## THE NATIONAL INSURANCE BOARD SURVIVOR'S BENEFIT APPLICATION

(Please Complete in Block/Capitals)

Please read the Notes at the back of this form CAREFULLY.

WARNING!

Pursuant to Section 33 of the National Insurance Act, a person who makes any false statement is liable on summary conviction to a fine of 3,000.00 and to imprisonment for two years.

NOTE: This application must be submitted within 12 months of the deceased date of death.

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SECTION "A" - PARTICULAR	S OF DECEASED INSURED PE	ERSON								
1. NAME:										
SUR	NAME		IER NAME(S)							
		2. NA	ATIONAL INSURANCE NO.							
3. *POSTAL ADDRESS:										
ADDICESS.	(STREET)									
	(CITY/DISTRICT/COLINITY)									
A DATE OF DIDTH	(CITY/DISTRICT/COUNTY)	/ CEV	NAALE FEMALE							
4. DATE OF BIRTH	5. DATE OF DEATH	6. SEX:	MALE FEMALE							
YYYY MM DD	YYYY MM D	D								
7. EMPLOYMENT RECORD FROM 1972, A	PRIL 10. (Use additional sheets if necessary	.)								
		REGISTRATION	PERIOD OF							
NAME OF EMPLOYER	ADDRESS	NO.	EMPLOYMENT I							
		(If known)	FROM TO YYYY MMDD YYYY MMDD							
			YYYY MINIDD YYYY MINIDD							
8. NAME OF LAST EMPLOYER	(5	9.	LAST DATE WORKED							
(State exact location e.g. School/Division	/Department):									
			YYYY MM DD							
10. Was deceased in receipt of Invalidity Ber	nefit? YES	NO								
11. Was deceased in receipt of a Retirement	Pension? YES	NO								
12. Did the deceased work or live in Canada CARICOM countries?	or any of the YES	NO								
If "YES", please provide:										
(i) SOCIAL SECURITY NO.										
(I) SOCIAL SECURITY NO.										
(ii) NAME OF COUNTRY										

\*Please give Mailing Address. EXAMPLE: Light Pole No. 8, Southern Main Road, Couva OR Near Bertie's Parlour, Industry Lane, Belmont.

SECTION "B" - PARTICULARS OF APPLICANT
1. NAME: OTHER NAME(S)
3. *POSTAL ADDRESS:  (STREET)  (CITY/DISTRICT/COUNTY)  2. NATIONAL INSURANCE NO.  4. TELEPHONE NUMBER.
5. DATE OF BIRTH 6. PRESENT MARITAL STATUS:
SINGLE MARRIED WIDOWED DIVORCED
7. IDENTIFICATION  PASSPORT DRIVER'S PERMIT ELECTORAL I.D. NO.
8. RELATIONSHIP TO DECEASED:
9. Please tick the benefit(s) for which you are applying:  WIDOW'S BENEFIT  WIDOWER'S BENEFIT  CHILD ALLOWANCE  *ORPHAN'S ALLOWANCE  DEPENDENT PARENT'S PENSION
10. Was an application submitted for a Funeral Grant?  If "NO", submit Death Certificate with this application.  YES  NO
11. Have you applied for or are receiving a Survivor's Benefit?  If "YES", provide information below.  NATIONAL INSURANCE NO.
NATIONAL INSURANCE NO.
NAME OF DECEASED: SURNAME OTHER NAME(S)
ADDRESS OF DECEASED: (STREET) RELATIONSHIP TO DECEASED:
(CITY/DISTRICT/COUNTY)
12. Please indicate the Method of Payment of Benefit:
MAIL TO: POSTAL ADDRESS: DEPOSIT TO: BANK CREDIT UNION  NAME OF BANK/ TO THE POSTAL ADDRESS: DEPOSIT TO: BANK CREDIT UNION
CREDIT UNION:  ACCOUNT NUMBER.
ADDRESS: (STREET)
(CITY/DISTRICT/COUNTY)
*APPLICABLE ONLY WHERE DATE OF DEATH WAS PRIOR TO 2004/03/01.
SECTION "C" - PARTICULARS OF WIDOWS/WIDOWERS
N.B. THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF BENEFIT TO
WIDOWS/WIDOWERS OF COMMON-LAW UNIONS.  1. 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
*2. Were you married before this relationship?  YES  NO
If "YES", indicate relationship to former spouse?
WIDOWED SEPARATED DIVORCED

\*Applicable to Common-law relationships only.

