



**NATIONAL INSURANCE SERVICES**

**CLAIM FOR AGE BENEFIT/AGE GRANT/EARLY RETIREMENT PENSION**

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

My full name is .....  
(Surname) (Other Names)

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

Postal Address: .....  
.....

Tel. #: | | | | | | | |

Email: .....

Gender: Male: [ ] Female: [ ] Date of birth: | | | |

Marital Status: Married [ ] Single [ ] Widow/widower: [ ]  
Divorced [ ] Common Law [ ]

In support of my application, I attach an original/certified copy of my birth certificate/passport and marriage certificate as proof of age and marriage.

**Kindly send my pension to my bank account or credit union.**

\* My bank account/credit union number is .....

My next of kin is Mr./Mrs./Miss .....

**Kindly ask your next of kin to contact the NIS Office in the event of your death.**

**Are you currently in receipt of a benefit from NIS? Yes [ ] No [ ]**

If Yes, Please State which benefit .....

**Employment Information**

My last/present employer's name and address were/are: .....

Address ..... | | | | | | | |  
Tel. No.

Are you claiming an early retirement pension ( ) Yes ( ) No

If yes, kindly indicate the date of application and attach retirement letter from your last employer.

.....  
Date            Month            Year

**NB:** Early retirement pension is subject to a 0.67% reduction for every month that the pension start date precedes your normal pensionable age.

**Have you worked in any other CARICOM countries? ( ) Yes ( ) No**

**If 'yes' kindly list below.**

**NAMES OF COUNTRIES AND COMPANIES**

***Period of employment***

**FROM: dd/mm/yy TO: dd/m m /y y**

- 1).....
- 2).....
- 3).....
- 4).....
- 5).....

**I declare that the foregoing statements/information are true to the best of my knowledge and belief.**

Signature of Claimant ..... Date.....

If unable to sign, mark 'x' and have it witnessed by either a Lawyer, Justice of the Peace, Medical Doctor, Notary Public, Permanent Civil Servant or Police Officer (above the rank of Inspector).

Signature of witness: .....

Name of witness: .....

Profession or occupation: .....

Address: .....

Date: .....

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