THE NATIONAL INSURANCE BOARD **SURVIVOR'S BENEFIT APPLICATION**

(PLEASE USE BLOCK CAPITALS)

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

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SECTION "A" - PARTICULAR	S OF DECEASED INSURED P	ERSC	N							
1. NAME OF DECEASED:	SURNAME			ОТН	ER NAM	E(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			NDER:		ALE	FEN	/IALE		
7. EMPLOYMENT RECORD FROM 1972, A NAME OF EMPLOYER	PRIL 10. (Please use additional sheets of pa		GISTRA NO.	TION	FR	PERIOD OF EMPLOYMENT FROM TO YYYY MM DD YYYY MM				
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8. NAME OF LAST EMPLOYER: (State exact location e.g. School/Division/Department):										
9. ADDRESS OF LAST EMPLOYER: (State exact location e.g. School/Division/Department):	(STREET)									
10. LAST DATE WORKED:	(CITY/DISTRICT/CO	OUNTY)			_				
11. WAS DECEASED IN RECEIPT OF A INV	ALIDITY PENSION? YES	N	0							
12. WAS DECEASED IN RECEIPT OF A RET	IREMENT PENSION? YES	N	ס							

*Please give Mailing Address. EXAMPLE: Light Pole No. 8, Southern Main Road, Couva OR Near Bertie's Parlour, Industry Lane, Belmont. 08/2011

SECTION "A" - PARTICULARS OF DECEASED INSURED PERSON (Cont'd)
12. DID THE DECEASED WORK OR LIVE IN CANADA OR WORKED IN ANY OF THE CARICOM COUNTRIES? YES NO
If "YES", please provide:
(i) SOCIAL SECURITY NO.
(ii) COUNTRY
SECTION "B" - PARTICULARS OF APPLICANT
1. NAME: SURNAME OTHER NAME(S) 2. HOME ADDRESS: (STREET) 3. *POSTAL ADDRESS (if different from above): (STREET) (STREET)
(CITY/DISTRICT/COUNTY)
4. NATIONAL INSURANCE NO.: 5. DATE OF
7. TELEPHONE NUMBERS: (OFFICE/WORK) (CELLULAR)
8. MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED
9. VALID IDENTIFICATION: (Tick appropriate box) PASSPORT DRIVER'S PERMIT ELECTORAL I.D. NO. NUMBER:
10. RELATIONSHIP TO DECEASED INSURED PERSON:
11. PLEASE INDICATE THE BENEFIT(S) FOR WHICH YOU ARE APPLYING:
WIDOW'S BENEFIT WIDOWER'S BENEFIT CHILD ALLOWANCE ORPHAN'S ALLOWANCE DEPENDENT PARENT'S PENSION
12. WAS AN APPLICATION SUBMITTED FOR A FUNERAL GRANT? If "NO", please submit Death Certificate with this application. YES NO
13. HAVE YOU APPLIED FOR OR ARE RECEIVING A SURVIVOR'S BENEFIT? If "YES", please provide the following information. YES NO
NATIONAL INSURANCE NO. OF DECEASED:
NAME OF DECEASED: SURNAME OTHER NAME(S)
ADDRESS OF DECEASED (STREET) WHILE ALIVE: (CITY/DISTRICT/COUNTY)
RELATIONSHIP TO DECEASED: SERVICE CENTRE AT WHICH BENEFIT WAS CLAIMED:

3/NI 5 I
SECTION "B" - PARTICULARS OF APPLICANT (Cont'd)
13. PLEASE INDICATE THE METHOD OF PAYMENT OF BENEFIT:
MAIL TO: DEPOSIT TO: FINANCIAL INSTITUTION
FINANCIAL INFORMATION
(If method of payment is "FINANCIAL INSTITUTION", complete below).
The NIBTT considers the foregoing information as instructions from you regarding the deposit of your benefit payment to the financial institution of your choice.
The NIBTT is not liable for any payment issued to an inaccurate financial institution or account based on these instructions.
NAME OF FINANCIAL INSTITUTION:
ADDRESS OF
FINANCIAL (STREET)
INSTITUTION:
(CITY/DISTRICT/COUNTY)
ACCOUNT NUMBER:
SECTION "C" - PARTICULARS OF WIDOWS/WIDOWERS
N.B. THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF BENEFIT TO COMMON-LAW SPOUSES OF DECEASED INSURED PERSONS.
1. ARE YOU THE LAWFUL SPOUSE OF THE DECEASED? YES NO
If "YES",please state the date of Marriage:
* 2. IF YOU WERE NOT MARRIED TO THE DECEASED INSURED KINDLY COMPLETE 2(a) to 2(e).
(a) Is there a known surviving spouse of the deceased? YES NO
(b) Have you been nominated as Spouse by the deceased person? YES NO
(c) How long have you lived together in the common-law union?
(d) Were the both of you living together up to the time of his death?
(e) Have you been nominated as Spouse by any other person?
If "YES", please state the name and NI Number of that person.
SURNAME OTHER NAME(S) NATIONAL INSURANCE NO:
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 AT THE DATE OF YOUR SPOUSE'S DEATH WHERE THE DATE OF DEATH WAS PRIOR TO 2004/03/01?
If "YES", please submit NI 34.
**5. APPLICABLE TO WIDOWERS ONLY. WERE YOU WHOLLY OR MAINLY MAINTAINED BY THE DECEASED?: YES NO
If "YES", please provide evidence of maintenance.
** Applicable where date of death is prior to 2004/03/01.

