question #</b>	1	Name	Surname followed by First name and middle name (if applicable)
	2	Home Address	Where you live currently
	3	Postal Address	Where your mail is delivered, if different from home address
	4	National Insurance No.	National Insurance number of the applicant (this is a 9-digit number)
	5	Date of Birth	Date of birth of applicant (Year/Month/Day)
	6	Gender	Is the applicant male or female? The applicant ticks the relevant box
	7	Telephone Numbers	Input a working telephone contact - home, work or cellular
	8	Marital status	Tick the relevant box
	9	State Maiden Name	For females - in put the surname you used from childhood until marriage (if you are married)
	10	Last occupation	What was the last job you were doing when you retired (e.g Road overseer, Supervisor, Teacher etc)
	11	Name of Last employer	Give the name of the last business place you worked with when you retired
	12	Last Employer Registration number	If you know the National Insurance registration number of your employer write it here. If you do not know it then you can leave it blank.
	13	Employment record from 10 April, 1972	List all the employers you worked with throughout your working life from when the National Insurance system started on 10 April 1972. If you did not start to work on 10 April 1972 use the first row and write that. If your date of birth is after 1957 you need not respond to 10 April 1972. As far as possible provide the dates you started and ended with each employer. If you cannot recall the dates, the month and year will be sufficient. All periods when you did not work must be noted also.
		Type of Employment	For each employment period you provide say whether your employment was Casual, Temporary or Permanent. (in respect of temporary employment - were you temporary but worked for the whole year or just parts of the year)
	14	Did you work or live in Canada or worked in any of the CARICOM Countries	The CARICOM countries are St Lucia, Barbados, Guyana, St Vincent, etc. If you worked in any of these countries, tick the relevant box. If you lived or worked in Canada, tick the relevant box. If lived and worked both in Canada and CARICOM use another sheet of paper to provide the Social Security numbers and the name of the country in which you worked and or lived.
15	Last date of employment	This means the last date on which your salary or wage was paid by your employer. (For example, if you were on pre-retirement leave and that leave started on May 1st, but your retirement date is July 10th your last salary would have been up to July 10th, then that is your last date of employment and NOT May 1st)	

	16	Have you ever applied for a retirement benefit?	Is this the first time you are applying to the NIBTT for a Retirement Benefit? If yes, then tick "No". If yes, then input the name of the NIBTT office at which you previously applied and tick "Yes".
	17	Are you in receipt of any benefit listed below	If you are at present receiving any of the benefits listed tick "yes" if you are not tick "No".
	18	Have you paid Voluntary Contributions	Did you ever pay contributions for yourself when you were not working? If you did bring along with you your Voluntary Contribution card.
	19	Please indicate the method of payment of Benefit	Tell us where you want us to send your payment. If you want it to go to your financial institution (Bank, Credit Union, Unit Trust) then complete the boxes below. Please ensure you put in the correct details so that your money will go to only your account. Bring with you a current statement so that we can verify that you have provided the correct account number. If you choose to have it mailed to you please provide evidence of your current address (utility bill, bank statement etc)
	20	Is this a joint account	Tick the appropriate box.
	21	If "YES" to question 20	If your account is joint with someone else provide their name and address in the boxes provided.
<b>Description</b>	<b>Applicant's Declaration</b>		
	<b>Information needed</b>		<b>What should be inserted</b>
	Signature or Mark		Sign name or affix thumb print
	Date		Date when the form was completed by applicant
<b>Description</b>	<b>Particulars of witness to Mark (where applicant cannot sign)</b>		
	<b>Information needed</b>		<b>What should be inserted</b>
	Name		The witness surname and other name
	Address		The address of the witness
	Valid Identification		Tick the box for the ID used - Identification should be a valid form of one of the following: Passport, Driver's Permit or Electoral Identification Card.
	Number		Place number from the ID
	Occupation		What position does witness hold
	Signature of Witness to mark		The signature of the witness
	Date		Date the form was completed by the witness
<b>Section B</b>			
<b>Section B - Description</b>	<b>To be completed by Employer</b>		
	<b>Information needed</b>		<b>What should be inserted</b>
	I certify that		The name of the retiree, putting the surname first then the other name
	Whose Date of birth is.		Insert the Retiree's date of birth
	Retired from our employment with effect from		Put in the retiree's retirement date. Check question 15 on the first page. Do these dates match?
	Has been re-employed with effect from		If the retiree was re-employed by you tick the box and put the date, he/she started to work again with your company
	Has not been re-employed after		If the retiree was not re-employed by you, this date should be the date his retirement date
<b>Description</b>	<b>Employer's Declaration</b>		
	<b>Information needed</b>		<b>What should be inserted</b>
	Name		Surname and other name of the person who completed the form on behalf of the employer
	Position		The position/ job title of the employer/employer's representative
	Signature of Employer		The signature of the employer/ employer's representative
	Company Stamp		Stamp of the employer of the retiree
	Date		Date the form was completed by the employer of the retiree

