



**SOCIAL SECURITY BOARD
PENSIONER'S DECLARATION**

To be completed by *Widow, Widower, Child, Parent/Guardian Receiving:*

SURVIVORS PENSION **OR** **DEATH PENSION**

SECTION 1: WIDOW, WIDOWER, CHILD, PARENT or GUARDIAN'S Information:

Name of Pensioner _____
(First) (Middle) (Surname)

Social Security Number _____ Phone/Cell Number _____

Address _____
House Number & Name of Street (City/Town/Village/District)

SECTION 2: DECEASED INSURED PERSON'S INFORMATION

Name of Deceased Insured Person _____
(First) (Middle) (Surname)

Social Security Number _____

SECTION 3: WIDOW(ER)'S DECLARATION - Mark an X in the box next to the statement that is applicable to you

1. I declare that I am currently in a common-law union/ re-married:

a. Yes If Yes, date of marriage/common-law union _____ / _____ / _____
DD MM YY
b. No

2. I declare that I have no other children **after** the death of my spouse: Yes No

3. I also declare that I am _____ years.

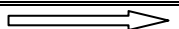
SECTION 4: PARENT/GUARDIAN

I declare that the following children are in my custody:

_____ Age _____ Age
_____ Age _____ Age
_____ Age _____ Age
_____ Age _____ Age
_____ Age _____ Age

I also declare that the children above, who are **16 years** and older, are still receiving full-time education:

Yes No → If No, last date of enrollment _____ / _____ / _____
DD MM YY



SECTION 5: PARENT'S DECLARATION - Mark an X in the box next to the statement that is applicable to you.

1. I declare that I am in a common-law union/ re-married:

- i. YES → If Yes, date of marriage/common-law union _____ / _____ / _____
DD MM YY
- ii. NO

2. I declare that I am not employed:

- i. YES → If Yes, date of employment _____ / _____ / _____
DD MM YY
- ii. NO

SECTION 6: Pension Declarations must be witnessed by a Justice of the Peace, Notary Public, Minister of Religion, Senior Human Development Officer, Senior Helpage Officer, Registered Physician or Social Security Officer.

I _____ declare that _____
(Name of Witness) (Name of Pensioner)

came before me this _____ day of _____ 20_____ and signed his/her name below attesting to the information he/she provided:

Signature of Pensioner _____
DD MM YY

Signature of Witness _____
DD MM YY

Position _____
(City/Town/Village) (District)

House Number and Name of Street



Important Notice: Pensioner's Declarations are due in June and December yearly. Your monthly pension will be temporarily suspended if you fail to submit your declaration in these months. Proof of Education for children between the ages of 16 – 21 years old is due in January and September yearly.

WARNING: ANY PERSON WHO KNOWINGLY MAKES ANY FALSE REPRESENTATION FOR THE PURPOSE OF OBTAINING A BENEFIT COMMITS A CRIMINAL OFFENCE AND IS PUNISHABLE BY A FINE OF IMPRISONMENT.

OFFICIAL USE

BRANCH OFFICE	NCO - BENEFIT SERVICES, HQ
Date P6 Received: _____ <small>DD MM YY</small>	Date P6 Received: _____ <small>DD MM YY</small>
Receiving Officer _____	Date Entered in PMIS _____ <small>DD MM YY</small>
Name of Branch Office _____	Data Entry Officer _____
	Date Verified in PMIS _____ <small>DD MM YY</small>