^{*}Applicable to Common-law relationships only. 08/2011

SECTION "D" - PARTI	CU	JLΔ	RS	O	F C	HIL	D/	OR	P	HΑ	N												
NOTE: The term "Child												is ı	unem	ıpl	oyed	l and	d u	nde	er th	ne a	age	of ninetee	n.
1. Is/Are Child/Children/Orphan(s) in respect of whom Allowance is claimed:																							
(a) Child/Children/Orphan(s) of the deceased? YES NO																							
(b) Step Child/Children of the deceased? YES NO																							
(c) Maintained by you?																							
(d) Living in your home? YES NO																							
If the answer to (c) or (d) is "I	NO"	, giv	e det	ails	of th	e Gu	ard	lian/I	nst	ituti	on r	esp	onsible	e fo	r thei	r care							
NAME OF GUARDIAN/INSTITUTION:							T										Τ						
ADDRESS OF						Ī	Ī	Ī									T	Ť		Ī			
GUARDIAN/INSTITUTION:		_	$\overline{}$			+	_			(ST	REE	T)					+	Ť		_ _			
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2. Please indicate below, the p	artic	ular	s of t	the o	child/	child	ren	. (U	se	addi	tion	al s	heets	if n	ecess	ary.)							
A letter from the school mu	st be	e sul	omitte	ed f	or ch	ildrei	ı ov	ver a	ge	16	whe	ere t	he dat	e o	f deat	th of t	the	Insu	ıred i	s pri	ior t	o 2004/03/01	
NAME OF CHILD/ORPHAN	NAME OF CHILD/ORDHAN RELATIONSHIP TO DECEASED DATE EMPLOYED MARRIED *																						
			С	HILI	D		STE			ADO			1	ı	OF BIRTH								DISABLED
SURNAME OTHER NAMI	E(S)		+			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	HII	LD	4	CHILD		YYYY		ММ	MM DD		(YE	S/N))	+	(YES/NO)	(YES/NO)	
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3. Letter from place of learning a														1.		L		YE	ES	Ĺ		NO	
* Where the child is dis	abi	led,	att	ach	n NI	34,	4 <i>t</i>	to s	ир	poi	t t	his.											
FOR PERSONS CLAIMING	G D	EPI	END	EN	T P	ARE	N٦	ΓВΙ	ΞN	EFI	т (INC	_Y.										
1. Were you wholly or mainly	mai	ntair	ned b	y th	e de	ease	d?											ΥI	ES	[NO	
2. Is the other parent alive?																		ΥI	ES			NO	
If "NO", please submit d	eath	cer	tifica	te.																			

SECTION "D" - PARTICULARS OF CHILD/ORPHAN (Cont'd)

DECLARATION	
I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.	e n e
SIGNATURE OR MARK OF CLAIMANT: DATE:	
PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign)	
NAME: SURNAME OTHER NAME(S) PASSPORT (STREET) VALID IDENTIFICATION: DRIVER'S PERMIT (Tick appropriate box) ELECTORAL I.D.	т
OCCUPATION: NUMBER:	
SIGNATURE OF WITNESS TO MARK DATE: YYYY MIM DD	

SECTION "E" - FOR OFFICIAL USE	
APPLICATION RECEIVED BY: SURNAME OTHER NA	AME(S)
SERVICE CENTRE STAFF SIGNATURE OF SERVICE CENTRE STAMP DATE	::
PART "I" - CUSTOMER SERVICE REPRESENTATIVE	
1. NAME, N.I. NO. AND DATE OF BIRTH CONFIRMED AND UPDATED (IF NECESSARY) ON I.A. SYSTEM 2. REGISTRATION RECORD COMPLETED? (If "NO" complete forms NI 165/NI 182 as applicable) 3. CHECK FOR DUPLICATE REGISTRATION (SIRF file included)? (Record Results on Minute Sheet) 4. CLAIM HISTORY VIEWED?	YES NO NO YES NO NO YES NO
4. CLAIM HISTORY VIEWED? (If yes, record findings here.) (Use minute sheet if this space is inadequate.)	YES NO
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
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? 3. CONTRIBUTIONS TRANSFERRED?	YES NO
4. CLAIM AUTHORIZED/DISALLOWED?	YES NO
MANAGER/SUPERVISOR/CLERICAL OFFICER II DATE:	YYYY MM DD

NOTES

Documentary evidence required to support claim.
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) Medical evidence, if widower, to show the date from which inability to work due to illness commenced. (NI 34 to be submitted)
* (g) Medical evidence, if widow is disabled, to show date the disability commenced. (NI 34 to be submitted)
2. COMMON-LAW UNION - WIDOW/WIDOWER
(a) Birth Certificate of claimant.
(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 where necessary.
* (b) Evidence of education if child is between16 -19 years, i.e. letter signed by School Principal or Head of Organization indicating the education and employment status of child.
(c) Medical evidence, if child is disabled, to show date the disability commenced. (NI 34A to be submitted)
(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. 08/2011