THE NATIONAL INSURANCE BOARD APPLICATION FOR DEATH BENEFIT (PLEASE USE BLOCK CAPITALS)

NI 117

	OR OFFICIAL USE)			
(PLEASE USE BLOCK CAPITALS)				
NOTE: This Application must be submitted within twelve (12) months of the Date of Death of SE				
the Insured Person.				
SECTION "A" - PARTICULARS OF DECEASED INSURED PERSON				
1. NAME OF DECEASED: SURNAME OTHE	R NAME(S)			
2. *LAST ADDRESS : (STREET)				
4. DATE OF BIRTH 5. DATE OF DEATH 6. GENDER:	MALE FEMALE			
	OF ACCIDENT			
	am/pm			
YYYY MM DD YYYY MM DD				
10. NAME OF LAST EMPLOYER: (State exact location e.g.				
School/Division/Department):				
11. ADDRESS OF LAST				
(State exact location e.g. School/Division/Department):				
(CITY/DISTRICT/COUNTY)				
12. WAS DECEASED IN RECEIPT OF ANY BENEFIT AT THE DATE OF DEATH?				
12. WAS DECEASED IN RECEIPT OF ANY BENEFIT AT THE DATE OF DEATH?	NOT KNOWN			
If "YES", please state the type of benefit and the Service Centre at which claimed:	NOT KNOWN			
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If "YES", please state the type of benefit and the Service Centre at which claimed: BENEFIT TYPE: SERVICE CENTRE: SECTION "B" - PARTICULARS OF APPLICANT 1. NAME: SURNAME OTHER NA 2. HOME ADDRESS: (CITY/DISTRICT/COUNTY) 3. *POSTAL ADDRESS (if different from above:): (CITY/DISTRICT/COUNTY) 4. NATIONAL INSURANCE NO. 5. TELEPHONE NUMBERS:				
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*Exact location, e.g. Light Pole No. 8, Southern Main Road, Couva or Near Bertie's Parlour, Industry Lane, Belmont. 01/2008

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SECTION "B" - PARTICULARS OF APPLICANT (Cont'd)		
10. PLEASE INDICATE THE BENEFIT(S) FOR WHICH YOU ARE APPLYING:		
WIDOW'S BENEFIT WIDOWER'S BENEFIT CHILD ALLOWANCE DEPENDENT PARENT'S PENSION		
11. WAS AN APPLICATION SUBMITTED FOR FUNERAL GRANT?		
If "NO", please submit Death Certificate with this application.		
12. HAVE YOU APPLIED FOR / ARE YOU RECEIVING A SURVIVOR'S OR DEATH BENEFIT?		
If "YES", please provide the following information:		
ADDRESS OF DECEASED VIEW (STREET)		
RELATIONSHIP TO DECEASED:		
SERVICE CENTRE AT WHICH BENEFIT WAS CLAIMED?		
13. PLEASE INDICATE THE METHOD OF PAYMENT OF BENEFIT:		
MAIL TO: POSTAL ADDRESS DEPOSIT TO: FINANCIAL INSTITUTION		
(If method of payment is "FINANCIAL INSTITUTION", complete below). NAME OF FINANCIAL		
ADDRESS:		
SECTION "C" - PARTICULARS OF WIDOWS/WIDOWERS		
N.B. THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF BENEFIT TO THE COMMON-LAW SPOUSES OF DECEASED INSURED PERSONS.		
1. ARE YOU THE LAWFUL SPOUSE OF THE DECEASED? YES NO		
If "YES",please state the date of Marriage:		
* 2. IF YOU WERE NOT MARRIED TO THE DECEASED INSURED , KINDLY COMPLETE 2(a) to 2(e).		
(a) Is there a known surviving spouse of the deceased?		
(b) Have you been nominated as Spouse by the deceased person?		
(c) How long have you lived together in the common-law union?		
(d) Were the both of you living together up to the time of his death?		
(e) Have you been nominated as Spouse by any other person?		
If "YES", please state the name and NI Number of that person.		
SURNAME OTHER NAME(S)		
NATIONAL INSURANCE NO:		

