THE NATIONAL INSURANCE BOARD - TRINIDAD AND TOBAGO APPLICATION FOR FUNERAL GRANT, SURVIVOR AND DEATH BENEFITS

UNDER THE AGREEMENT ON SOCIAL SECURITY BETWEEN TRINIDAD AND TOBAGO/CANADA

Please NOTE the Documentary Evidence Requirements at the back of this form.

For Funeral Grant, complete Section A - Questions 1 to 13; Section B - Questions 1 to 3.1, 8, 9.6 and 12; and Sections F & H.

For Survivor Benefit, complete the entire form except Section A 9.1

For Death Benefit complete the entire form.

SI	CTION "A"	- PARTICUL	ARS C	F CONTRIBUTO)R											
				- 0.44				1	1 N	ATIO	NAL IN:	SURAN	ICE N	NUMBER	•	
1.	NAME:	· · · · · · · · · · · · · · · · · · ·							Ϊ	<u> </u>		T			<u>. </u>	
2	NAME AT	SURNAME		OTHER NA	ME(S)			2	L		DIAN S		INICI	IRANCE	NUANA	DED.
2	BIRTH IF							۷.	Ϊ Γ	ANA	DIAN S	T	INSU	HANCE	NOW	BEN.
	DIFFERENT:	SURNAM	E	OTHER NAME(S)					L				<u> </u>			
3.	LAST ADDRESS:															
4.	DATE OF BIRTH:	YYYY	MM DD					5	i. S	EX:		MALE			FEM	IALE
6.	FATHER'S NAME:		04/54/44				0.7//5	D 41	445/	~						
_			SURNAM	lE		(JIHE	H NA	4ME(S	5)						
7.	MOTHER'S MAIDEN	NAME:	SURNAM	E			OTHE	R N	AME(S)						
8.	MARITAL STATUS A	T TIME OF		Appropriate Box)												
0.					-					٦		_	г	¬		
	8.1 SINGLE	8.2 MARRIE	D 8.3	WIDOWED 8.4	DIV	ORC	ED	8.5	· [_	SEF	PARATE	D 8.	6		MON	I-LAW
	8.7 DATE WIDOWE	ED:	1			8.	8 D	ATE	OF C	OIVOF	RCE:	ı	1	1		
		YYYY	ММ	DD							_	Y	YYY	М	М	DD
9.	DATE OF DEATH:	1 1 1		1		9.			OF IN		OR		1	1	T	ı
		YYYY	ММ	DD			PF	ESC	RIBE	D	L	Υ	YYY		M	DD
10.	LAST OCCUPATION IN	N TRINIDAD AND TO	OBAGO:			11	. LA	ST I	DATE	WOR	KED:		1	1	\Box	ı
											_	Y	YYY	М	М	DD
	EMPLOYMENT RECOR Use additional sheets i		D TOBAGO	FROM 1972 APRIL 10.												
	12.1 NAME 0	F EMPLOYER		12.2 ADDRESS		12	.3 RI	GIS	TRAT	ION	12.4	PERIO	O DC	F EMPL	.OYMI	ENT
									BER wn)		l .					i
							(11	KIIO	VVII			ROM MMN	מם וו	YYYY	то Імм	ا مم اه
															1	
			,,			+		+	+		 	+-	 	<u> </u>	+	+
						\dashv	\dashv	+	+	+	-	+	┼		+-	$\vdash \vdash$
								4	\perp		<u> </u>		ļ			\perp
13	PERIOD OF EMPLOY	MENT IN OTHER CO	OUNTRIES.													
		13.2 NAME OF I		12.2 ADDRESS		13	.4 RI	GIS	TRAT	ION	13.5	PERI	OD (OF EMPL	OYMI	ENT
	13.1 COUNTRY	13.2 NAME OF	EIMIPLOTEN	13.3 ADDRESS			N	JME	BER					_		
								kno	wn)			ROM			TO In a	
						Т	\top	T	\top	T	YYYY	MM	DD	YYYY	IMM	1 DD
						\dashv	\dashv	\bot	_	 	ļ	+	_		+	
							\perp	\perp				┸			\perp	Ш

