CARICOM AGREEMENT ON SOCIAL SECURITY

APPLICATION FOR INDUSTRIAL DEATH BENEFIT

Warning: Any person who knowingly makes a false statement or false representation for the purpose of obtaining any payment for himself or for some other person, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

Please NOTE the Documentary Evidence Requirement at the back of this form.

SECTION "A" - PARTICULARS OF CLAIMANT

1. COUNTRY OF PERMANENT RESIDENCE:

2. NAME: ___________  SURNAME  OTHER NAME(S) ___________

3. NAME AT BIRTH IF DIFFERENT: ___________  SURNAME  OTHER NAME(S) ___________

4. ADDRESS: ____________________________________________________________________________
   (STREET)
   (CITY/DISTRICT/COUNTY)  (COUNTRY)

5a. NATIONAL INSURANCE/SOCIAL SECURITY NUMBER *  5b. COUNTRY  6. COUNTRY OF BIRTH:
   ___________  ___________

   ___________  ___________

   ___________  ___________

5c. NATIONAL REGISTRATION NUMBER  
(WHERE APPLICABLE)

   ___________  ___________

5d. WORKS NUMBER  
(WHERE APPLICABLE)

   ___________  ___________

8. TELEPHONE NUMBER:
   ___________  ___________

9. FATHER'S NAME: ___________  SURNAME  OTHER NAME(S) ___________

10. MOTHER'S MAIDEN NAME: ___________  SURNAME  OTHER NAME(S) ___________

11. MARITAL STATUS:  
(TICK APPROPRIATE BOX)
   11.1 □ SINGLE  11.2 □ MARRIED  11.3 □ WIDOWED
   11.4 □ DIVORCED  11.5 □ COMMON-LAW

12. RELATIONSHIP TO
   12.1 □ WIDOW  12.2 □ WIDOWER
   12.3 □ CHILD  12.4 □ PARENT

* NOTE: Applicants must submit additional information on a separate sheet if necessary.
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/COUNTY) (COUNTRY)

17a. NATIONAL INSURANCE/ SOCIAL SECURITY NUMBER*


17b. COUNTRY: ____________________________

18. COUNTRY OF BIRTH: ____________________________

17c. NATIONAL REGISTRATION NUMBER

(WHERE APPLICABLE)


17d. WORKS NUMBER

(WHERE APPLICABLE)


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)

* NOTE: Applicants must submit additional information on a separate sheet if necessary.
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
   ____________________________________________
   |              |              |                        |
   |              |              |                        |
   |              |              |                        |
   |              |              |                        |

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
   INCAPACITY
   ____________________________
   and submit medical certificates.

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 incapable 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)

<table>
<thead>
<tr>
<th>NAME OF EMPLOYER</th>
<th>PERIOD WORKED FROM</th>
<th>TO</th>
<th>NATIONAL INSURANCE/SOCIAL SECURITY NUMBER</th>
<th>ADDRESS OF EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YY MM DD</td>
<td>YY MM DD</td>
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</tbody>
</table>
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.

10/99