NATIONAL INSURANCE ACT, 1986

CLAIM FOR FUNERAL GRANT

PARTICULARS OF DECEASED INSURED PERSON

Name of deceased
Insured Person ……………………………………………………………………………

(Surname)     (Christian name)

National Insurance number is |___|___|___|___|___|___|

Canadian Social Insurance number is |___|___|___|___|___|___|___|___|

Last Address: ……………………………………………………………………………………..

(No. and street, Apt. No.)

…………………………………………………………………………………..

(City, town or village)

Name of last Employer …………………………………………………………………………………..

D    M      Y                                                  D     M     Y

Date of birth: |___|___|___|          Date of death: |___|___|___|

Certified cause of death …………………………………………..    Occupation ……………………………

Has the deceased ever worked or lived in a country other than Saint Vincent and the Grenadines?
( ) yes ( ) no. If yes kindly list below

<table>
<thead>
<tr>
<th>Name of country</th>
<th>Social Insurance number in that country</th>
<th>Residence</th>
<th>Employment</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Name of Claimant………………………………………………………………………………………… ....

(Surname)                                        (Christian names)

Address ………………………………………………………..

(No. and street, Apt. No.)

……………………………………………………………..

(City, town or village)
To: The Director  
National Insurance Services  

I, the above named claimant hereby declare that I am ……………………………………………………………

(State relationship if any, to the deceased)

to the deceased insured person named above and that I have paid* the amount of the funeral expenses

(* Words not applicable should be deleted)

I am liable to pay

I attach the following documents:
(a) Death Certificate of the deceased insured person;
(b) Receipt for the amount of funeral expenses paid by me;
or (c) Undertaker’s bill for outstanding funeral expenses

NOTE: If there are any uncashed benefit vouchers/pension orders relating to the deceased these should be returned to the National Insurance Office together with this claim.

I hereby claim Funeral Grant in respect of the insured person’s death.

Signature of Claimant ………………………………………
(or person authorized to sign on behalf of claimant)

Date ………………………………………
D-M-Y

WARNING: Any person who knowingly makes any false representation for the purpose of obtaining benefit commits a criminal offence punishable by a fine or imprisonment or both.