

APPLICATION FOR INVALIDITY PENSION

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 Requirements 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:

5a. NATIONAL INSURANCE/SOCIAL SECURITY NUMBER \*

5b. COUNTRY

6. COUNTRY OF BIRTH:

Grid for National Insurance/Social Security Number

Country selection lines

Country of Birth selection line

7. DATE OF BIRTH:

YYYY MM DD date grid

5c. NATIONAL REGISTRATION NUMBER (WHERE APPLICABLE)

8. TELEPHONE NUMBER

Grid for National Registration Number

Telephone number grid

5d. WORKS NUMBER (WHERE APPLICABLE)

Grid for Works Number

9. SEX: FEMALE MALE

10. FATHER'S NAME: SURNAME OTHER NAME(S)

11. MOTHER'S MAIDEN NAME: SURNAME OTHER NAME(S)

12. MARITAL STATUS: 12.1 SINGLE 12.2 MARRIED 12.3 WIDOWED 12.4 DIVORCED 12.5 COMMON-LAW

SECTION "B" - PARTICULARS OF LAST EMPLOYMENT

13. NAME OF LAST EMPLOYER:

14. ADDRESS OF LAST EMPLOYER: (STREET)

(CITY/DISTRICT/COUNTY)

(COUNTRY)

DATE YYYY MM DD grid

**SECTION "C" - PARTICULARS OF ILLNESS**

15. Are you in receipt of sickness or other benefits?  Yes  No

16a. If answer to question 15 is yes, please state type of benefit. \_\_\_\_\_

16b. Date of commencement 

YYYY				MM		DD			

**SECTION: "D" - DETAILS OF WORK DONE IN CARICOM COUNTRIES**

17. EMPLOYMENT RECORD IN CARICOM COUNTRIES. (Use additional sheets if necessary).

NAME OF EMPLOYER	ADDRESS	EMPLOYER REGISTRATION NUMBER (If known)	PERIOD OF EMPLOYMENT					
			FROM			TO		
			YYYY	MM	DD	YYYY	MM	DD

**18. 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.

**18.1 SIGNATURE OF CLAIMANT**

\_\_\_\_\_

DATE:

YYYY				MM		DD	

**19. 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.

**19.1 NAME OF WITNESS:**

\_\_\_\_\_ SURNAME OTHER NAME(S)

**19.2 ADDRESS OF WITNESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**19.3 SIGNATURE OF WITNESS:**

\_\_\_\_\_

DATE:

YYYY				MM		DD	

**20. (FOR OFFICIAL USE)**

20.1 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	

**CARICOM AGREEMENT ON SOCIAL SECURITY  
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.

SIGNATURE: .....

***DOCUMENTARY EVIDENCE REQUIRED***

**PROOF OF AGE**

- a) Certified Birth Certificate and Affidavit if applicant's name does not appear on the Birth Certificate or
- b) Valid Passport or;
- c) Electoral Identification Card

Where applicable.

**CHANGE OF NAME**

- a) Marriage Certificate or
- b) Deed Poll

**OTHER**

- a) Medical Certificate

This form should be submitted to the National Insurance Office in the country in which you reside.