



**NATIONAL INSURANCE SERVICES
P.O. BOX 305, ADMINISTRATIVE CENTRE**

Tel. #: (784) 456 1514
Fax #: (784) 45 62604

**NATIONAL INSURANCE ACT #33 OF 1986
CLAIM FOR SURVIVORS BENEFIT**

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

To be completed by Applicant

PART A - PERSONAL INFORMATION

Name (in block capitals)
(Surname) (Other Names)

Date of birth: **D M Y** | | | Telephone #: | | | | | | | | | |

My National Insurance number is | | | | | | | |

My Canadian Social Insurance number is | | | | | | | | | |

Kindly attach copy of birth certificate as proof of age

Postal Address:
(No. and street, Apt. No.)

.....
(City, town or village)

Sex: Male [] Female []

Marital Status: **Married** [] **Single** [] **Widow/Widower** [] **Divorced** []

Relationship to deceased

.....
(if widow or widower attach copy of marriage certificate)

Common-law Relationship

Were you wholly or partially dependent on the deceased person? Yes [] No []

Were you and the deceased person living together at the time of death? Yes [] No []

If the answer is yes, please state how long you were living together. Years [] Months []

If common-law wife/husband, attach a sworn declaration from a Justice of the Peace, Lawyer or Notary Public).

Particulars of Deceased

Full name of deceased
(Surname) (Other Names)

Postal Address:
(No. and street, Apt. No.)

(City, town or village)

National Insurance number is |_|_|_|_|_|_|_|_|_|_|_|_|

Canadian Social Insurance number is |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date of birth: |_|_|_|_|_|_|_|_|_|_|_|_| Date of death: |_|_|_|_|_|_|_|_|_|_|_|_|
D M Y D M Y

Was death due to accident at work? Yes [] No []

If yes, state date of accident
D-M-Y

If not, state cause of death

Was deceased in receipt of benefit from NIS? Yes [] No []

State which benefit

Name of last employer

Address of last employer
(No. and street, Apt. No.)

(City, town or village)

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

Name of country	Social Insurance number in that country	Residence		Employment	
		Y-M	Y-M	Y-M	Y-M

PARTICULARS OF CHILDREN OF DECEASED PERSON

Full Name	Address	Sex	Date of birth D-M-Y	Surviving parents name	Address of educational institution

(Attach birth certificate of each child under 18 years)

One parent deceased [] Orphan [] Invalid []

As far as you are aware are there any children of the deceased under the age of 16 years other than those mentioned above? Yes []

If the answer to the above is yes, please state

Name

Address.....
(No. and street, Apt. No.)

.....
(City, town or village)

I hereby declare that the information given on this form is true to the best of my knowledge and belief.

.....
Signature of Claimant Date (D-M-Y)

Please complete fully and send immediately to the National Insurance Office. Failure to apply within 3 months may mean loss of some benefit.