SURNAME OTHER NAME(S) . NAME AT BIRTH IF DIFFERENT: SURNAME OTHER NAME(S) 2.1 CANADIAN SOCIAL INSURANCE NUMBER:	S	ECTION "D" - P	PARTICULARS OF	APPLICANT	•					
NAME AT BIRTH IF BIRTH IF BIRTH IF SURNAME ADDRESS: ADDRESS: ADDRESS: ADDRESS: SURNAME OTHER NAME(S) 3.1. TELEPHONE NUMBER: NUMBER: ADDRESS: SURNAME OTHER NAME(S) ADTHER NAME(S) ADDRESS: SURNAME OTHER NAME(S) OTHER NAME(S) OTHER NAME(S) OTHER NAME(S) FATHER'S MAIDEN NAME: SURNAME OTHER NAME(S) OTHER NAME(S) OTHER NAME(S) FRESHT MARITAL STATUS: 7.1 SINGLE 7.2 MARRIED 7.3 WIDOWED 7.4 DIVORCED 7.5 SEPARATED 7.8 COMMON-LAW RELATIONSHIP TO CONTRIBUTOR: PLEASE INDICATE (y.) THE BENEFIT(S) FOR WHICH YOU ARE APPLYING: 9.4 ORPHAN'S 9.5 DEPRIDENT PARENT'S 9.6 FUNDAME 11. WIDOW'S 9.2 DIVIDOWER'S 9.3 CHELD'S 9.4 ORPHAN'S 9.5 DEPRIDENT PARENT'S 9.6 FUNDAME 11. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? II "YES": give the Name, National insurance Number and last Address of the Decessed Person II respect of whom you are receiving this benefit end your previous relationship to him/her. 11.1 NAME OF DECEASED: SURNAME OTHER NAME(S) 11.2 LAST ADDRESS OF DECEASED: SURNAME OTHER NAME(S) 11.1 RELATIONSHIP TO DECEASED: DECEASED: SURNAME OTHER NAME(S) 11.2 NATIONAL INSURANCE NUMBER: 11.3 NATIONAL INSURANCE NUMBER: 11.4 RELATIONSHIP TO DECEASED: DECEASED: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER II "NO", have you been nominated as Beneficiary? If "NO", have you been nominated as Beneficiary? If "NO", have you been inving with the deceased? YES NO If "YES", please state Date of Marriage: If "NO", have you been inving with the deceased? YES NO Ware you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVONCED 2.2 DIVIDOWED 2.3. SEPARATED Is there a Known surviving spouse of the deceased? YES NO Were you pregnant at the time of your spouse's death? YES NO Here you pregnant at the time of your spouse's death? YES NO Were you pregnant at the time of your spouse's death? YES NO	1.	NAME:		•	,	1.1	NATIONAL IN	SURANCE N	UMBER:	
BBITH IF DIFFERENT: SUMMAME OTHER NAME:S 3.1. TELEPHONE NUMBER: 4. DATE OF BITH: YYYY MM DD FATHER'S NAME: SURVAME OTHER NAME:S OTHER NAME:S OTHER NAME:S OTHER NAME:S NOTHER'S MAIDEN NAME: SURVAME OTHER NAME:S OTHER NAME:S OTHER NAME:S PRESENT MARITAL STATUS: 7.1 SINGLE 7.2 MARRIED 7.3 WIDOWED 7.4 DIVORCED 7.5 SEPARATED 7.6 COMMON-LAW RELATIONSHIP TO CONTRIBUTOR: PLEASE INDICATE V,1 THE BENEFITS FOR WHICH YOU ARE APPLYING: 9.1 WIDOW'S 9.2 WIDOWEN'S 9.3 CHILD'S 9.4 ORPHAN'S 9.5 DEPENDENT 9.6 FUNERAL FENSION If "NO", audomit Death Cartificate with this form. 1. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? YES NO IT "YES"; give the Name, National insurance Number and last Address of the Decessed Person in respect of whom you are receiving this benefit and your previous relationship to him/hac. 11.1 NAME OF DECEASED: SURVAME OTHER NAME(S) 11.2 LAST ADDRESS OF DECEASED: DECEASED: SURVAME OTHER NAME(S) 11.3 NATIONAL INSURANCE NUMBER: 11.4 RELATIONSHIP TO DECEASED: DECEASED: SURVAME OTHER NAME(S) 11.4 RELATIONSHIP TO DECEASED: DECEASED: SURVAME N.B.: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/MIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased for 3 years or YES NO If "NO", have you been inving with the deceased of 3 years or YES NO Were you under 55 and mentally or physically disabled? YES NO Were you prepanant at the time of your spouse's death? YES NO NO HERESTANDERS SURVAINED SURVAINED SURVAINED SURVEY YES NO NO HERESTANDERS SURVAINED SURVAIN			RNAME	OTHER NAM	IE(S)					
BRITHP DIFFERENT: SUMMAME ADDRESS: 3.1. TELEPHONE NUMBER: 4. DATE OF MAMBER: 4. DATE OF BRITH. FATHER'S NAME: SURNAME OTHER NAME(S) MOTHER'S MAIDEN NAME: SURNAME OTHER NAME(S) PRESENT MARTAL STATUS: 7.1 SINGLE 7.2 MARRIED 7.3 WIDOWED 7.4 DIVORCED 7.5 SEPARATED 7.6 COMMON-LAW RELATIONSHIP TO CONTRIBUTOR: PREASE INDICATE () THE BENEFIT(S) FOR WHICH YOU ARE APPLYING: 9.1 BENEFIT 9.2 SEPERATE 9.3 CALIDO'S ALLOWANCE 9.4 ORPHAN'S ALLOWANCE 9.5 PARREYT'S	2.	NAME AT				2 1	CANADIANS	OCIAL INICII	PANCE NUM	DED.
ADDRESS: ADDRESS:					•	2.1	CANADIAN	T I I	TANCE NOW	DEN.
FATHER'S NAME: SURNAME		DIFFERENT: SU	RNAME	OTHER NAM	ME(S)					
FATHER'S NAME: SURNAME										
FATHER'S NAME: SURNAME SURNAME OTHER NAME(S)	3.	ADDRESS:			;		_	-		
FATHER'S NAME: SURNAME							NUMBER:			
FATHER'S NAME: SURNAME SURNAME OTHER NAME(S)						4.		1 1		
FATHER'S NAME: SURNAME		· · · · · · · · · · · · · · · · · · ·			•		віктн: Г			
MOTHER'S MAIDEN NAME: SURNAME		EATUEDIO MANGE						YYYY	MM	DD
MOTHER'S MAIDEN NAME: SURNAME	•	FATHER'S NAME.	SURNAME		OTHER	NAN	ME(S)			
SURNAME OTHER NAME(S) PRESENT MARILA STATUS: 7.1 SINGLE 7.2 MARRIED 7.3 WIDOWED 7.4 DIVORCED 7.5 SEPARATED 7.6 COMMON-LAW RELATIONSHIP TO CONTRIBUTOR: PLEASE INDICATE 4) THE BENEFIT(S) FOR WHICH YOU ARE APPLYING: 9.1 WIDOW'S 9.2 BENEFIT 9.2 BENEFIT 9.3 CHILD'S 9.1 WIDOW'S 9.2 BENEFIT 9.2 BENEFIT 9.3 CHILD'S 9.4 ORPHAN'S 9.5 PARENT'S PARENT'S PARENT'S PARENT'S NO CRANT O. Was a claim submitted for a funeral Grant? If "NO", submit Death Certificate with this form. 1. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? If "YES", give the Name, National Insurance Number and last Address of the Deceased Person in respect of whom you are receiving this benefit end your previous relationship to him/her. 11.1 NAME OF DECEASED: 2. IDENTIFICATION: (Tick (f) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S 12.3 ELECTORAL 12.4 ID NUMBER: DECEASED: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B. THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? If "NO", have you been inving with the deceased for 3 years or YES NO Were you married before this relationship to former spouse. 2.11 DIVORCED 2.2 WIDOWED 2.3 SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? Were you pregnant at the time of your spouse's death? Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? Were your previously applied for a Survivor's Benefit from Trinidad and Tobago? Were your previously applied for a Survivor's Benefit from Trinidad and Tobago? Were you previously applied for a Survivor's Benefit from Trinidad and Tobago? Were you previously applied for a Survivor's Benefit from Trinidad and Tobago? Were you previously applied for a Survivor's Benefit from Trinidad and Tobago? Were you previously applied for a Survivor's Benefit fro										
