

SECTION "C" - PARTICULARS OF WIDOW

25. DATE OF MARRIAGE:

YYYY				MM		DD	

26. Has the widow the care of child/children of the deceased?

Yes No

27. If answer to question 26 is yes, please give the details.

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

28. Has child surviving parent?

Yes No

29. Was child wholly or partially maintained by the deceased?

Yes No

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

Yes No

31. Is child mentally or physically challenged? (handicapped)

Yes No

32. Is child receiving full-time education?

Yes No

33. If answer to 31 and 32 is "Yes", attach medical/school report.

34. Do you have a source of income?

Yes No

35. Amount of income

\$

36. Was the widow pregnant for the deceased?

Yes No

37. Is widow incapacitated for work?

Yes No

Submit medical certificate(s) if yes.

SECTION "D" - PARTICULARS OF WIDOWER

38. Date of Marriage:

YYYY				MM		DD	

39. Has widower a source of income?

Yes No

SECTION "D" - PARTICULARS OF WIDOWER (CONT'D)

If answer to 39 is yes, please state source of income _____

\$

40. Is widower incapacitated for work? Yes No

AMOUNT

If answer to 40 is yes, please state nature of incapacity _____

INCAPACITY

SECTION "E" - PARTICULARS OF OTHER DEPENDENTS

41. State relationship to deceased. _____

42. Date of Birth

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YYYY MM DD

43. Is dependent permanently incapable of self support?

Yes No

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

Yes No

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

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

NAME OF EMPLOYER	ADDRESS	EMPLOYER REGISTRATION NUMBER (If known)						PERIOD OF EMPLOYMENT

46. 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.

46.1 SIGNATURE OF CLAIMANT

DATE:

YYYY				MM		DD	

47. 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.

47.1 NAME OF WITNESS: _____
SURNAME OTHER NAME (S)

47.2 ADDRESS OF WITNESS: _____

47.3 SIGNATURE OF WITNESS: _____

DATE:

YYYY				MM		DD	

48. (FOR OFFICIAL USE)

48.1 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 Certificates of surviving spouse and other dependents
2. Death Certificate
3. Marriage Certificate
4. Identification Card/National Registration Card/Valid Passport
5. Medical Reports of Applicants
6. Evidence of Full Time Education
7. Declaration of Maintenance
8. Evidence of Co-habitation

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.