



**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\*


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:

YYYY				MM				DD											

20. FATHER'S NAME: \_\_\_\_\_

SURNAME

OTHER NAME(S)

21. MOTHER'S NAME: \_\_\_\_\_

SURNAME

OTHER NAME(S)

22. DATE OF DEATH:

YYYY				MM				DD											

23. MARITAL STATUS OF DECEASED:  
TICK APPROPRIATE BOX

23.1 SINGLE

23.2 MARRIED

YYYY				MM				DD											

23.3 WIDOWED

YYYY				MM				DD											

23.4 DIVORCED

YYYY				MM				DD											

23.5 COMMON-LAW

YYYY				MM				DD											

24. DATE OF ACCIDENT:

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: 

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 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.