

SECTION "A" PARTICULARS OF DECEASED

13. COUNTRY OF PERMANENT RESIDENCE: _____

14. NAME: _____

SURNAME

OTHER NAME(S)

15. NAME AT BIRTH IF DIFFERENT: _____

SURNAME

OTHER NAME(S)

16. ADDRESS: _____
(STREET)

(CITY/DISTRICT/COUNTRY)

(COUNTRY)

17a. NATIONAL INSURANCE/
SOCIAL SECURITY NUMBER*

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17b. COUNTRY: _____

18. COUNTRY OF BIRTH: _____

17c. NATIONAL REGISTRATION NUMBER
(WHERE APPLICABLE)

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17d. WORKS NUMBER
(WHERE APPLICABLE)

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19. DATE OF BIRTH:

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YYYY MM DD

20. FATHER'S NAME: _____

SURNAME

OTHER NAME(S)

21. MOTHER'S NAME: _____

SURNAME

OTHER NAME(S)

22. DATE OF DEATH:

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YYYY MM DD

23. MARITAL STATUS OF DECEASED:
TICK APPROPRIATE BOX

23.1 SINGLE

23.2 MARRIED

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YYYY MM DD

23.3 WIDOWED

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YYYY MM DD

23.4 DIVORCED

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YYYY MM DD

23.5 COMMON-LAW

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YYYY MM DD

24. DATE OF ACCIDENT:

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YYYY MM DD

SECTION "B" - PARTICULARS OF DECEASED (CONT'D)

25. Cause of Death: _____ (Diagnosis)

26. What was person engaged in at time of Accident? _____

27. Was person duly authorised to perform such functions: YES NO

28. Name of employer at time of Accident. _____

29. Address of last employer _____
 _____ SURNAME OTHER NAME (S)
 _____ (STREET) (CITY/DISTRICT/COUNTY)
 _____ (COUNTRY)

SECTION "C" - PARTICULARS OF WIDOW

30. DATE OF MARRIAGE:

YYYY				MM		.DD			

31. Has the widow the care of child/children of the deceased? Yes No

32. If answer to question 31 is yes, please give the following details.

NAME OF CHILD	DATE OF BIRTH	RELATIONSHIP TO DECEASED	AT SCHOOL	
			YES	NO

33a. Do you have a source of income? Yes No

33b. Amount of income

34. Was the widow pregnant for the deceased? Yes No

SECTION "D" - PARTICULARS OF WIDOWER

35. Date of Marriage

YYYY				MM		DD		

36. Has widower a source of income?

Yes No

37 If answer to 36 is yes, please state of income _____

\$

AMOUNT

38. Is widower incapacitated for work?

Yes No

If answer to 38 is yes, please state nature of incapacity _____
and submit medical certificates.

INCAPACITY

SECTION "E" - PARTICULARS OF CHILD

39. Has child a surviving parent?

Yes No

40. Was child wholly or partially maintained by deceased?

Yes No

41. Has child a step parent with a prior claim to the benefit?

Yes No

SECTION "F" - PARTICULARS OF PARENT

42. Is parent capable of self support?

Yes No

43. Date of Birth

YYYY				MM		DD		

44. Was dependent wholly or partially maintained by the deceased?

Yes No

SECTION "G" - PARTICULARS OF OTHER DEPENDENTS

45. Is dependent permanently incapaable of self support?

Yes No

46. Date of Birth

YYYY				MM		DD		

47. Was dependent wholly or partially maintained by the deceased?

Yes No

SECTION "H" -DETAILS OF WORK DONE IN CARICOM COUNTRIES

48. Employment record in Caricom Countries. (Use additional sheets if necessary)

NAME OF EMPLOYER	PERIOD WORKED						NATIONAL INSURANCE/ SOCIAL SECURITY NUMBER	ADDRESS OF EMPLOYER
	FROM	TO						
	YY	MM	DD	YY	MM	DD		

49. DECLARATION OF APPLICANT

I hereby declare that to the best of my knowledge and belief the information given is true and correct, and I undertake to notify the National Insurance System of any change that might affect my entitlement to this benefit.

49.1 SIGNATURE OF CLAIMANT

DATE:

YYYY				MM		DD		

50. DECLARATION OF WITNESS

(Where Claimant Cannot Sign)

I have read this application to the applicant, who appears to understand the contents and has affixed his/her mark. To be witnessed by Minister of Religion, J.P, Notary Public, Lawyer, Permanent Secretary, Bank Manager, Senior Official of Social Security Scheme, with accompanying stamp.

50.1 NAME OF WITNESS: _____

50.2 ADDRESS OF WITNESS: _____

50.3 SIGNATURE OF WITNESS:

DATE:

YYYY				MM		DD		

51. (FOR OFFICIAL USE)

51.1 I hereby declare that I have examined and certified the documents submitted by the claimant with the application form.

NAME OF RECEIVING OFFICER: _____

SURNAME

OTHER NAME (S)

Signature of Receiving Officer

DATE

YYYY				MM		DD		

DOCUMENTARY EVIDENCE REQUIRED

1. Birth Certificate
2. Death Certificate
3. Marriage Certificate
4. Identification Card
5. Declaration of Maintenance
6. Letter of Co-habitation
7. Evidence of Full-time Education if child is over 16 years of age.

This form should be submitted to the National Insurance/Social Security Office in the country in which you are residing.

ACKNOWLEDGEMENT OF CLAIM

Dear Sir/Madam,

Acknowledgement is made of your claim for _____ dated _____

which has been accepted. Kindly look forward in the near future for further communication with regard to your claim.