## COVID-19 Unemployment / Underemployment 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.

Note: If you are currently receiving a Social Security Benefit, you will not qualify for COVID-19 Unemployment / Underemployment Benefit.

Section 1 Applicant Identification
1.1 Surname >>>>>>>>>
1.4 Social Security Number >>>>>>>>
1.6 Date of Birth >>>>>>>>> 1.7 Sex  D D M M Y Y Y Y  M F BVI Islander/ Belonger  Permanent Resident
1.9 Email Address >>>>>>>>>
1.11 Mailing Address (if different from above)
1.12 Bank  1.13 Account Number Checking   Saving
Section 2 Work Status
2.1 Work Suspension Layoff Termination Mandatory Medical Isolation/Quarantine
Section 3 Eligibility
3.1 Name of last Employer >>>>>>>> 3.2 Address of Employer
3.3 Telephone Number >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
3.5 Were you employed with this employer prior to 30th March 2020? >>>>>>>> Yes No
3.6 Have you been unemployed or underemployed as a result of the impact of COVID-19 on your place of work/ business?
If 'Yes', since what date? D D M M Y Y Y Y
3.7 Are you currently employed? Yes No If 'Yes', Full-Time Part-Time
3.8 Please state: >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
3.9 Are you currently seeking employment? >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
Section 4 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 30th 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 Board and may be subject to legal action.
Applicant's signature Date

## COVID-19 Unemployment / Underemployment Benefit Record of Employment (UAB-2)

## Instructions

Please **complete application for** COVID-19 Unemployment / Underemployment 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 Employer Validation
1.1 Name of Employer >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
1.3 Mailing Address >>>>>>>>>>>> 1.4 Email Address
1.5 Business Address (if different)
1.6 Name of Employee >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
1.7 Was this employee employed with you prior to 30th March 2020? >>>>>>> Yes No
1.8 If 'Yes', please state date employee started in your employment >>>>>>> DDDMMYYYYY
1.9 Employee salary before 30th March 2020: \$(Weekly Bi-weekly Fortnightly Monthly)
1.10 Is this employee currently in your employment? Yes No If 'Yes', Full-Time Part-Time
1.11 If 'Yes', please indicate:  Present salary: \$ (Weekly Bi-weekly Fortnightly Monthly)
1.12 If 'No', was this employee released from your employment strictly as a result of the impact of COVID-19 on your business?
1.13 Do you intend to rehire this employee? >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
1.14 If 'Yes', please indicate the anticipated date >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
Section 2 Work Status
2.1 Work Suspension Layoff Termination Mandatory Medical Isolation/Quarantine
Section 3 Confirmation
Signature of Employer / Authorised Person Date Business Stamp
FOR OFFICIAL USE ONLY
Date Received Received by

Employers are reminded to fill out the Workforce Assessment form which is available on the Government's website: https://bvi.gov.vg/content/workforce-assessment