

**SOCIAL SECURITY ORDINANCE, 1979
CLAIM TO PARENT'S SURVIVORS/DEATH BENEFIT**



Warning: Any person knowingly makes a false statement or representation for the purpose of obtaining benefit for himself or for some other person commits a criminal offence punishable by a fine and or imprisonment

FOR OFFICIAL USE

CLAIM NO. _____

SOCIAL SECURITY BOARD

Particulars of Deceased Person

SOCIAL SECURITY NO

Full Name: _____

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Last address: _____

Date of birth on official birth certificate: _____

Date of death: _____ Cause of death: _____

Note: If death resulted from employment injury or disease, a medical certificate is required on Form obtainable from a Social Security Office.

Claim:

(a) Are you receiving any pension, any income from an occupation or any other source?
Yes/No

(b) If the answer to (a) is "yes", state the amount and the source of income.
.....

(c) Were you living with the deceased on the date of his/her death? Yes/No

(d) If you lived with the deceased, since what date?
.....

(e) If you did not live with the deceased during the last five years, state what amounts of money did you receive from him/her every week, month or year during the last five years:
.....

(f) Give the full addresses and ages of any other sons and daughters, if any,

_____	_____
_____	_____

(g) How much money have you received from your other sons and daughters, if any, every week, month or year during the last five years?

(h) If father and mother of deceased are claiming?

(i) Are you living together? Yes/No

(ii) Are you legally married? Yes/No

I/We claim benefit in respect of death of the above named my/our son/daughter, whose death certificate is attached.

I/We attach my/our birth certificate(s).

I/We declare that the information given above is true to the best of my/our knowledge and belief.

Date: Signature of Claimant