CARICOM AGREEMENT ON SOCIAL SECURITY DETAILS OF INSURANCE PERIODS COMPLETED BY CLAIMANT/DECEASED PERSON (In Accordance with Article 39 of the Agreement) For Applicants to the Barbados Scheme Only⁽¹⁾

1. NAME OF EXAMINING

2. ADDRESS OF EXAMINING

3. DETAILS OF PERIODS WORKED BY CLAIMANT/DECEASED

1	2									3		4	5	6	7	8
COUNTRY	SOCIAL SECURITY NUMBER							PERIODS WORKED (YEARS) FROM 1 TO		NUMBER OF WEEKS WORKED	INSURABLE EARNINGS	NOTIONAL AMOUNT	ACTUAL AMOUNT	REMARKS (OFFICIAL STAMP)		
TOTAL								т	OTAL							

Notes: ⁽¹⁾ Barbados requires breakdown of No. of weeks worked and Insurable Earnings on an annual basis. Please complete page 2 if Claimant/Deceased Person worked more than one (1) year in your country.

This form should be completed and returned to the Examining Institution within one month of the date of receipt.

	Prepared by: Name:
OFFICIAL STAMP	Signature:
)	Designation:
	Date:

Name		 	
Signatur	B:	 	
Designat	ion:	 	
Date:			

03/00

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CARICOM AGREEMENT ON SOCIAL SECURITY

DETAILS OF INSURANCE PERIODS COMPLETED BY CLAIMANT/DECEASED PERSON

(In accordance with Article 39 of the Agreement) For Applicants to the Barbados Scheme Only

YEAR	NUMBER OF WEEKS WORKED	INSURABLE EARNINGS
		· · · ·
	•	•
· · · · · · · · · · · · · · · · · · ·		
TOTAL		