



# THE NATIONAL INSURANCE BOARD OF TRINIDAD AND TOBAGO

<b>Application / Benefit:</b>	Application		
<b>Form Name:</b>	Death Benefit Application		
<b>Form Number:</b>	NI 117		
<b>For Official Use (top right hand corner)</b>			
<b>To be completed by the Customer Service Representative</b>			
<b>Section A</b>			
<b>Description</b>	<b>Particulars of deceased insured person - To be completed by Applicant</b>		
<b>Question #</b>	<b>No.</b>	<b>Questions on form</b>	<b>What should be inserted</b>
	1	Name of deceased	Surname followed by First name and middle name (if applicable)
	2	Last address	Where the deceased last lived
	3	National Insurance No.	The National Insurance number issued by the NIBTT
	4	Date of Birth	Date of birth of deceased (Year/Month/Day)
	5	Date of Death	Date of death of the deceased (year/Month/Day)
	6	Gender	Tick the relevant box Yes or No male or female
	7	Last date worked	the last date the deceased worked (Year/Month/Date)
	8	Date of accident	Insert the date the accident occurred
	9	Time of accident	Insert the time the accident occurred
	10	Name of Last employer	The last employer of the deceased person
	11	Address of Last employer	The address of last the employer
	12	Was deceased in receipt of any benefit at the date of death?	Tick the relevant box Yes or No
<b>Section B</b>			
<b>Description</b>	<b>Particulars of Applicant</b>		
<b>Question #</b>	<b>No.</b>	<b>Questions on form</b>	<b>What should be inserted</b>
	1	Name	Surname followed by First name and middle name (if applicable)
	2	Home address	Where you live currently
	3	Postal Address	Where your mail is delivered go to, if different from home address
	4	National Insurance No.	The national insurance number provide by the NIBTT
	5	Telephone Numbers	Telephone contact - home, work or cellular
	6	Date of Birth	Date of birth of deceased (Year/Month/Day)
	7	Marital Status	Tick the relevant box - Single /Married/Divorced/ Widowed

8	Valid Identification	Tick which form of identification used and its number . Identification should be a valid form of one of the following: Passport, Driver's Permit or Electoral Identification Card.
9	Relationship to the deceased insured person	What is your relationship to the deceased person
10	Please indicate the benefit(s) for which you are applying:	Tick the relevant box - Widow's benefit/Windower's Benefit/Child Allowance/Dependent Parent
11	Was an application submitted for Funeral Grant?	Tick Yes or No. If "No" please submit death certificate with this application
12	Have you applied for/are you receiving a survivor's or death benefit?	Tick Yes or No. If "Yes" please provide the following information in the box provide, with the name of the deceased, address of deceased , relationship to deceased person and service centre at which benefit was claimed
13	Please indicate the method of payment of benefit	Tick either mail to Postal address or financial Institution. If method of payment is "financial institution" Complete the below boxes under question #13 with the Name of the financial institution (name of Bank) , the address of the bank and the account number.

### Section C

Description	Particulars of Widows/Widowers		
Question #	No.	Questions on form	What should be inserted
	1	Are you the lawful spouse of the deceased?	Tick the relevant box Yes or No . If "Yes" please state the date of marriage
	2	If you were married to the deceased insured, kindly complete 2(a) to 2(e)	Complete the following questions 2(a) to 2(e) . Applicable to common law relationship
	2a	Is there a known surviving spouse of the deceased?	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. Use additional sheets if necessary.
	2b	Have you been nominated as spouse by the deceased person?	Tick the relevant box Yes or No
	2c	How long have been lived together in the common-law union?	State the number of years/ months living with your common law spouse
	2d	Were the both of you living together up to the time of his death?	Tick the relevant box Yes or No
	2e	Have you been nominated as spouse by any other person?	Tick the relevant box Yes or No . If 'yes' please state the name and the National Insurance number of that person in the boxes provided
	3	Were you pregnant at the date of your spouse's death?	Tick the relevant box Yes or 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)	Tick the relevant box Yes or No . If "Yes" please submit NI 34. (For death prior to 2004)
5	Were you wholly/ mainly maintained by the deceased?	Tick the relevant box Yes or No . Applicable to widowers only. If "Yes" please provide evidence of maintenance (For death prior to 2004)

### Section D

Description	Particulars of Child		
	No.	Questions on form	What should be inserted
	1	Is/Are child/Children in respect of who allowance is claimed	Please answer the following question 1(a) to 1(d) Tick "Yes" or "No"
	1a	Child/Children of the deceased	Tick the relevant box Yes or No
	1b	Step child/Children of the deceased	Tick the relevant box Yes or No
	1c	Maintained by You?	Tick the relevant box Yes or No
	1d	Living in your home?	Tick the relevant box Yes or No
		If the answer to (c) or (d) is 'No', give details of the guardian/institution responsible for their care.	Insert the name and address of guardian/institution in the boxes provided
	2	Please indicate below the particulars of the child/children	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. Complete the table provided with the name of child/orphan , the relationship to deceased, date of birth , employed, married ,disabled
	3	Letter from the place of learning attached where date of death is prior to 2004/03/01	Tick the relevant box Yes or No