PRESENT MARITAL STATUS: 7.1 SINGLE 7.2 MARRIED 7.3 WIDOWED 7.4 DIVORCED 7.5 SEPARATED 7.6 COMMON-LAW RELATIONSHIP TO CONTRIBUTOR: PLEASE INDICATE () THE BENEFIT(S) FOR WHICH YOU ARE APPLYING: 9.1 WIDOW'S 9.2 BENEFIT 9.3 CHLD'S 9.1 ALLOWANCE 9.5 PARENT'S 9.8 FUNERAL PENERITY 10 WIS a claim submitted for a Funeral Grant? 11 "NO", submit Death Certificate with this form. 1. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? 11. Are you presently receiving a Survivor's Benefit and your previous relationship to him/her. 11.1 NAME OF DECEASED: 2. IDENTIFICATION: (Tick (f) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S 12.3 ELECTORAL 12.4 ID NUMBER: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B.: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? 11 "YES", please state Date of Marriage: 12 "YYY MM DD TYPE TO THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. 13 "YES" NO 14 "YES", please state Date of Marriage: 15 "YES", please state Date of Marriage: 16 "NO", have you been nominated as Beneficiary? 17 "YES" NO 18 "YES" NO 19 "YES" NO 19 "YES" NO 19 "YES" NO 11 "YES", please state the time of your spouses of death? 20 "YES" NO 30 "YES" NO 31 "YES" NO 32 "SEPARATED TO TAIL TAIL TO TA		MOTHER'S MAIDEN NAM								
7.1 SINGLE 7.2 MARRIED 7.3 WIDOWED 7.4 DIVORCED 7.5 SEPARATED 7.6 COMMON-LAW RELATIONSHIP TO CONTRIBUTOR: PLEASE INDICATE (/) THE BENEFIT (S) FOR WHICH YOU ARE APPLYING: 9.1 WIDOW'S 9.2 WIDOWER'S 9.3 ALLOWANCE 9.5 PAREMY'S PAREMY'S PAREMY'S PRESION OF War a claim submitted for a Funeral Grant? If 'NO', submit Death Certificate with this form. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? If "YES", give the Name, National insurance Number and last Address of the Deceased Person in respect of whom you are receiving this benefit and your previous relationship to him/her. 11.1 NAME OF DECEASED: 2. IDENTIFICATION: (Tick (f) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 PERMIT 11.2 LAST ADDRESS OF DECEASED: 2. DENTIFICATION: (Tick (f) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 PERMIT 11.4 RELATIONSHIP TO DECEASED: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B.: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? If "NO", have you been inving with the deceased for 3 years or YES NO Were you married before this relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3 SEPARATED Is there a known surviving spouse of the deceased? Were you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? VES NO HAVES NO NO RELATIONSHIP TO COMMON-LAW ALLOWANCE 9.5 PRARATED 7.6 CRMANTS PAREMY'S 9.6 CRMANTS PAREMY'S 9.			SURNAME		OTHER	NAI	ME(S)			
7.1 SINGLE 7.2 MARRIED 7.3 WIDOWED 7.4 DIVORCED 7.5 SEPARATED 7.6 COMMON-LAW RELATIONSHIP TO CONTRIBUTOR: PLEASE INDICATE (/) THE BENEFIT (S) FOR WHICH YOU ARE APPLYING: 9.1 WIDOW'S 9.2 WIDOWER'S 9.3 ALLOWANCE 9.5 PAREMY'S PAREMY'S PAREMY'S PRESION OF War a claim submitted for a Funeral Grant? If 'NO', submit Death Certificate with this form. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? If "YES", give the Name, National insurance Number and last Address of the Deceased Person in respect of whom you are receiving this benefit and your previous relationship to him/her. 11.1 NAME OF DECEASED: 2. IDENTIFICATION: (Tick (f) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 PERMIT 11.2 LAST ADDRESS OF DECEASED: 2. DENTIFICATION: (Tick (f) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 PERMIT 11.4 RELATIONSHIP TO DECEASED: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B.: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? If "NO", have you been inving with the deceased for 3 years or YES NO Were you married before this relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3 SEPARATED Is there a known surviving spouse of the deceased? Were you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? VES NO HAVES NO NO RELATIONSHIP TO COMMON-LAW ALLOWANCE 9.5 PRARATED 7.6 CRMANTS PAREMY'S 9.6 CRMANTS PAREMY'S 9.		PRESENT MARITAL STAT	us:							
RELATIONSHIP TO CONTRIBUTOR: PLEASE INDICATE () THE BENEFIT(S) FOR WHICH YOU ARE APPLYING: 9.1 WIDOW'S 9.2 BENEFIT 9.3 CHILD'S ALLOWANCE 9.4 ORPHAN'S PARENT'S PARENT'S PARENT'S PENSION O. Was a claim submitted for a Funeral Grant? If "NO", submit Death Certificate with this form. 1. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? If "YES", give the Name, National Insurance Number and last Address of the Deceased Person in respect of whom you are receiving this benefit and your previous relationship to him/her. 11.1 NAME OF DECEASED: 2. IDENTIFICATION: (Tick (f) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S 12.3 ELECTORAL 12.4 DRIVER'S 12.1 DCARD 12.4 NUMBER: DECEASED: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B. THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? YES NO If "NO", have you been nominated as Beneficiary? YES NO Were you married before this relationship? YES NO Were you married before this relationship? YES NO Were you married before this relationship? YES NO Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? YES NO H "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? YES NO				IDOWED 74 DIV	OBCED 7 E	Г	T SEBABATED	7.6	COMMON	1 4 14/
PLEASE INDICATE (*) THE BENEFIT (S) FOR WHICH YOU ARE APPLYING: 9.1 WIDOW'S 9.2 WIDOWER'S 9.3 CHILD'S 9.4 ORPHAN'S 9.5 DEPENDENT PARENT'S 9.6 GUNTAN CRANT 10. Was a claim submitted for a Funeral Grant? 11. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? 11. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? 11. TYES NO WES NO 11. ANAME OF OTHER NAME(S) OTHER NAME(S) OTHER NAME(S) SECCTION "C" - PARTICULARS OF WIDOW/WIDOWER OTHER NAME(S) OTHER NAME(S) SECCTION "C" - PARTICULARS OF WIDOW/WIDOWER OTHER NAME(S) OTHER NAME(S) OTHER NAME(S) SECCTION "C" - PARTICULARS OF THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. AND OTHER NAME OF OTHER NAME O		7.1 SINGLE 7.2		DOWLD 7.4 DIV	7,5	Ш	JOEFARATED	′.⊍ ∟		LAVV
