

THE NATIONAL INSURANCE BOARD
APPLICATION FOR DEATH BENEFIT
(PLEASE USE BLOCK CAPITALS)

NI 117

(FOR OFFICIAL USE)

CLAIM NO:

--	--	--	--	--	--	--	--

SERVICE CENTRE CODE:

--	--	--	--	--	--	--	--

NOTE: This Application must be submitted within twelve (12) months of the Date of Death of the Insured Person.

SECTION "A" - PARTICULARS OF DECEASED INSURED PERSON

1. NAME OF DECEASED:

 SURNAME

 OTHER NAME(S)

2. *LAST ADDRESS:

 (STREET)

(CITY/DISTRICT/COUNTY)

3. NATIONAL INSURANCE NO:

4. DATE OF BIRTH:

 YYYY MM DD

5. DATE OF DEATH:

 YYYY MM DD

6. GENDER: MALE FEMALE

7. LAST DATE WORKED:

 YYYY MM DD

8. DATE OF ACCIDENT:

 YYYY MM DD

9. TIME OF ACCIDENT: _____ am/pm

10. NAME OF LAST EMPLOYER: (State exact location e.g. School/Division/Department):

11. ADDRESS OF LAST EMPLOYER: (State exact location e.g. School/Division/Department):

 (STREET)

 (CITY/DISTRICT/COUNTY)

12. WAS DECEASED IN RECEIPT OF ANY BENEFIT AT THE DATE OF DEATH? YES NO NOT KNOWN
If "YES", please state the type of benefit and the Service Centre at which claimed:
BENEFIT TYPE: _____ SERVICE CENTRE: _____

SECTION "B" - PARTICULARS OF APPLICANT

1. NAME:

 SURNAME

 OTHER NAME(S)

2. HOME ADDRESS:

 (STREET)

(CITY/DISTRICT/COUNTY)

3. *POSTAL ADDRESS (if different from above:):

 (STREET)

(CITY/DISTRICT/COUNTY)

4. NATIONAL INSURANCE NO.

5. TELEPHONE NUMBERS:

 (HOME)

 (OFFICE/WORK)

 (CELLULAR)

6. DATE OF BIRTH:

 YYYY MM DD

7. MARITAL STATUS: SINGLE MARRIED
 DIVORCED WIDOWED

8. VALID IDENTIFICATION: (Tick one box)
 PASSPORT DRIVER'S PERMIT ELECTORAL I.D. NUMBER:

9. RELATIONSHIP TO DECEASED INSURED PERSON:

*Exact location, e.g. Light Pole No. 8, Southern Main Road, Couva or Near Bertie's Parlour, Industry Lane, Belmont.
01/2008

SECTION "C" - PARTICULARS OF WIDOWS/WIDOWERS (Cont'd)

3. WERE YOU PREGNANT AT THE DATE OF YOUR SPOUSE'S DEATH? YES NO

If "YES", please submit medical certificate.

* 4. WERE YOU MENTALLY OR PHYSICALLY DISABLED AND UNABLE TO WORK AT THE DATE OF YOUR SPOUSE'S DEATH: (WIDOWERS ONLY) YES NO

If "YES", please submit NI 34

* 5. WERE YOU WHOLLY/MAINLY MAINTAINED BY THE DECEASED? YES NO

(Applicable to widowers only)

If "YES", please provide evidence of maintenance.

SECTION "D" - PARTICULARS OF CHILD

NOTE: THE TERM "CHILD" MEANS AN UNMARRIED CHILD, WHO IS UNEMPLOYED AND UNDER THE AGE OF NINETEEN.

1. IS/ARE CHILD/CHILDREN IN RESPECT OF WHO ALLOWANCE IS CLAIMED

- (a) Child/Children of the deceased? YES NO
- (b) Step Child/Children of the deceased? YES NO
- (c) Maintained by you? YES NO
- (d) Living in your home? YES NO

If the answer to (c) or (d) is "NO", give details of the Guardian/Institution responsible for their care.

NAME OF GUARDIAN /INSTITUTION:

ADDRESS OF GUARDIAN /INSTITUTION:

(STREET)

(CITY/DISTRICT/COUNTY)

2. PLEASE INDICATE BELOW, THE PARTICULARS OF THE CHILD/CHILDREN. (USE ADDITIONAL SHEETS, IF NECESSARY).

A letter from the school must be submitted for children over the age of 16 where the date of death of the insured is prior to 2004/03/01.

