



## SECTION "D" - PARTICULARS OF APPLICANT

1. NAME: \_\_\_\_\_  
SURNAME OTHER NAME(S)

2. NAME AT BIRTH IF DIFFERENT: \_\_\_\_\_  
SURNAME OTHER NAME(S)

3. ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

4. FATHER'S NAME: \_\_\_\_\_  
SURNAME OTHER NAME(S)

5. MOTHER'S MAIDEN NAME: \_\_\_\_\_  
SURNAME OTHER NAME(S)

7. PRESENT MARITAL STATUS:  
 7.1  SINGLE    7.2  MARRIED    7.3  WIDOWED    7.4  DIVORCED    7.5  SEPARATED    7.6  COMMON-LAW

8. RELATIONSHIP TO CONTRIBUTOR: \_\_\_\_\_

9. PLEASE INDICATE (✓) THE BENEFIT(S) FOR WHICH YOU ARE APPLYING:  
 9.1  WIDOW'S BENEFIT    9.2  WIDOWER'S BENEFIT    9.3  CHILD'S ALLOWANCE    9.4  ORPHAN'S ALLOWANCE    9.5  DEPENDENT PARENT'S PENSION    9.6  FUNERAL GRANT

10. Was a claim submitted for a Funeral Grant?  
 If "NO", submit Death Certificate with this form.  YES     NO

11. Are you presently receiving a Survivor's Benefit from Trinidad and Tobago?  
 If "YES", give the Name, National Insurance Number and last Address of the Deceased Person in respect of whom you are receiving this benefit and your previous relationship to him/her.

11.1 NAME OF DECEASED: \_\_\_\_\_  
SURNAME OTHER NAME(S)

11.2 LAST ADDRESS OF DECEASED: \_\_\_\_\_

11.3 NATIONAL INSURANCE NUMBER: \_\_\_\_\_

11.4 RELATIONSHIP TO DECEASED: \_\_\_\_\_

12. IDENTIFICATION: (Tick (✓) Appropriate Box)  
 TYPE: 12.1  PASSPORT    12.2  DRIVER'S PERMIT    12.3  ELECTORAL ID CARD    12.4 ID NUMBER: \_\_\_\_\_

## SECTION "C" - PARTICULARS OF WIDOW/WIDOWER

**N.B: THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF A 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  
 If "NO", have you been living with the deceased for 3 years or more?  YES     NO

\*2. Were you married before this relationship?  
 If "YES", indicate current relationship to former spouse.  
 2.1  DIVORCED    2.2  WIDOWED    2.3  SEPARATED

\*3. Is there a known surviving spouse of the deceased?  YES     NO

4. Were you pregnant at the time of your spouse's death?  YES     NO

5. Are you under 55 and mentally or physically disabled?  
 If "YES", please submit a Medical Certificate.  YES     NO

6. Have you previously applied for a Survivor's Benefit from Trinidad and Tobago?  
 If "YES", please state the Local Office at which the benefit was claimed:  YES     NO



IT IS AN OFFENCE UNDER THE LAWS OF TRINIDAD AND TOBAGO TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS APPLICATION.

**SECTION "G" - AUTHORIZATION**

**AUTHORIZATION TO TRANSMIT PERSONAL INFORMATION**

For the purpose of this application made under the legislation of Trinidad and Tobago, I authorize Human Resources Development Canada to furnish to the National Insurance Board of Trinidad and Tobago any information in its possession which relates or could relate to this application.

**SECTION "H" - DECLARATION AND SIGNATURE OF APPLICANT**

1. **DECLARATION OF APPLICANT**

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 Board of Trinidad and Tobago of any change that might affect my entitlement to this Benefit.

1.1 SIGNATURE OF CLAIMANT:

\_\_\_\_\_

DATE: 

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

  
          YYYY      MM      DD

2. **DECLARATION OF WITNESS**

*(Where Claimant Cannot Sign)*

I have read this application to the applicant, who appears to understand the contents and has affixed his/her mark.

2.1 NAME OF WITNESS:

\_\_\_\_\_

SURNAME                    OTHER NAME(S)

2.2 ADDRESS OF WITNESS:

\_\_\_\_\_  
\_\_\_\_\_

2.3 SIGNATURE OF WITNESS:

\_\_\_\_\_

DATE: 

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

  
          YYYY      MM      DD

**FOR OFFICIAL USE****Documentary Evidence Required to Support Claim.**

Boxes are to be Ticked (✓) by the liaison agency in Canada upon receipt of documentary evidence.

**1. DECEASED CONTRIBUTOR**

- (a) Death Certificate.

**2. LAWFUL SPOUSE - WIDOW**

- (a) Marriage Certificate.  
 (b) Birth Certificate of Widow.  
 (c) Medical Certificate if disabled and under age 55.  
 (d) Decree absolute if divorced.  
 (e) Medical Certificate if under age 55 and pregnant at time of husband's death and child's Birth Certificate after delivery or Medical Report if child is still-born.

**3. LAWFUL SPOUSE - WIDOWER**

- (a) Marriage Certificate.  
 (b) Medical evidence to show the date from which inability to work due to illness commenced.  
 (c) Affidavits to show dependence on deceased.  
 (d) Decree Absolute if divorced.

**4. COMMON-LAW UNION - WIDOW/WIDOWER**

- (a) Birth Certificate of claimant.  
 (b) Evidence of co-habitation up to time of death of deceased and marital status of claimant (3 years before death). (c) Medical Certificate if disabled.  
 (d) Decree Absolute of Divorce where applicable.  
 (e) Death Certificate of lawful spouse, if applicable.  
 (f) Medical Certificate if under age 55 and pregnant at time of husband's death and child's Birth Certificate after delivery or Medical Report if child is still-born.

**5. CHILD**

- (a) Birth Certificate and supporting Affidavit with evidence of paternity if child is claiming on the death of his/her father and the father's name does not appear on the Birth Certificate.  
 (b) Evidence of education if child is between 16 - 19 yrs, i.e. letter signed by School Principal or Head of Organisation indicating the education status of child.  
 (c) Medical evidence if child is disabled.  
 Where the disabled child is between 16 - 19 yrs, and is in full-time education 5(b) applies.  
 (d) Where a disabled child between the ages of 16 and 19 years is not in full-time education and where the disability has occurred before age 19, 5(b) is waived.

**6. ORPHAN**

- (a) Birth Certificate and supporting Affidavit with evidence of paternity if the father's name does not appear on the Birth Certificate.  
 (b) Death Certificate of both parents.  
 (c) Evidence of education if child is between 16 - 19 yrs, i.e. letter signed by School Principal or Head of Organisation indicating the education status of child.  
 (d) Medical evidence if child is disabled.  
 Where the disabled child is between 16 - 19 yrs, and is in full-time education 6(c) applies.  
 (e) Where a disabled child between the ages of 16 and 19 years is not in full-time education and where the disability has occurred before age 19, 6(c) is waived.

**7. DEPENDENT PARENT**

- (a) Birth Certificate of Deceased Insured Person.  
 (b) Evidence of support e.g. Deed of Covenant, Affidavit or other acceptable evidence.

**8. FUNERAL GRANT**

- (a) Birth Certificate of Deceased Insured Person.  
 (b) Evidence of support e.g. Deed of Covenant, Affidavit or other acceptable evidence.  
 (c) Bills/Receipts for Funeral Expenses.  
 (d) Affidavit (Where Necessary).