PLEASE INDICATE (*) THE BENEFIT (S) FOR WHICH YOU ARE APPLYING: 9.1 WIDOW'S 9.2 WIDOWER'S 9.3 CHILD'S 9.4 ORPHAN'S 9.5 DEPENDENT PARENT'S 9.6 GUNTAN CRANT 10. Was a claim submitted for a Funeral Grant? 11. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? 11. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? 11. TYES NO WES NO 11. ANAME OF OTHER NAME(S) OTHER NAME(S) OTHER NAME(S) SECCTION "C" - PARTICULARS OF WIDOW/WIDOWER OTHER NAME(S) OTHER NAME(S) SECCTION "C" - PARTICULARS OF WIDOW/WIDOWER OTHER NAME(S) OTHER NAME(S) OTHER NAME(S) SECCTION "C" - PARTICULARS OF THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. AND OTHER NAME OF OTHER NAME O		DEL ATIONICHID TO CONT	SIRI ITOR.							
9.1 WIDOW'S 9.2 WIDOWER'S 9.3 CHILD'S 9.4 ORPHAN'S PARENT'S PRENEIT 9.8 ERNEIT 1 9.8 FUNERAL BENEIT 1 9.8 FUNERAL GRANT 9.4 ORPHAN'S PARENT'S PRENEIN 9.8 FUNERAL GRANT 9.8 FUNERAL GRANT 9.5 PARENT'S PENSION 9.8 FUNERAL GRANT 9.7 WES NO WES NOT WES NO WES NOW WE NOW WE NOW WE NOW WE NOW WE NOW	•	RELATIONSHIP TO CONTR	11BOTON:							
9.1 WILLOWANCE 9.2 WILLOWANCE 9.3 ALLOWANCE 9.4 ALLOWANCE 9.5 PARENTS 9.8 GRANT PENSION O. Was a claim submitted for a Funeral Grant? If "NO", submit Death Certificate with this form. 1. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? If "YES", give the Name, National Insurance Number and last Address of the Deceased Person in respect of whom you are receiving this benefit and your previous relationship to him/her. 11.1 NAME OF DECEASED: SURNAME OTHER NAME(S) 11.2 LAST ADDRESS OF DECEASED: 2. IDENTIFICATION: (Tick (f) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S 12.3 ELECTORAL 12.4 ID NUMBER: DECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B. THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? If "NO", have you been inving with the deceased for 3 years or YES NO If "NO", have you been living with the deceased for 3 years or YES NO Were you married before this relationship? If "NO", have you been living with the deceased? YES NO Were you married before this relationship? The response. 2.1 DIVORCED 2.2. WIDOWED 2.3 SEPARATED Is there a known surviving spouse of the deceased? YES NO Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinided and Tobago? Type NO		PLEASE INDICATE (/) THE	BENEFIT(S) FOR WHICH YOU	ARE APPLYING:						
D. Was a claim submitted for a Funeral Grant? If "NO", submit Death Certificate with this form. 1. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? If "YES", give the Name, National Insurance Number and last Address of the Deceased Person in respect of whomy you are receiving this benefit and your previous relationship to him/her. 11.1 NAME OF DECEASED: SURNAME OTHER NAME(S) 11.2 LAST ADDRESS OF DECEASED: 2. IDENTIFICATION: (Tick (f) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S 12.3 ELECTORAL 12.4 ID NUMBER: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B.: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? If "YES", please state Date of Marriage: If "NO", have you been inving with the deceased for 3 years or Were you married before this relationship? If "NO", have you been living with the deceased? 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? TES NO				3.41		9				
If "NO", submit Death Certificate with this form. 1. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? If "YES", give the Name, National Insurance Number and last Address of the Deceased Person in respect of whom you are receiving this benefit and your previous relationship to him/her. 11.1 NAME OF DECEASED: SURNAME OTHER NAME(S) 11.2 LAST ADDRESS OF DECEASED: 2. IDENTIFICATION: (Tick (f') Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S 12.3 DRIVER'S 12.4 ID CARD DECEASED: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B.: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? If "YES", please state Date of Marriage: If "NO", have you been inving with the deceased for 3 years or Were you married before this relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? Were you pregnant at the time of your spouse's death? Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago yes.		BENEFIT	BENEFIT	ALLOWANCE ALLOWANCE	— ALLOWANC	E		. •	GRAN	łΤ
If "NO", submit Death Certificate with this form. 1. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? If "YES", give the Name, National Insurance Number and last Address of the Deceased Person in respect of whom you are receiving this benefit and your previous relationship to him/her. 11.1 NAME OF DECEASED: SURNAME OTHER NAME(S) 11.2 LAST ADDRESS OF DECEASED: 2. IDENTIFICATION: (Tick (f') Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S 12.3 DRIVER'S 12.4 ID CARD DECEASED: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B.: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? If "YES", please state Date of Marriage: If "NO", have you been inving with the deceased for 3 years or Were you married before this relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? Were you pregnant at the time of your spouse's death? Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago yes.	_	Was a claim submitted	for a Funeral Grant?				VES		NO	
1. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago? If "YES", give the Name, National Insurance Number and last Address of the Deceased Person in respect of whom you are receiving this benefit and your previous relationship to him/her. 11.11 NAME OF DECEASED: SURNAME OTHER NAME(S) 11.2 LAST ADDRESS OF DECEASED: 2. IDENTIFICATION: (Tick (1/) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S 12.3 ELECTORAL 12.4 ID NUMBER: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B. THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? If "NO", have you been nominated as Beneficiary? If "NO", have you been nominated as Beneficiary? If "NO", have you been iliving with the deceased for 3 years or YES NO Were you married before this relationship? If "YES", indicate current relationship? Is there a known surviving spouse of the deceased? Were you previously spouse of the deceased? Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? YES NO	Ο.							Ш		
