## CARICOM AGREEMENT ON SOCIAL SECURITY

CARICOM 5

## **APPLICATION FOR INDUSTRIAL DEATH BENEFIT**

**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 Requirement at the back of this form.

SECTION "A" - PARTICU	LARS OF CLAIMANT	
1. COUNTRY OF PERMANENT RESIDE	NCE:	
2. NAME:	SURNAME	OTHER NAME(S)
	SURNAME	
3. NAME AT BIRTH IF DIFFERENT:	SURNAME	OTHER NAME(S)
4. ADDRESS:	(STREET)	
(CITY/DISTRICT	COUNTY)	(COUNTRY)
5a.NATIONAL INSURANCE/ SOCIAL SECURITY NUMBER *	5b. COUNTRY	6. COUNTRY OF BIRTH:
		7. DATE OF BIRTH:
5c. NATIONAL REGISTRATION NUMBE (WHERE APPLICABLE)	R	
		8. TELEPHONE NUMBER:
5d. WORKS NUMBER (WHERE APPLICABLE)		
9. FATHER'S NAME:S	URNAME	OTHER NAME(S)
10. MOTHER'S MAIDEN NAME:S	URNAME	OTHER NAME(S)
11. MARITAL STATUS: (TICK APPROPRIATE BOX)	11.1 SINGLE 11.2	MARRIED 11.3 WIDOWED
	11.4 DIVORCED 11.5	COMMON-LAW
12. RELATIONSHIP TO	12.1 WIDOW 12.2	WIDOWER
	12.3 CHILD 12.4	PARENT

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

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SECTION "A" PARTICUL	ARS OF DECEASED						
13. COUNTRY OF PERMANENT RE	SIDENCE:						
14. NAME:	SURNAME						
15. NAME AT BIRTH IF	SURNAME	OTHER NAME(S)					
DIFFERENT:	SURNAME	OTHER NAME(S)					
16. ADDRESS:	(STREET)						
(CITY/D	ISTRICT/COUNTY)	(COUNTRY)					
17a .NATIONAL INSURANCE/ SOCIAL SECURITY NUMBER*	17b. COUNTRY:	18. COUNTRY OF BIRTH:					
17c. NATIONAL REGISTRATION NU	MBER 17d: WORKS NUMBER						
(WHERE APPLICABLE)	(WHERE APPLICABLE)	19. DATE OF BIRTH:					
		YYYY MM DD					
20. FATHER'S NAME:	SURNAME	OTHER NAME(S)					
21. MOTHER'S NAME:							
	SURNAME	OTHER NAME(S)					
[							
22. DATE OF DEATH:	 'YY MM DD						
23. MARITAL STATUS OF DECEASE	ED:						
TICK APPROPRIATE BOX							
23.1 SINGLE	22.2						
	23.2	MARRIED YYYY MM DD					
23.3 WIDOWED	23.4						
	YYYY MM DD	YYYY MM DD					
23.5 COMMON-LAW							
24. DATE OF ACCIDENT:							
	YYYY MM DD						

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

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SECTION "B" - PARTICU	ILARS OF DECEASED	(CONT'D)					
25. Cause of Death:		(Diagnosis)					
26. What was person engaged in at ti	me of Accident?						
27. Was person duly authorised to pe	rform such functions:	YES NO					
28. Name of employer at time of Acc	ident						
29. Address of last employer	SURNAME	OTHER NAME (S)					
(STREE	Т)	(CITY/DISTRICT/COUNTY)					
	(COUNTI	RY)					
SECTION "C" - PARTICU	JLARS OF WIDOW						
30. DATE OF MARRIAGE:							
31. Has the widow the care of child/o	children of the deceased?	Yes No					
32. If answer to question 31 is yes, p	lease give the following details.						
NAME OF CHILD	DATE OF BIRTH	RELATIONSHIP TO DECEASED	AT SCHOOL YES NO				
33a. Do you have a source of income?							
33b. Amount of income	\$						
34. Was the widow pregnant for the deceased?							

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SECTION "D" - PARTI	CULARS	6 OF W	/IDO	WEF	2										
35. Date of Marriage	 YYYY			-										-	
36. Has widower a source of incc	ime?					Yes			]	No					·····
37 If answer to 36 is yes, please	state of inco	om <del>e</del>				- <u></u>	,								\$
AMOUNT 38. Is widower incapacitated for	work?					Yes			]	No					
If answer to 38 is yes, please sta and submit medical certificates.	ite nature of	incapacit	y				NCAF	PAC							
SECTION "E" - PARTI	CULARS	OF C	HILD												
39. Has child a surviving parent?				[		Yes				N	0				
40. Was child wholly or partially m	aintained by	deceased	?			Yes				No					
41. Has child a step parent with a	prior claim to	o the bene	efit?			Yes				No	1				
SECTION "F" - PARTI	CULARS	OF P	AREN	IT											
42. Is parent capable of self support	rt?			[	ו [	(es				No					
43. Date of Birth															
44. Was dependent wholly or partia	ally maintain	ed by the	deceas	ed?		Yes				No					
SECTION "G" - PARTI	CULARS	S OF O	THE	R DE	PE	ND	ENT	S							
45. Is dependent permanently incap	baable of sel	f support?		[		Yes				No					
46. Date of Birth		M DD	]												
47. Was dependent wholly or partia	ally maintain	ed by the	deceas	ed?		Yes		[		No					
SECTION "H" -DETAIL	LS OF W	ORK E	ONE	E IN	CA	RIC	OM	C	OU	N	R	ES	5		
48. Employment record in Caricom	Countries.	(Use addit	ional sl	neets	if nec	essar	·y)								
NAME OF EMPLOYER	FF		то									R			ADDRESS OF EMPLOYER
	YY MM	DD YY	MM	DD										┫	
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49. DECLARATION OF APPLICANT	50. DECLARATION OF WITNESS
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.	(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, Lawyeer, Permanent Secretary, Bank Manager, Senior Official of Social Security Scheme, with accompanying stamp. 50.1 NAME OF WITNESS:
49.1 SIGNATURE OF CLAIMANT	50.2 ADDRESS OF WITNESS:
	50.3 SIGNATURE OF WITNESS:
DATE:	DATE:
51. (FOR OF	FICIAL USE)
SURNAME Signature of Receiving Officer	OTHER NAME (S)
DATE	

DOCUMENTARY	<b>EVIDENCE</b>	REQUIRED

- 1. Birth Certificate
- 2. Death Certificate
- 3. Marriage Certificate
- 4. Identification Card
- 5. Declaration of Maintenance
- 6. Letter of Co-habitation
- 7. Evidence of Full-time Education if child is over 16 years of age.

This form should be submitted to the National Insurance/Social

Security Office in the coluntry in which you are residing.

## ACKNOWLEDGEMENT OF CLAIM

dated

Dear Sir/Madam,

Acknowqledgement is made of your claim for

which has been accepted. Kindly look forward in the near future for further communication with regard to your claim.

10/99