

**THE NATIONAL INSURANCE BOARD
SURVIVOR'S BENEFIT APPLICATION**

(Please Complete in Block/Capitals)

Please read the Notes at the back of this form CAREFULLY.

WARNING! Pursuant to Section 33 of the National Insurance Act, a person who makes any false statement is liable on summary conviction to a fine of \$3,000.00 and to imprisonment for two years.

NOTE: This application must be submitted within 12 months of the deceased date of death.

(FOR OFFICIAL USE)	
CLAIM NO.	<input type="text"/>
SERVICE CENTRE CODE	<input type="text"/>

SECTION "A" - PARTICULARS OF DECEASED INSURED PERSON

1. NAME: **SURNAME** **OTHER NAME(S)**

2. NATIONAL INSURANCE NO.

3. *POSTAL ADDRESS: **(STREET)**
 (CITY/DISTRICT/COUNTY)

4. DATE OF BIRTH **YYYY MM DD** 5. DATE OF DEATH **YYYY MM DD** 6. SEX: MALE FEMALE

7. EMPLOYMENT RECORD FROM 1972, APRIL 10. (Use additional sheets if necessary.)

NAME OF EMPLOYER	ADDRESS	REGISTRATION NO. (If known)	PERIOD OF EMPLOYMENT						
			FROM YYYY	MM	DD	TO YYYY	MM	DD	

8. NAME OF LAST EMPLOYER (State exact location e.g. School/Division/Department): _____

9. LAST DATE WORKED **YYYY MM DD**

10. Was deceased in receipt of Invalidity Benefit? YES NO
11. Was deceased in receipt of a Retirement Pension? YES NO
12. Did the deceased work or live in Canada or any of the CARICOM countries? YES NO

If "YES", please provide:

(i) SOCIAL SECURITY NO.

(ii) NAME OF COUNTRY

*Please give Mailing Address.
EXAMPLE: Light Pole No. 8, Southern Main Road, Couva OR Near Bertie's Parlour, Industry Lane, Belmont.

SECTION "B" - PARTICULARS OF APPLICANT

1. NAME:
SURNAME
OTHER NAME(S)

3. *POSTAL ADDRESS:
(STREET)

(CITY/DISTRICT/COUNTY)

2. NATIONAL INSURANCE NO.

4. TELEPHONE NUMBER.
 -

5. DATE OF BIRTH
YYYY **MM** **DD**

6. PRESENT MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED

7. IDENTIFICATION PASSPORT DRIVER'S PERMIT ELECTORAL I.D. NO. IDENTIFICATION NO.

8. RELATIONSHIP TO DECEASED: _____

9. Please tick the benefit(s) for which you are applying:
 WIDOW'S BENEFIT WIDOWER'S BENEFIT CHILD ALLOWANCE
 *ORPHAN'S ALLOWANCE DEPENDENT PARENT'S PENSION

10. Was an application submitted for a Funeral Grant? YES NO
 If "NO", submit Death Certificate with this application.

11. Have you applied for or are receiving a Survivor's Benefit? YES NO
 If "YES", provide information below.

NATIONAL INSURANCE NO.

NAME OF DECEASED:
SURNAME
OTHER NAME(S)

ADDRESS OF DECEASED:
(STREET)

(CITY/DISTRICT/COUNTY)

RELATIONSHIP TO DECEASED: _____

12. Please indicate the Method of Payment of Benefit:

MAIL TO: POSTAL ADDRESS: _____ DEPOSIT TO: BANK CREDIT UNION

NAME OF BANK/ CREDIT UNION: ACCOUNT NUMBER.

ADDRESS:
(STREET)

(CITY/DISTRICT/COUNTY)

* APPLICABLE ONLY WHERE DATE OF DEATH WAS PRIOR TO 2004/03/01.

SECTION "C" - PARTICULARS OF WIDOWS/WIDOWERS

N.B. THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS.

1. Are you the Lawful spouse of the deceased? YES NO

If "YES", please state Date of Marriage
YYYY **MM** **DD**

If "NO", have you been nominated as Beneficiary? YES NO

*2. Were you married before this relationship? YES NO

If "YES", indicate relationship to former spouse?
 WIDOWED SEPARATED DIVORCED

*Applicable to Common-law relationships only.

SECTION "C" - PARTICULARS OF WIDOWS/WIDOWERS (CONT'D)

- *3. Is there a known surviving spouse of the deceased? YES NO
- 4. Were you pregnant at the date of your spouse's death? YES NO
- 5. Were you mentally or physically disabled at the date of your spouse's death where the date of death was prior to 2004/03/01? YES NO

If "YES", please submit NI 34 where the date of death is prior to 2004/03/01.

SECTION "D" - PARTICULARS OF CHILD/ORPHAN

NOTE: THE TERM "CHILD" MEANS AN UNMARRIED CHILD.

1. Is/Are Child/Children/Orphan(s) in respect of whom Allowance is claimed:

- (a) The Child/Children/Orphan(s) of the deceased? YES NO
- (b) Stepchild of the deceased? YES NO
- (c) Maintained by you? YES NO
- (d) Living in your home? YES NO

If the answer to (d) or (e) is "NO", give details of the Guardian/Institution responsible for their care.

NAME OF GUARDIAN/INSTITUTION:

ADDRESS OF GUARDIAN/INSTITUTION: (STREET)

(CITY/DISTRICT/COUNTY)

2. Please indicate below, the particulars of the child/children enrolled in full-time education. (Use additional sheets if necessary.) A letter from the school must be submitted for children over age 16 where the date of death of the Insured is prior to 2004/03/01.

NAME OF CHILD/ORPHAN		ADDRESS	DATE OF BIRTH			PLACE OF LEARNING	* DISABLED (YES/NO)
SURNAME	OTHER NAME(S)		YYYY	MM	DD		

3. Letter from place of learning attached where the date of death is prior to 2004/03/01. YES NO

*Where the child is disabled, attach NI 34 to support this.

FOR PERSONS CLAIMING DEPENDENT PARENT BENEFIT ONLY.

Were you wholly or mainly maintained by the deceased? YES NO

NOTES***Documentary evidence required to support claim.*****FOR OFFICIAL USE****1. LAWFUL SPOUSE - WIDOW/WIDOWER**

- (a) Marriage Certificate
- (b) Birth Certificate of Widow
- (c) Medical Certificate if pregnant at time of husband's death and child's Birth Certificate after delivery or Medical Report if child is still-born. (Applicable to widow only.)
- (d) Decree Absolute if divorced.

2. COMMON-LAW UNION - WIDOW/WIDOWER

- *(a) Birth Certificate of claimant. (Widow only).
- (b) Evidence of co-habitation up to time of death of deceased and marital status of claimant.
- (c) Decree Absolute of Divorce where applicable.
- (d) Death Certificate of lawful spouse, if applicable.
- (e) Medical Certificate if pregnant at time of husband's death and child's birth certificate after delivery or Medical Report if child is still born.

3. CHILD/ORPHAN

- (a) Birth Certificate and supporting Statutory Declaration where necessary.
- (b) Medical evidence if child is disabled by way of an NI 34.
- (c) Adoption Certificate.

4. DEPENDENT PARENT

- (a) Birth Certificate of Deceased Insured Person.
- (b) Evidence of support e.g. Deed of Covenant, Affidavit or other acceptable evidence.