If "YES", give the Name, National Insurance Number and last Address of the Deceased Person in respect of whom you are receiving this benefit and your previous relationship to him/her. 11.1 NAME OF DECEASED: SURNAME		ii ito , sabiiii beatii	Continuate with this form.							
in respect of whom you are receiving this benefit and your previous relationship to him/her. 11.1 NAME OF DECEASED: SURNAME OTHER NAME(S) 11.2 LAST ADDRESS OF DECEASED: 2. IDENTIFICATION: (Tick (f) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S 12.3 DLOCARD 12.4 NUMBER: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B. THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. 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 If "NO", have you been living with the deceased for 3 years or YES NO Were you married before this relationship? YES NO If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? YES NO Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? YES NO Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? YES NO	1.	Are you presently rece	iving a Survivor's Benefit f	from Trinidad and Tobaç	go?		YES		NO	
11.1 NAME OF DECEASED: SURNAME OTHER NAME(S) 11.3 NATIONAL INSURANCE NUMBER:		If "YES", give the Nam	ne, National Insurance Num	nber and last Address of	f the Deceased	d Per	son			
DECEASED: SURNAME OTHER NAME(S) 11.2 LAST ADDRESS OF DECEASED: 11.4 RELATIONSHIP TO DECEASED: DECEASED: 2. IDENTIFICATION: (Tick (//) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S 12.3 ELECTORAL ID CARD 12.4 ID NUMBER: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? YES NO If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? YES NO If "NO", have you been living with the deceased for 3 years or YES NO Were you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? YES NO Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? YES NO Have you previously applied for a Survivor's Benefit from Trinidad and Tobago YES NO		in respect of whom yo	ou are receiving this benefit	t and your previous relat	tionship to him	n/her	·.			
11.2 LAST ADDRESS OF DECEASED: 11.2 LAST ADDRESS OF DECEASED: 2. IDENTIFICATION: (Tick (*/) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S 12.3 ELECTORAL ID CARD 12.4 NUMBER: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? YES NO If "YES", please state Date of Marriage: If "NO", have you been inving with the deceased for 3 years or YES NO Were you married before this relationship? YES NO 1. Were you married before this relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? YES NO Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? YES NO Have you previously applied for a Survivor's Benefit from Trinidad and Tobago YES NO		11.1 NAME OF				1.	1.3 NATIONAL	INSURANCE	NUMBER:	
11.2 LAST ADDRESS OF DECEASED: 2. IDENTIFICATION: (Tick (*) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S PERMIT 12.3 ID CARD 12.4 ID NUMBER: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? YES NO If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? YES NO Were you married before this relationship? YES NO If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? YES NO Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? YES NO Have you previously applied for a Survivor's Benefit from Trinidad and Tobago YES NO		DECEASED:	SUDNAME	OTHER NAME(CI						T
DECEASED: 2. IDENTIFICATION: (Tick (f') Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S PERMIT 12.3 ID CARD 12.4 NUMBER: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? YES NO If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? YES NO If "NO", have you been living with the deceased for 3 years or YES NO Were you married before this relationship? YES NO 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? YES NO Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? YES NO Have you previously applied for a Survivor's Benefit from Trinidad and Tobago YES NO			SONVAINE	OTTEN NAME(S)						
DECEASED: 2. IDENTIFICATION: (Tick (f') Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S PERMIT 12.3 ID CARD 12.4 NUMBER: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? YES NO If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? YES NO If "NO", have you been living with the deceased for 3 years or YES NO Were you married before this relationship? YES NO 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? YES NO Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? YES NO Have you previously applied for a Survivor's Benefit from Trinidad and Tobago YES NO										
2. IDENTIFICATION: (Tick (*) Appropriate Box) TYPE: 12.1 PASSPORT 12.2 DRIVER'S PERMIT 12.3 ID CARD 12.4 NUMBER: SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? YES NO If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? YES NO If "NO", have you been living with the deceased for 3 years or YES NO Were you married before this relationship? YES NO If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? YES NO Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? YES NO Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? YES NO							1.4 RELATIONS	HIP TO DEC	EASED:	
TYPE: 12.1 PASSPORT 12.2 PRIVER'S PERMIT 12.3 LOCARD 12.4 DNUMBER: DECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B. THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? YES NO If "YES", please state Date of Marriage: YES NO If "NO", have you been nominated as Beneficiary? YES NO Were you married before this relationship? YES NO Were you married before this relationship? YES NO If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? YES NO Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? YES NO Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? YES NO		DECEASED.				-				