* Applicable to Common-law relationships only 01/2008

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SECTION "C" - PARTICULARS OF WIDOWS/WIDOWERS (Cont'd)					
3. WERE YOU PREGNANT AT THE DATE OF YOUR SPOUSE'S DEATH? YES NO					
If "YES", please submit medical certificate.					
$_{\star}$ 4. WERE YOU MENTALLY OR PHYSICALLY DISABLED AND UNABLE TO WORK AT THE DATE OF YOUR SPOUSE'S					
DEATH: (WIDOWERS ONLY) VES NO If "YES", please submit NI 34					
* 5. WERE YOU WHOLLY/MAINLY MAINTAINED BY THE DECEASED?					
(Applicable to widowers only)					
If "YES", please provide evidence of maintenance.					
SECTION "D" - PARTICULARS OF CHILD					
NOTE: THE TERM "CHILD" MEANS AN UNMARRIED CHILD, WHO IS UNEMPLOYED AND UNDER THE AGE OF NINETEEN.					
1. IS/ARE CHILD/CHILDREN IN RESPECT OF WHO ALLOWANCE IS CLAIMED					
(a) Child/Children of the deceased?					
(b) Step Child/Children of the deceased? YES NO					
(c) Maintained by you?					
(d) Living in your home? YES NO					
If the answer to (c) or (d) is "NO", give details of the Guardian/Institution responsible for their care.					
NAME OF GUARDIAN /INSTITUTION:					
ADDRESS OF GUARDIAN					
(CITY/DISTRICT/COUNTY)					
2. PLEASE INDICATE BELOW, THE PARTICULARS OF THE CHILD/CHILDREN. (USE ADDITIONAL SHEETS, IF NECESSARY).					
A letter from the school must be submitted for children over the age of 16 where the date of death of the insured is prior to 2004/03/01.					
NAME OF CHILD/ORPHAN RELATIONSHIP TO DECEASED DATE OF BIRTH EMPLOYED MARRIED **DISABLED					
SURNAME OTHER NAME(S) CHILD STEP CHILD ADOPTED YYYY MM DD YES/NO YES/NO YES/NO					
3. LETTER FROM THE PLACE OF LEARNING ATTACHED WHERE DATE OF DEATH IS PRIOR TO 2004/03/01.					
**Where the child is disabled, attach NI 34A to support this.					
FOR PERSONS CLAIMING DEPENDENT PARENT BENEFIT ONLY.					
1. Were you wholly or mainly maintained by the deceased?					
2. Is the other parent alive?					
If "NO", please provide death certificate.					
* Applicable where date of death is prior to 01/03/2004.					

Applicable where date 01/2008

DECLARATION I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.			
SIGNATURE OR MARK OF CLAIMANT DATE:			
PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign)			
OTHER NAME(S) OTHER NAME(S) DRIVER'S PERMIT ADDRESS: Image: Construction of the state of t			
OCCUPATION:			
SECTION "E" - PARTICULARS OF EMPLOYER			
This Section must be completed by the Employer before the application is submitted to the Board. In completing question 7 calculate weekly earnings as follows: (a) Weekly Earnings = Monthly Earnings x 3 (e.g $\frac{800}{13}$ x 3 $\frac{184.62}{13}$ OR; (b) Weekly Earnings = Fortnightly Earnings (e.g $\frac{200}{2}$ = $\frac{100.00}{2}$ 1. NAME OF EMPLOYER:			
2. TYPE OF BUSINESS: 3. EMPLOYER REG. NO. 4. TELEPHONE NO. 5. This is to certify that Mr/Mrs/Miss SURNAME OTHER NAME(S) was injured in a work related accident on YYYY MM DD YYYY MM DD			
 6. Was deceased an apprentice? 7. State below the wages paid or payable in: (a) Week prior to the week of the accident (b) Week in which the accident occured 8. (a) Did accident occur during working hours? YES NO (b) Was employee engaged in his/her duties at the time of the accident? YES NO (b) Was employee engaged in his/her duties at the time of the accident? YES NO 			