## Section C

<b>Section C - Description</b>	<b>For Official Use</b>
	<b>The Customer Service Representative completes the section of the form</b>
<b>What you should know about this claim</b>	
1. Time frame for the submission of claim - 12 months from the retirement date	
2. Where the claim is submitted by a third party, valid ID and letter of authorization to conduct business	
3. The benefit is payable to the retiree	
4. The Retirement Benefit may be paid as a pension if you worked for at least 750 weeks and paid contributions on a Grant if you worked for less	
5. If you reside outside of Trinidad and Tobago and are in receipt of the pension you <b>MUST</b> submit a Life Certificate to the NIBTT every December and June of each year.	
6. Who can sign as witness -	
(a) (For a resident of Trinidad and Tobago) Any Magistrate, Justice of the Peace, Clergyman, Warden, Councilor/Assemblyman, Bank Manager, Medical Practitioner, Attorney-at-Law, Principal/Vice Principal of any Government/approved School, Head of any Government Institution or any Police/Military officer of the rank of Sargeant and above or Local Office Staff or Supervisory Officer of the National Insurance Board. A member of the Trinidad and Tobago Mission in the Country in which the Beneficiary is a resident OR an Attorney-at-Law, OR a Notary Public, OR a Justice of the Peace OR a Medical practitioner.	
(b) (For a non-resident of Trinidad and Tobago) A member of the Trinidad and Tobago Mission in the Country in which the Beneficiary is a resident OR an Attorney-at-Law, OR a Notary Public, OR a Justice of the Peace OR a Medical practitioner.	
<b>Supporting Documents</b>	
Electronic Birth certificate and affidavit (where applicable), OR	
Deed Poll (if applicable)	
Marriage Certificate (female applicants only)	
Decree Absolute of divorce (female applicants only) where applicable	
<b>List of Errors</b>	<b>No. Questions on form Possible Errors</b>
	1
	2
	3

## CHECKLIST

- Claim Form – **N.I. 82**. This form is completed upon retirement:
  - Age 60 – 64 (insured **MUST** be no longer in insurable employment).
  - Age 65
- **ALL** fields must be completed. **ALL** changes **MUST** be initialed and / or stamped.
  - a. **Section “A”** The form **MUST** be signed and dated by the applicant.
    - If the insured is unable to sign, the thumbprint will be certified at the NIBTT.
    - If the claim is being submitted by a third party, at the “Particulars of Witness to Mark” the thumbprint should be certified by an approved authority.
    - **Question #13** should be completed in full detail. For the period 1972 – the period of retirement, each period of employment or unemployment should be stated. Additional paper should be utilized where necessary.
    - **Question #14** If the answer is yes, the Social Security number **MUST** be provided.
  - b. **Section “B”** to be completed by the Employer.
    - The form **MUST** be signed, dated and stamped by the insured’s **last** Employer.
    - The retirement date **MUST** be accurately stated. This date should be the date the insured was no longer in insurable employment and should correspond with the last date contributions were remitted/due.
- **N.I. 165** – This form should be completed in its entirety along with the N.I. 82.
  - The form **MUST** be signed, dated and stamped by the insured.
  - **All** various names, date of birth and N.I. numbers used during the insured’s lifetime should be clearly stated.
  - **Question #16** should state all the information as stated on form N.I. 82, question 13.
- Identification Card of the Insured.

- Original & Copy of the Birth Certificate / Affidavit / Deed Poll / Divorce Decree Absolute / Death Certificate of Spouse.
- All relevant documentation to support employment, if available, e.g. original & copy of certified payslips, TD4s, Job letters etc. should be submitted.
- If the method of payment is **Financial**, the bank statement reflecting the name of the bank, the account number and the branch should be submitted. If the method of payment is **Postal** a utility bill, no older than three (3) months should be submitted.
- If the claim is being submitted by a third party, the Identification Card of the third party **MUST** be presented.
- The claim **MUST** be submitted within one (1) year from the date of retirement, if not a letter **MUST** be written with an explanation for the late submission.