TYPE: 12.1 PASSPORT 12.2 PRIVER'S PERMIT 12.3 LOCARD 12.4 DNUMBER: DECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B. THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? YES NO If "YES", please state Date of Marriage: YES NO If "NO", have you been nominated as Beneficiary? YES NO Were you married before this relationship? YES NO Were you married before this relationship? YES NO If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? YES NO Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? YES NO Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? YES NO	12.	IDENTIFICATION: (Tick	(√) Appropriate Box)							
SECTION "C" - PARTICULARS OF WIDOW/WIDOWER N.B.: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? If "NO", have you been living with the deceased for 3 years or Were you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? YES NO				FLECTORAL	ID.	Г				
N.B: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? If "NO", have you been living with the deceased for 3 years or Were you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago?		TYPE: 12.1 PASSP	OII 12.2	12.3	12.4 NUMBE	R:				1 1
N.B: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A BENEFIT TO WIDOWS/WIDOWERS OF COMMON-LAW UNIONS. Are you the Lawful spouse of the deceased? If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? If "NO", have you been living with the deceased for 3 years or Were you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago?	_								1 (
Are you the Lawful spouse of the deceased? If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? If "NO", have you been living with the deceased for 3 years or Were you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago?	S	ECTION "C" - P	'ARTICULARS OF	WIDOW/WIDO	WER					
Are you the Lawful spouse of the deceased? If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? If "NO", have you been living with the deceased for 3 years or Were you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago?		N.R. THE NATIONAL INC	CLIDANCE ACT DROVIDES FOR	THE DAVMENT OF A BENI	EIT TO WIDOWS	C /A/II	DOWERS OF C	OMMON-LAY	W LINIONS	
If "YES", please state Date of Marriage: If "NO", have you been nominated as Beneficiary? If "NO", have you been living with the deceased for 3 years or Were you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago YES NO				THE PATHLET OF A BERL				DIVINION-LA	r Unions.	
If "NO", have you been nominated as Beneficiary? If "NO", have you been living with the deceased for 3 years or Were you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? Were you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate.	•	Are you the Lawful sp	ouse of the deceased?		L YE	S	L] NO			
If "NO", have you been nominated as Beneficiary? If "NO", have you been living with the deceased for 3 years or Were you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? Were you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate.		If "VEC" places state	Data of Marriaga							
If "NO", have you been nominated as Beneficiary? If "NO", have you been living with the deceased for 3 years or Were you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate.		if "YES", please state	Date of Marriage:		<u> </u>					
If "NO", have you been living with the deceased for 3 years or YES NO Were you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? YES NO Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? YES NO If "YES", please submit a Medical Certificate.					YY	ΥY	MM (DD		
Were you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago?		If "NO", have you bee	en nominated as Beneficiar	y?	YE	S	NO			
Were you married before this relationship? If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? Were you pregnant at the time of your spouse's death? Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago?		If "NO" have you hee	on living with the deceased	for 3 years or						
If "YES", indicate current relationship to former spouse. 2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? YES NO Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? YES NO If "YES", please submit a Medical Certificate.		•	•	. IOI 3 years or	L YE	:5	□ NO			
2.1. DIVORCED 2.2. WIDOWED 2.3. SEPARATED Is there a known surviving spouse of the deceased? YES NO Were you pregnant at the time of your spouse's death? YES NO Are you under 55 and mentally or physically disabled? YES NO If "YES", please submit a Medical Certificate.	2.	•			YE	S	□ NO			
. Is there a known surviving spouse of the deceased? . Were you pregnant at the time of your spouse's death? . Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? YES NO NO		If "YES", indicate curr	rent relationship to former	spouse.			ш			
Were you pregnant at the time of your spouse's death? Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? NO		2.1. DIVORCED	2.2. WIDOWED	2.3. SEPARATED						
Were you pregnant at the time of your spouse's death? Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? NO		Is there a known survi	iving spouse of the deceas	ed?	☐ YE	S	□ NO			
Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? VES NO	•	13 there a known sarvi	villy spouse of the docods	ou:	L '_		Ш			
Are you under 55 and mentally or physically disabled? If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago? VES NO		Were you pregnant at	the time of your spouse's	death?	☐ YE	S	П мо			
If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago		. ,	,		ш	_				
If "YES", please submit a Medical Certificate. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago	·	Are you under 55 and	mentally or physically disa	bled?	☐ YE	S				
	-	•			∟ '-		□ .•0			
		•			. —					
IT TEO , please state the Local Office at which the benefit was claimed:						S	NO			
		IT "YES", please state	the Local Office at which t	ne penetit was claimed:						