3/NI 51																						
SECTION "C" - PARTI	CULAR:	S OI	F WI	DO۱	WS	S/W	'IDC	OWI	ΞR	S ((	CON	T'	D)									
*3. Is there a known surviving spouse of the deceased?								YI	ES			NO										
4. Were you pregnant at the da	4. Were you pregnant at the date of your spouse's death?							YI	ES			NO										
5. Were you mentally or physically disabled at the date of your spouse's death where the date of death was prior to 2004/03/01?							YI	ES			NO											
If "YES", please submit NI 3	4 where th	e date	e of dea	ath is	pric	or to :	2004	4/03/0	01.													
SECTION "D" - PARTI	CULAR	S O	F CH	IILD	)/O	RPI	ΗA	N														
NOTE: THE TERM "CH	IILD" ME	ANS	S AN	UNN	ИΑ	RRIE	ED (	CHIL	D.													
Is/Are Child/Children/Orphan(s)	s) in respec	t of w	vhom A	Allowa	ance	e is cl	laime	ed:														
(a) The Child/Children/Orpha	n(s) of the	decea	sed?								YES			NO								
(b) Stepchild of the decease	d?										YES			NO								
(c) Maintained by you?									Γ		YES			NO								
(d) Living in your home?											YES			NO								
If the answer to (d) or (e) is "I	NO", give c	letails	of the	Guar	rdiar	n/Inst	itutio	on res	por	nsible	for th	eir	care.									
NAME OF											1											
GUARDIAN/INSTITUTION:				+	<u> </u>	<u> </u>				<u> </u>			<u> </u>									
ADDRESS OF GUARDIAN/INSTITUTION:							(STI	REET	)													
						(CIT	Y/DIS	STRIC	T/C	OUN	ITY)					-						
<ol><li>Please indicate below, the par from the school must be submitted</li></ol>																				.) A le	etter	
NAME OF CHILD/ORPHAN				ADD	RES	SS					DATE OF			F	PLAC	ΕO	F LE	ARI	NING		* DISAB	
SURNAME OTHER NAME	E(S)										BIRTH Y MI		D								(YES/	NO)
																	_					
3. Letter from place of learning						-		to 20	04/	03/0	1.				YES				NO			

3. Letter from place of learning attached where the date of death is prior to 2004/03/01.

\*Where the child is disabled, attach NI 34 to support this.

FOR PERSONS CLAIMING DEPENDENT PARENT BENEFIT ONLY.

Were you wholly or mainly maintained by the deceased?

YES NO

DECLARATION	
I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.	
SIGNATURE OF CLAIMANT: DATE	
WITNESS TO MARK WHERE CLAIMANT CANNOT SIGN:	YYYY MM DD
NAME OF WITNESS:  SURNAME  OT	HED MANE(C)
	HER NAME(S) PATION OF WITNESS:
WITNESS: (STREET)	
(CITY/DISTRICT/COUNTY)	
IDENTIFICATION TYPE:  DRIVER'S PERMIT  ELECTORAL I.D.  PASSPORT	
DRIVER 5 PERIVITI ELECTORAL I.D. PASSPORT	
DATE	
SIGNATURE OF WITNESS:	YYYY MM DD
SECTION "E" - FOR OFFICIAL USE	
PART "I" - CUSTOMER SERVICE REPRESENTATIVE	
1. NAME, N.I. NO. AND DATE OF BIRTH CONFIRMED AND UPDATED (IF NECESSARY) ON I.A. SYSTEM	YES NO
2. REGISTRATION RECORD COMPLETED? (If "NO" complete forms NI 165/NI 182 as applicable)	YES NO
3. CHECK FOR DUPLICATE REGISTRATION (SIRF file included)? (Record Results on Minute Sheet)	YES NO
	YES NO
4. CLAIM HISTORY VIEWED? (If yes, record findings here.)	TES NO
(Use minute sheet if this space is inadequate.)	
5. APPLICATION COMPLETED AND ACCEPTED FOR PROCESSING?	YES NO
6. APPLICATION RECORDED? (Print and attach Claim Profile)	YES NO
7. OUTSTANDING CONTRIBUTION RECORDED? (Print and attach Audit Report)	YES NO
8. APPLICATION PROCESSED?	YES NO
6.7.1.7 = 1.57.1.1.61.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
CUSTOMER SERVICE REPRESENTATIVE DATE:	YYYY MM DD
PART II - MANAGER/SUPERVISOR/CLERICAL OFFICER II	
1. DETAILS OF CLAIM PROFILE VERIFIED?	YES NO
2. CONTRIBUTION AUDIT REPORT VERIFIED?	YES NO
3. CONTRIBUTIONS TRANSFERRED?	YES NO
4. CLAIM AUTHORIZED/DISALLOWED?	YES NO
DATE:	
MANAGER/SUPERVISOR/CLERICAL OFFICER II	YYYY MM DD

## NOTES Documentary evidence required to support claim.

FOR C	DFFICIAL USE
	<ol> <li>LAWFUL SPOUSE - WIDOW/WIDOWER         <ul> <li>(a) Marriage Certificate</li> <li>(b) Birth Certificate of Widow</li> </ul> </li> <li>(c) 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.(Applicable to widow only.)</li> <li>(d) Decree Absolute if divorced.</li> </ol>
	<ul> <li>2. COMMON-LAW UNION - WIDOW/WIDOWER</li> <li>*(a) Birth Certificate of claimant. (Widow only).</li> <li>(b) Evidence of co-habitation up to time of death of deceased and marital status of claimant.</li> <li>(c) Decree Absolute of Divorce where applicable.</li> <li>(d) Death Certificate of lawful spouse, if applicable.</li> <li>(e) 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.</li> </ul>
	<ul><li>3. CHILD/ORPHAN         <ul><li>(a) Birth Certificate and supporting Statutory Declaration where necessary.</li><li>(b) Medical evidence if child is disabled by way of an NI 34.</li><li>(c) Adoption Certificate.</li></ul></li></ul>
	<ul> <li>4. DEPENDENT PARENT</li> <li>(a) Birth Certificate of Deceased Insured Person.</li> <li>(b) Evidence of support e.g. Deed of Covenant, Affidavit or other acceptable evidence.</li> </ul>

04/12