Description	For persons claiming dependent parent benefit only		
	No.	Questions on form	What should be inserted
	1	Were you wholly/ mainly maintained by the deceased?	Tick the relevant box Yes or No
	2	Is the other parent alive?	Tick the relevant box Yes or No . If "No" please provide death certificate

### Declaration

	Information needed	What should be inserted
	Signature or mark of applicant	Sign name or affix thumb print
	Date	Date when the form was completed by applicant

Description	Particulars of witness to Mark (where applicant cannot sign)	
	Information needed	What should be inserted
	Name	The witness surname and other name
	Address	The address of the witness
	Valid Identification	Tick the box which ID used - Identification should be a valid form of one of the following: Passport, Driver's Permit or Electoral Identification Card.

Number	Place number from the ID
Occupation	What position does witness hold
Signature of Witness to mark	The signature of the witness
Date	Date the form was completed by the witness

### Section E

Description E	Particulars of Employer		
	No.	Questions on form	What should be inserted
		In completing question '7' calculate weekly earnings as follows:	(a) Weekly Earnings = Monthly Earning /13 x3 (e.g \$800/13 x3 \$184.62 or (b) Weekly Earnings = Fortnightly Earnings/2 (e.g \$200/2 + \$ 100.00)
	1	Employer's name	The last employer of the deceased person
	2	Type of business	What type of business is it
	3	Employer's registration	The employer registration number
	4	Telephone No	Telephone contact - work or cellular
	5	This is to certify that Mr/Mrs/Miss	Insert Surname followed by First name and middle name (if applicable) ,insert date injured in a work related accident, insert the date the employee died as a result of the accident. Information concerning the deceased person
	6	Was deceased an apprentice?	Tick the relevant box Yes or No
	7a	State below the wages paid or payable in - Week prior to the week of the accident	Insert the monetary amount
	7b	State below the wages paid or payable in - Weekin which the accident occurred	Insert the monetary amount
	8a	Did accident occur during working hours?	Tick the relevant box Yes or No
	8b	Was employe engaged in his/her duties at the time of the accident?	Tick Yes or No. If "No" to either (a) or (b), give details. You may use additional page to complete this part
	9	Give details of the cause of the accident	Give details of the cause of the accident. You may use additional page to complete this part
	10	If accident took place while travelling, please complete the following	Please complete the following 10(a) to 10(d)
	10a	Place of embarkation	The place where the deceased boarded the transport
	10b	Destination	Where was the employee going or being sent
	10c	Purpose on the vehicle?	Why was transportation needed
	10d	Was vehicle owned/rented by employer?	Tick yes or no. If "No" was vehicle used by an arrangement with employer?(Describe). You may use additional page to complete this part
	11	Name and addresses of any witnesses to the accident	The name and the addresses of the witnesses, who saw what happened. You may use additional page to complete this part
	12	Has the accident been entered in the employer's accient book?	Tick the relevant box Yes or No
Description	Employer's Declaration		
	Information needed	What should be inserted	
	Name	Surname and other name of the person who completed the form on behalf of the employer	
	Position	The position/ job title of the employer/employer's representative	

Signature of Employer	The signature of the employer/ employer's representative
Company Stamp	Stamp of the employer
Date	Date the form was completed by the employer

**Section D**

<b>Section C - Description</b>	<b>For Official Use</b>
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**The Customer Service Representative completes the section of the form**

**What you should know about this claim**

1.This application for the death benefit must be submitted within twelve (12)months of the date of death of the deceased person

2.The term child means an unmarried child who is unemployed and under the age of nineteen

3.Where the child is disabled attach NI 34A to support this claim

4.The National Insurance act provides for the payment of benefit to the common law spouses of deceased insured persons

5. Who can sign as witness -

(a) (For a resident of Trinidad and Tobago)  
any Magistrate, Justice of the Peace, Clergyman, Warden, Councillor/Assemblyman, Bank Manager, Medical Practitioner, Attorney-at-Law, Principal/Vice Principal of any Government/approved School, Head of any Government Institution or any Police/Military officer of the rank of Sargeant and above or Local Office Staff or Supervisory Officer of the National Insurance Board. A member of the Trinidad and Tobago Mission in the Country in which the Beneficiary is a resident OR an Attorney-at-Law, OR a Notary Public, OR a Justice of the Peace OR a Medical practitioner.

(b) (For a non-resident of Trinidad and Tobago)  
A member of the Trinidad and Tobago Mission in the Country in which the Beneficiary is a resident OR an Attorney-at-Law, OR a Notary Public, OR a Justice of the Peace OR a Medical practitioner.

**Supporting Documents**


List of Errors	No.	Questions on form	Possible Errors
	1		
	2		
	3		