^{*}Applicable to Common-law wives.

SE	AN/TT 1.1 CTION "D" - PARTICUL	.ARS	OF C	HILD/ORPHAN						
1	s/Are the Child/Children/Step-childr	en in ro	snect c	whom an Allowance is claimed:						
	(a) The Child/Children/Step-children				_ NO					
	(b) Maintained by you?	i oi tiio	ucceas	YES	_ No					
	c) Living in your home?			YES	□ NO □ NO					
		aive de	tails of t			eir ca	re.			
	If the answer to (b) or (c) is "NO", give details of the Guardian/Institution responsible for their care. 1.1 NAME OF GUARDIAN/INSTITUTION:									
	1.2 ADDRESS OF GUARDIAN/INSTITUTION:									
	Please indicate below the particulars of the child/children enrolled in full-time education. (Use additional sheets if necessary.)									
	2.1 NAME OF CHILD/CHILDREN/STEP-CHILDREN	2.2 DIS	SABLED	2.3 ADDRESS	2.4 DATE OF BIRTH			2.5 PLACE OF LEARNING		
	SURNAME OTHER NAME(S)	YES	NO		YYYY	ММ	DD			
一	NAME OF THE OWNER OWNER OF THE OWNER OWNE									
T		-								
F										
-	302A 402 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							***************************************		
-						-				
<u> </u>		<u> </u>			<u> </u>					
SE	CTION "E" - FOR PERS	ONS	CLAI	MING DEPENDENT PAI	RENT	BE	NEF	FIT ONLY		
1.	Were you wholly or mainly maintain	ined by	the dec	pased? YES		^	10			
SE	CTION "F" - PAYMENT	ARR	ANG	MENTS						
1.	Please forward payment to: NAME OF FINANCIAL INSTITUTION:									
	ADDRESS OF FINANCIAL INSTITUTION	: -								
	ACCOUNT NUMBER:									
	BANK BRANCH NUMBER OR CODE (if a	any):								
	CURRENCY OF THE COUNTRY IN WHIC	H YOU I	RESIDE:	a constitution desired and accommon						
2.	Is the Account a Joint Account?		YES	NO						
	If yes, please state name and addr	ess of t	—— he Joint	Account holder.		************		·		
								 .		
_										

