CARICOM AGREEMENT ON SOCIAL SECURITY

DETAILS OF INSURANCE PERIODS COMPLETED BY CLAIMANT/DECEASED PERSON

(In Accordance with Article 39 of the Agreement)

For Applicants to the Barbados Scheme Only[1]

1. NAME OF EXAMINING _____
2. ADDRESS OF EXAMINING _____
3. DETAILS OF PERIODS WORKED BY CLAIMANT/DECEASED _____

1	2	3		4	5	6	7	8
COUNTRY	SOCIAL SECURITY NUMBER	PERIODS WORKED (YEARS) FROM	TO	NUMBER OF WEEKS WORKED	INSURABLE EARNINGS	NOTIONAL AMOUNT	ACTUAL AMOUNT	REMARKS (OFFICIAL STAMP)
			TOTAL					

Notes: [1] **Barbados requires breakdown of No. of weeks worked and Insurable Earnings on an annual basis.**
Please complete page 2 if Claimant/Deceased Person worked more than one (1) year in your country.

This form should be completed and returned to the Examining Institution within one month of the date of receipt.

OFFICIAL STAMP

Prepared by:
Name: _____
Signature: _____
Designation: _____
Date: YYYY MM DD

Certified by:
Name: _____
Signature: _____
Designation: _____
Date: YYYY MM DD

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YEAR	NUMBER OF WEEKS WORKED	INSURABLE EARNINGS
TOTAL		