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SECTION "E" - PARTICULARS OF EMPLOYER (Cont'd)
9. Give details of the cause of the accident.
10. If accident took place while travelling, please complete the following:
(a) Place of embarkation
(b) Destination
(c) Purpose of presence on the vehicle?
(d) Was vehicle owned/rented by employer?
If "NO", was the vehicle used by an arrangement with the employer?
11. Name and addresses of any witnesses to the accident.
12. Has the accident been recorded in the employer's accident book?
EMPLOYER'S DECLARATION
I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be
true, I am liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.
NAME:
POSITION:
COMPANY
STAMP (If any) DATE:
SIGNATURE (If any) DATE: YYYY MM DD

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SECTION "F" - PROCESSING OF APPLICATION - (FOR OFFICIAL USE)				
APPLICATION RECEIVED BY:				
	OTHER NAME(S)			
SIGNATURE OF SERVICE CENTRE STAFF	DATE: I I I I I I I I I I I I I I I I I I I			
PART I - CUSTOMER SERVICE REPRESENTATIVE				
1. Name, N.I. No. and Date of Birth of Deceased Insured person confirmed and updated on I.A. System?				
 Is Insured Person's Registration Record complete? (If "NO", complete Forms NI 4, NI 165 and NI 182 as applicable). 				
3. Check for Duplicate Registration completed? (SIRF included). (Please record your finding on minute sheet)	YES NO			
4. Registration Records updated? (If "NO", state reason).	YES NO			
5. Name of Person nominated as Beneficiary: SURNAME OTHER	NAME(S)			
6. I.A. System updated with Date of Death?	YES NO			
7. Claims history viewed? (Please record findings on minute sheet)				
8. Application complete and acceptable for processing?	YES NO			
9. Application recorded? (Print and attach Claim Profile)	YES NO			
SIGNATURE OF CUSTOMER SERVICE REPRESENTATIVE	DATE			

NOTES

Documentary evidence required to support claim.			
Boxes are to be ticked by Service Centre staff upon receipt of documentary evidence. FOR OFFICIAL USE:			
1. LAWFUL SPOUSE - WIDOW/WIDOWER			
(a) Birth Certificate and supporting Statutory Declaration (if necessary).			
(b) Death Certificate of spouse if not previously submitted.			
(c) Marriage Certificate.			
 (d) Medical Certificate if pregnant at time of husband's death and child's Birth Certificate after delive or Medical Report if child is still-born. (Applicable to widow only). (a) Decree Absolute if diversed 	ry		
 (e) Decree Absolute if divorced. t (f) NI 24 to be submitted where wideway is dischlad and weekle to work. (Applicable to wideway only) 			
* (f) NI 34 to be submitted where widower is disabled and unable to work. (Applicable to widower only).			
(g) Affidavit to show dependence on deceased insured. (Applicable to widower only).			
2. COMMON-LAW UNION - WIDOW/WIDOWER			
(a) Birth Certificate of claimant and supporting Statutory Declaration (if necessary).			
(b) Evidence of period of co-habitation up to the date of death of deceased insured and marital status of claimant.			
(c) Evidence of Nomination.			
* (d) Medical Certificate if disabled. (Applicable to Widower only).			
(e) Decree Absolute of Divorce where applicable.			
(f) Death Certificate of lawful spouse, if applicable.			
(g) 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. (Widows only)			
3. CHILD			
(a) Birth Certificate and supporting Statutory Declaration (if necessary).			
* (b) Evidence of education if child is between16 -19 years, i.e. letter signed by School Principal or Head of Organization indicating the education and employment status of child.			
(c) NI 34A to be submitted if child is disabled to show date the disability commenced.			
(d) Statutory Declaration re step-child giving parents' name, residence and dependence on deceased insured person.			
(e) Evidence of Adoption.			
4. DEPENDENT PARENT			
(a) Birth Certificate of Deceased Insured Person.			
(b) Evidence of support e.g. Deed of Covenant, Affidavit or other acceptable evidence.			
(c) Death Certificate of other parent. (where applicable)			
(d) Death Certificate of deceased insured person.			
(e) Birth Certificate of claimant.			
Applicable where date of death is prior to 01/03/2004.			