Government of Anguilla
Social Security Board

Unemployment Assistance Benefit Application (UAB-1)

Instructions

Please **complete application for Unemployment Assistance Benefit (UAB-1)** by PRINTING all answers in ink if completing by hand. Thoroughly review your responses in each section before applying your signature to and submitting this document.

Section 1 Applicant Identification

1.1 Surname >>>>>>>>>>>>>>>>>>>>>>>>>>>> **1.2 First Name** **1.3 Middle Initial**

1.4 Social Security Number >>>>>>>>>>>>>>>> **1.5 Telephone Number** *(home, mobile, work)*

H M W

1.6 Date of Birth >>>>>>>>>>>>>>>>>>>>>>>>> **1.7 Sex**

D D M M Y Y Y Y M F

1.8 Email Address >>>>>>>>>>>>>>>>>>>>>>>> **1.9 Address**

1.10 Mailing Address *(if different from above)*

1.11 Bank *(check the appropriate box)* > **1.12 Account Number** >>>> **1.13 Account Currency** *(check the appropriate box)*

NCBA RBA US EC

Section 2 Eligibility

2.1 Name of last Employer >>>>>>>>>>>>>>>>> **2.2 Address of Employer**

2.3 Telephone Number >>>>>>>>>>>>>>>>>>> **2.4 Email Address (if applicable)**

2.5 Were you employed with this employer 1st February 2020? >>>>>>>>>>>>>>>>>>>>>>>>> Yes No

2.6 Have you been unemployed or underemployed (i.e. earning less than $1000.00 a month or less than actual salary if actual salary is under $1000.00) **as a result of the impact of COVID-19 on your place of work/ business?** Yes No

If 'Yes', since what date? D D M M Y Y Y Y

2.7 Are you still unemployed/underemployed? >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> Yes No

2.8 Please state: >>

Salary before 1st February 2020: US$ / EC$ ________________ (per week / month)

Present salary (if underemployed): US$ / EC$ ________________ (per week / month)

Please ensure you select/circle the correct currency and pay period

2.9 Are you currently in receipt of another Social Security benefit? >>>>>>>>>>>>>>>>>>>>>> Yes No

2.10 If 'Yes', **please state the benefit**

Section C Declaration

I, ___________________________________ **declare** that the information given above is true to the best of my knowledge and I assume full responsibility as to its correctness. I also undertake to notify the Director of Social Security at the Social Security office as soon as I return to gainful employment if that occurs before 15th June 2020. I understand that if I deliberately provide any incorrect information and receive any unemployment assistance benefit to which I am not entitled, I will have to repay the money to the Fund and may be subject to legal action.

Applicant's signature **Date**

FOR OFFICIAL USE ONLY

Date Received ______________________ Received by ______________________________________

*This form will be kept on file

COMPLETED FORMS SHOULD BE DELIVERED TO THE DROP BOX
LOCATED AT THE SOCIAL SECURITY BOARD, JRW BUILDING, THE VALLEY

Rev. 13/04/2020

Government of Anguilla
Social Security Board

COVID-19 Unemployment Assistance Benefit Record of Employment (UAB-2)

Instructions

Please **complete application for Unemployment Assistance Benefit (UAB-2)** by PRINTING all answers in ink if completing by hand. Thoroughly review your responses in each section before applying your signature to and submitting this document.

Section 1 Validation

1.1 Name of Employer >>> **1.2 Telephone Number**

1.3 Mailing Address >>> **1.4 Email Address**

1.5 Business Address *(if different)*

1.6 Name of Employee >> **1.7 Job Title**

1.8 Was this employee employed with you prior to 1st February 2020? >>>>>>>>>>>>>>>>>>>>>>>>> Yes ☐ No ☐

1.9 If yes. please state date employee started in your employment >>>>>>>>>>>> D D M M Y Y Y Y

1.10 Employee salary before 1st February 2020: US$ / EC$ ____________________ (per week / month)
Please ensure you select/circle the correct currency and pay period.

1.11 Is this employee currently in your employment? >> Yes ☐ No ☐

1.12 If 'Yes'**, please indicate:**
Present salary: US$ / EC$ ____________________ (per week / month)
Please ensure you select/circle the correct currency and pay period.

1.13 If no, was this employee released from your employment strictly as a result of the impact of COVID-19 on your business? Yes ☐ No ☐

1.14 Do you intend to rehire this employee? >> Yes ☐ No ☐

1.15 If yes, please indicate the anticipated date >>>>>>>>>>>>>>>>>>>>>>>>>>>> D D M M Y Y Y Y

Section 2 Confirmation

Signature of Employer / Authorised Person **Business Stamp** **Date**

FOR OFFICIAL USE ONLY

Date Received ___________________________ Received by ____

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