



Government of Bermuda

MINISTRY OF LABOUR, COMMUNITY AFFAIRS AND SPORTS

COVID 19 - Unemployment Benefit Application

Applicable to employees that were full-time (more than 15 hours per week).
Persons on Financial Assistance are not eligible for the unemployment benefit

Applications may be completed online at https://www.bermudajobboard.bm/uba

1. Employee Information

Form fields for Employee Information: First Name, Middle Name, Last Name, Date of Birth (DD-MM-YYYY), Social Insurance Number, Mailing Address, Postal Code, Home Phone Number, Cell Phone Number, Work Phone Number, Email address

2. Status

Please select one of the following:

- Options: Bermudian, Spouse of Bermudian, Permanent Resident Certificate (PRC) Holder, Non-Bermudian, Work Permit Holder. Includes a field for Work Permit Number.

3. Employer's/Self-Employment Details

Form fields for Employer's/Self-Employment Details: Payroll Tax Identification Number, Name of Company, Primary Contact, Employer Contact Number, Company Address, Postal Code, Nature of Business, Mailing Address (if different from above), Employer Cell Phone Number, Work Phone Number, Email address

4. Employment Status

- Options: Full-time Employment (more than 15 hours per week), Self Employed: YES NO, Layoff, Termination, Temporary Work Stoppage, Mandatory Medical Isolation/Quarantine without pay. Includes questions about current ability to work and last position held.

5. Other Benefits

Are you currently receiving Financial Assistance? YES NO

6. Payment Details

Please indicate how you are ordinarily paid: Weekly Bi-Weekly Monthly Other

If other, please specify: Dollar Amount:



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7. Banking Information

Bank Name: Clarien HSBC Bermuda Butterfield **Account Type:** Savings Checking

Account Holder Name: _____ *** Account Number:** _____ * (BMD Currency Only)

*The applicant must be listed as an account holder on the account provided. The bank account details should match the account ordinarily used for payroll.

Have you worked previously for Government or a Quango? YES NO

I authorize Government of Bermuda to verify the information provided on this form (1) to confirm my identity (2) to augment and update currently held information; (3) to provide me with accurate payment; (4) to manage and assess the company's risk; (5) to satisfy information request; and (6) to meet legal and regulatory requirements.

Authorized Signature

Date

8. Required Supporting Documents

Please upload the following documentation to support your application. Failure to provide the information requested may result in significant processing delays and/or denial of your application.

SECTION A STATUS VERIFICATION

Bermudian (only one of the following documents is required)

- Copy of Passport Information Page and Registered Bermudian Stamp
- Copy of Voter's Identification Card

Spouse of Bermudian

- Copy of Official Spousal Letter from the Department of Immigration

Permanent Resident Certificate (PRC) Holder

- Copy of Permanent Resident Certificate

Non-Bermudian, Work Permit Holder

- Copy of Official Work Permit Card issued by the Department of Immigration

SECTION B VERIFICATION LETTER FROM EMPLOYER

Employer Verification Letter should detail the following information:

- Business name, contact name and address of employer
- Nature of employer's business
- Employee Social Insurance number, name and job title
- Verification of full-time or part-time employment status
- Date and amount of most recent wages and other remuneration paid
- Current employment status (i.e. lay off; termination; temporary work stoppage; or mandatory medical quarantine without pay)
- Confirmation that change in employment status is as a result of COVID-19
- Confirmation of current benefits with dollar value
- Verification of employees banking details

SECTION C VERIFICATION OF MANDATORY MEDICAL QUARANTINE

- Letter from medical practitioner confirming mandatory quarantine

SECTION D SELF-EMPLOYMENT

- Evidence of payroll tax submissions for two quarters

SECTION E VERIFICATION OF BANKING DETAILS

- Copy of bank account statement to verify name, address and account number



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TERMS OF AGREEMENT

I certify that the information in this application is true and correct to the best of my knowledge. I confirm that I am not receiving Financial Assistance benefits. I understand the information requirements, conditions and terms of this benefit and agree to provide any supporting documentation that the Government of Bermuda may require. I understand that if I knowingly provide untrue, false, misleading or inaccurate information then I will be ineligible for the unemployment benefit, any benefit granted to me may be reversed, and I will be responsible for any and all repayment and may be subject to prosecution.

I agree to provide my personal information in order for the Department of Workforce Development to determine my eligibility for an unemployment benefit to provide Covid-19 relief. I understand that the information shared will only be used for the purpose stated above.

Applicant's Signature

Date (DD-MM-YYYY)

For office use only: Vendor Number

Approved

Denied