IT IS AN OFFENCE UNDER THE LAWS OF TRINIDAD AND TOBAGO TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS APPLICATION.

SECTION "G" - AUTHORIZATION

AUTHORIZATION TO TRANSMIT PERSONAL INFORMATION

For the purpose of this application made under the legislation of Trinidad and Tobago, I authorize Human Resources Development Canada to furnish to the National Insurance Board of Trinidad and Tobago any information in its possession which relates or could relate to this application.

SECTION "H" - DECLARATION AND SIGNATURE OF APPLICANT

1. **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 Board of Trinidad and Tobago of any change that might affect my entitlement to this Benefit.

1.1 SIGNATURE OF CLAIMANT:

2. **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.

2.1 NAME OF WITNESS:

SURNAME	OTHER NAME(S)
ADDRESS OF WITNESS:	
SIGNATURE OF WITNESS:	
	ADDRESS OF WITNESS: SIGNATURE OF WITNESS:

MM

DD

YYYY

TRINIDAD AND TOBAGO 1999 JUNE 21.

FOR OFFICIAL USE

Documentary Evidence Required to Support Claim.

Boxes are to be Ticked (/) by the liaison agency in Canada upon receipt of documentary evidence.

	1.	DË	CEASED CONTRIBUTOR
		(a)	Death Certificate.
	2	LA	WFUL SPOUSE - WIDOW
	۷.		Marriage Certificate.
H			•
\vdash		-	Birth Certificate of Widow.
\square		(c)	Medical Certificate if disabled and under age 55.
			Decree absolute if divorced.
		(e)	Medical Certificate if under age 55 and pregnant at time of husband's death and child's Birth Certificate after delivery or Medical Report if child is still-born.
	3.	LA	WFUL SPOUSE - WIDOWER
		(a)	Marriage Certificate.
Ħ		(b)	Medical evidence to show the date from which inability to work due to illness commenced.
H			Affidavits to show dependence on deceased.
H			Decree Absolute if divorced.
Ш		ν-,	
_	4.		MMON-LAW UNION - WIDOW/WIDOWER
Ш		(a)	Birth Certificate of claimant.
			Evidence of co-habitation up to time of death of deceased and marital status of claimant (3 years before
		dea	th). (c) Medical Certificate if disabled.
		(d)	Decree Absolute of Divorce where applicable.
		(e)	Death Certificate of lawful spouse, if applicable.
		(f)	Medical Certificate if under age 55 and pregnant at time of husband's death and child's Birth Certificate after delivery or Medical Report if child is still-born.
	5.	СН	ILD
		(a)	Birth Certificate and supporting Affidavit with evidence of paternity if child is claiming on the death of his/her father and the father's name does not appear on the Birth Certificate.
		(b)	Evidence of education if child is between 16 - 19 yrs, i.e. letter signed by School Principal or Head of Organisation indicating the education status of child.
		(c)	Medical evidence if child is disabled. Where the disabled child is between 16 - 19 yrs, and is in full-time education 5(b) applies.
		(d)	Where a disabled child between the ages of 16 and 19 years is not in full-time education and where the disability has occurred before age 19, 5(b) is waived.
	_		
	6.	OR	PHAN
		(a)	Birth Certificate and supporting Affidavit with evidence of paternity if the father's name does not appear on the Birth Certificate.
		(b)	Death Certificate of both parents.
		(c)	Evidence of education if child is between 16 - 19 yrs, i.e. letter signed by School Principal or Head of Organisation indicating the education status of child.
		(d)	Medical evidence if child is disabled. Where the disabled child is between 16 - 19 yrs, and is in full-time education 6(c) applies.
		(e)	Where a disabled child between the ages of 16 and 19 years is not in full-time education and where the disability has occurred before age 19, 6(c) is waived.
	7.	DE	PENDENT PARENT
		(a)	Birth Certificate of Deceased Insured Person.
一			Evidence of support e.g. Deed of Covenant, Affidavit or other acceptable evidence.
	R		NERAL GRANT
	٥.		Birth Certificate of Deceased Insured Person.
H			Evidence of support e.g. Deed of Covenant, Affidavit or other acceptable evidence.
H			Bills/Receipts for Funeral Expenses.
H			Affidavit (Where Necessary).