## CARICOM AGREEMENT ON SOCIAL SECURITY

CARICOM 3

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## **APPLICATION FOR SURVIVORS' 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

	SURNAME	OTHER NAME(S)	
NAME AT BIRTH IF DIFFERENT:			
	SURNAME	OTHER NAME(S)	
ADDRESS:	(STREET)		
	·····		·
(CITY/DISTRI	CT/COUNTY)	(COUNTRY)	
NATIONALINSURANCE/ OCIAL SECURITY NUMBER *	5b. COUNTRY	6. COUNTRY OF E	BIRTH:
			· · · · · ·
		7. DATE OF BIRTH	l:
		YYYY	MM DD
	LICABLE )	8. TELEPHONE N	<u> </u>
FATHER'S NAME:	SURNAME	OTHER NAME(S)	
. MOTHER'S MAIDEN NAME:	SURNAME	OTHER NAME(S)	
. MARITAL STATUS: (TICK APPROPRIATE BOX)			
11.1 SINGLE		11.2 MARRIED	
11.3 WIDOWED		11.4 DIVORCED	YYYY MM DD
	YYYY MM DD		YYYY MM DD

\* NOTE: Applicants may submit additional information on a separate sheet if necessary.

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SECTION "A" - PARTIC	ULARS OF CLAIMANT (CO	ONT'D)
12. RELATIONSHIP TO DECEASED:	12.1 WIDOW 12.2	
		PARENT
SECTION "B"- PARTICUI	LARS OF DECEASED	
13. COUNTRY OF PERMANENT RE	SIDENCE:	
14. NAME:	SURNAME	OTHER NAME(S)
15. NAME AT BIRTH IF DIFFERENT:	SURNAME	OTHER NAME(S)
16. ADDRESS:		
10. <u>ADDILEO.</u>	(STREET)	
(CITY/E	DISTRICT/COUNTY)	(COUNTRY)
17a .NATIONAL INSURANCE/ SOCIAL SECURITY NUMBER *	17b. COUNTRY:	18. COUNTRY OF BIRTH:
	<u> </u>	•
17c. NATIONAL REGISTRATION NU	JMBER 17d. WORKS NUMBER (WHERE APPLICAE	BLE) 19. DATE OF BIRTH:
20. FATHER'S NAME:		
	SURNAME	OTHER NAME(S)
21. MOTHER'S NAME:	SURNAME	OTHER NAME(S)
22. DATE OF DEATH:		
23. MARITAL STATUS OF DECEASE (TICK APPROPRIATE BOX)	ED:	
23.1 SINGLE		23.2 MARRIED
23.3 WIDOWED		23.4 DIVORCED
23.5 COMMON-LAW	YYYY MM DD	
24. Type of benefit deceased receive death	d or was entitled to prior to	

\* NOTE: Applicants may submit additional information on a separate sheet if necessary.

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25. DATE OF MARRIAGE:						
26. Has the widow the care of c			Yes	No		
27. If answer to question 26 is	yes, please give the d	letails.	L			
NAME OF CHILD	DATE OF BIRTH YYYY   MM  D			DECEASED	AT SC YES	HOOL NO
				ĩ		
L				•	<u> </u>	
28. Has child surviving parent?			Yes	No		
29. Was child wholly or partially	<sup>,</sup> maintained by the de	eceased?	Yes	No		
30. Has child a step parent with	a prior claim to the b	enefit?	Yes	No		
31. Is child mentally or physically challenged? (handicapped)			Yes	No		
32. Is child receiving full-time education?						
33. If answer to 31 and 32 is "Y	es", attach medical/s	school report.				
34. Do you have a source of inc	ome?		Yes	No		
35. Amount of income			\$			
36. Was the widow pregnant for	r the deceased?		Yes	Νο		
37. Is widow incapacitated for v	vork?		Yes	No		
Submit medical certificate(s) if y	es.					
SECTION "D" - PAR	<b>FICULARS OF</b>	WIDOWER				
38. Date of Marriage:						<u> </u>
39. Has widower a source of ind		00	Yes	No		

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SECTION "D" - PART	ICULARS OF WIDOWER (	CONT	'D)						
If answer to 39 is yes, please sta	ate source of income					[	\$		
40. Is widower incapacitated for	r work? Yes No	o					L	AMOUNT	
If answer to 40 is yes, please sta	te nature of incapacity		 I	INCAF	PACIT	Υ			
SECTION "E" - PARTI	CULARS OF OTHER DEPE	NDEN	ITS						
41. State relationship to decease									
42. Date of Birth									
YYY 43. Is dependent permanently inc			] Y	es		] No			
44. Was dependent wholly or pa	rtially maintained by the deceased?		] Y	es •		] No			
SECTION "F" - DETAI	LS OF WORK DONE IN CA	ARICO	M	τοι	JNT	RIES	;		
								· · · · ·	
45. Employment record in Carico	m Countries. (Use additional sheets if n	ecessary	)						
NAME OF EMPLOYER	ADDRESS	EMPLOYER REGISTRATION NUMBER (If known)			DN	PERIOD OF EMPLOYMENT			
L	· · · · · · · · · · · · · · · · · · ·	<b>i</b>		I					

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46. DECLARATION OF APPLICANT	- DECLADATION OF WITNESS
	47. DECLARATION OF WITNESS
	(Where Claimant Cannot Sign)
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.	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.
	47.1 NAME OF WITNESS:
	SURNAME OTHER NAME (S)
46.1 SIGNATURE OF CLAIMANT	47.2 ADDRESS OF WITNESS:
1	
1	
	47.3 SIGNATURE OF WITNESS:
	1
······································	l
DATE:	DATE:
	·
48. (FOR OFF	FICIAL USE)
48.1 I hereby declare that I have examined and certified the docume	ents submitted by the claimant with the application form.
NAME OF RECEIVING OFFICER	
SURNAME	OTHER NAME(S)
Signature of Receiving Officer	
YYYY MM DD	

DOCUMENTARY EVIDENCE REQU	IRED					
1. Birth Certificates of surviving spouse and other dependents						
2. Death Certificate						
3. Marriage Certificate						
4. Identification Card/National Registration Card/Valid Passport						
5. Medical Reports of Applicants						
6. Evidence of Full Time Education						
7. Declaration of Maintenance						
8. Evidence of Co-habitation						
ACKNOWLEDGEMENT OF CLAIM						
Dear Sir/Madam,						
Acknowledgement is made of your claim for has	dated	which				
been accepted. Kindly look forward in the near future for further communication with regard t	to your claim.					

12/99