NAME OF CHILD/ORPHAN		RELATIONSHIP TO DECEASED			DATE OF BIRTH			EMPLOYED	MARRIED	**DISABLED
SURNAME	OTHER NAME(S)	CHILD	STEP CHILD	ADOPTED	YYYY	MM	DD	YES/NO	YES/NO	YES/NO

3. LETTER FROM THE PLACE OF LEARNING ATTACHED WHERE DATE OF DEATH IS PRIOR TO 2004/03/01. YES NO

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

FOR PERSONS CLAIMING DEPENDENT PARENT BENEFIT ONLY.

1. Were you wholly or mainly maintained by the deceased? YES NO

2. Is the other parent alive? YES NO

If "NO", please provide death certificate.

* Applicable where date of death is prior to 01/03/2004.
01/2008

SECTION "F" - PROCESSING OF APPLICATION - (FOR OFFICIAL USE)

APPLICATION RECEIVED BY:

NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OTHER NAME(S)



DATE:

--	--	--	--	--	--	--	--	--	--

YYYY

MM

DD

SIGNATURE OF SERVICE CENTRE STAFF

PART I - CUSTOMER SERVICE REPRESENTATIVE

- 1. Name, N.I. No. and Date of Birth of Deceased Insured person confirmed and updated on I.A. System? YES NO
- 2. Is Insured Person's Registration Record complete? (If "NO", complete Forms NI 4, NI 165 and NI 182 as applicable). YES NO
- 3. Check for Duplicate Registration completed? (SIRF included). (Please record your finding on minute sheet) YES NO
- 4. Registration Records updated? (If "NO", state reason). YES NO

5. Name of Person nominated as Beneficiary:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OTHER NAME(S)

- 6. I.A. System updated with Date of Death? YES NO
- 7. Claims history viewed? (Please record findings on minute sheet) YES NO
- 8. Application complete and acceptable for processing? YES NO
- 9. Application recorded? (Print and attach Claim Profile) YES NO

SIGNATURE OF CUSTOMER SERVICE REPRESENTATIVE

DATE

--	--	--	--	--	--	--	--	--	--

YYYY

MM

DD

NOTES

Documentary evidence required to support claim.

Boxes are to be ticked by Service Centre staff upon receipt of documentary evidence.

FOR
OFFICIAL
USE:

1. LAWFUL SPOUSE - WIDOW/WIDOWER

- (a) Birth Certificate and supporting Statutory Declaration (if necessary).
- (b) Death Certificate of spouse if not previously submitted.
- (c) Marriage Certificate.
- (d) 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).
- (e) Decree Absolute if divorced.
- * (f) NI 34 to be submitted where widower is disabled and unable to work. (Applicable to widower only).
- * (g) Affidavit to show dependence on deceased insured. (Applicable to widower only).

2. COMMON-LAW UNION - WIDOW/WIDOWER

- (a) Birth Certificate of claimant and supporting Statutory Declaration (if necessary).
- (b) Evidence of period of co-habitation up to the date of death of deceased insured and marital status of claimant.
- (c) Evidence of Nomination.
- * (d) Medical Certificate if disabled. (Applicable to Widower only).
- (e) Decree Absolute of Divorce where applicable.
- (f) Death Certificate of lawful spouse, if applicable.
- (g) 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. (Widows only)

3. CHILD

- (a) Birth Certificate and supporting Statutory Declaration (if necessary).
- * (b) Evidence of education if child is between 16 -19 years, i.e. letter signed by School Principal or Head of Organization indicating the education and employment status of child.
- (c) NI 34A to be submitted if child is disabled to show date the disability commenced.
- (d) Statutory Declaration re step-child giving parents' name, residence and dependence on deceased insured person.
- (e) Evidence of Adoption.

4. DEPENDENT PARENT

- (a) Birth Certificate of Deceased Insured Person.
- (b) Evidence of support e.g. Deed of Covenant, Affidavit or other acceptable evidence.
- (c) Death Certificate of other parent. (where applicable)
- (d) Death Certificate of deceased insured person.
- (e) Birth Certificate of claimant.

* Applicable where date of death is prior to 01/03/2004.