



SOCIAL SECURITY ORDINANCE 1979
**CLAIM FOR SURVIVORS' OR DEATH BENEFIT
 WIDOW AND CHILDREN**

FOR OFFICAL USE
Claim No. _____

Warning: Any person who knowingly makes any false statement or false representation for the purpose of obtaining benefit for himself or for some other person commits a criminal offence.

1 Particulars of Deceased Insured Person Social Security No.

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Surname and name: _____

Last Address: _____

Date of birth: _____

Date of death: _____

Note: Certificate of death is to be attached. If death was due to employment injury or disease death certificate on form SVB3 (obtainable from Social Security Barnch Office) is to be attached

2 Claim to Benefit for Widow

I claim benefit as the window of deceased person. Particulars relating to myself are given hereunder-

Surname and Name: _____

Maiden or previous name: _____

Address: _____

Claimant's Social Security Number, if insured

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Date of birth _____ Date of marriage: _____

Note: Attached certificates of birth and marriage, if legally married. If you were under 50 years on date of death of deceased, answer the following questions as on date of death

(a) Were you expecting a child by the deceased, if yes, attached medical certificate certifying your state of pregnancy.

	yes	no
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(b) Did you have the care of a child under 14 years of the deceased

	yes	no
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(c) Were you incapable of self-support and wholly dependent on your husband? If yes, attached medical certificate.

	yes	no
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2.B To be completed by Widow if she was not Legally Married to Deceased-

(d) Were you and deceased living together as husband and wife.

yes	no
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(e) Were you registered as beneficiary, if so attach certificate.

yes	no
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(f) Are you married to someone else?

yes	no
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(g) At the time of death of deceased was there a surviving wife

yes	no
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(h) If the answer to (d) is "yes", state how long you lived together

years	mths.
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2 C. Claims to Benefit for Children

I claim benefit for the children of the deceased in my care whose particulars are given overleaf. Their birth certificates are attached. I hereby declare that the information given by me on this form is true to the best of my knowledge and belief.

Claimant's Signature: _____ Date: _____

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