

Social Security Board P.O. Box 698 Road Town, Tortola Virgin Islands

Virgin Islands
Tel:1-284-852-7800 / Fax: 1-284-494-6022
Email: ssbclaims@vissb.vg / Website: www.vissb.vg

BENEFIT CLAIM FOR:	COVID SICKNESS BENEFIT	CLAIM FORM	
To avoid delay in processing your claim, please complete all sections of this form in Capital Letters.			
Name		Social Security#	
Mailing Address			
Occupation			
Contact Numbers:			ay month year
Email			
Bank NameAccount Number			
EMPLOYMENT DATA			
Current Employer			
Employer 's Email			
Last day worked before testing date day			y month year
The information given above is true and correct to the best of my knowledge and belief. I claim benefit accordingly.			
(Signature)		(Date)	
If unable to write, mark X, and have	t witnessed		
Name	\mathcal{E}		
Witness to mark	Date	Witness to mark	
☐ Pick up by:		Please	Mail