



**THE NATIONAL INSURANCE BOARD OF  
TRINIDAD AND TOBAGO**

<b>Application / Benefit:</b>	<b>Application</b>		
<b>Form Name:</b>	<b>Survivor's Benefit</b>		
<b>Form Number:</b>	<b>NI 51</b>		
<b>Section A - Particulars of Deceased Insured Person</b>	<b>To be completed using information relating to the deceased person.</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 lived at the time of death
	3	National Insurance No.	National Insurance number of the deceased (this is a 9-digit number)
	4	Date of Birth	Date of birth of deceased (Year/Month/Day)
	5	Date of Death	Date the insured person died
	6	Gender	Was the deceased Male or Female? Tick the box provided
	7	Employment Record from 1972, April 10	List all the employers the deceased worked the start of the National Insurance system on 10 April, 1972. If the deceased did not start to work on 10 April 1972 use the first row to state that. If the deceased's date of birth is after 1957 no need to respond to 10 April 1972. As far as possible provide the dates the deceased started and ended with each employer. The month and year will be sufficient if the actual dates are unknown. Note the periods of unemployment also.
	8	Name of Last employer	The last place the deceased worked
	9	Address of Last employer	The address of the last employer
	10	Last date worked	Last date the deceased person reported for duty at place of employment or last date paid (if the deceased was on leave)
	11	Was deceased in receipt of an Invalidity Pension?	Was the deceased receiving an Invalidity Benefit from the NIBTT? Tick the box provided
	12	Was deceased in receipt of a Retirement Pension?	Was the deceased receiving a Retirement pension from the NIBTT? Tick the box provided
	13	Did the deceased work or live in Canada or worked in any of the CARICOM countries	The CARICOM countries are St Lucia, Barbados, Guyana, St Vincent, etc. If the deceased worked in any of these countries, tick the relevant box. If the deceased lived or worked in Canada, tick the relevant box. If the deceased lived and worked both in Canada and CARICOM use another sheet of paper to provide the Social Security numbers and the name of the country in which the deceased worked and or lived.
<b>Section B</b>			
<b>Section B - Particulars of Applicant</b>	<b>To be completed by the applicant to the benefit(s)</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) of the applicant
	2	Home address	Where you live currently
	3	Postal Address	The address where your mail is delivered if different from the home address
	4	National Insurance No.	Your national insurance number (if you have one)
	5	Date of Birth	Date of birth of applicant (Year/Month/Day)
	6	Gender	Is the applicant male or female? Tick the box provided
	7	Telephone Numbers	Telephone contact - home/work/cellular
	8	Marital Status	Tick the relevant box
	9	Valid Identification	Tick which form of identification is used and indicate number. Identification should be a valid form of one of the following: Passport, Driver's Permit or Electoral Identification Card
	10	Relationship to deceased insured	What is your relationship to the deceased? Mother, wife, brother etc
	11	Please indicate the benefit(s) for which you are applying	Tick all that apply
	12	Was an application submitted for a funeral grant?	Tick yes or no

13	Have you applied for or are receiving a Survivor's Benefit?	Tick yes or no. Where you are already receiving a benefit, insert the National Insurance number, name and address of that deceased person. State your relationship to that deceased and the Service Centre you submitted that claim at.
14	Please indicate the method of payment of Benefit	Tick the box to state if you would be collecting via a Financial Institution or Postal Address . Insert the name and address of the institution, along with your account number.

### Section C

<b>Section C - Particulars of Widows/ Widowers</b>	<b>To be completed by the applicant where the claim is in respect of a deceased spouse</b>
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Question #	No.	Questions on form	What should be inserted
	1	Are you the lawful spouse of the deceased?	Tick yes or no. If yes, indicate the date of Marriage
	2	If you were not married to the deceased insured kindly complete 2(a) to 2€	See below
	2a	Is there a known surviving spouse of the deceased?	Tick yes or no
	2b	Have you been nominated as spouse by the deceased person?	Tick yes or no depending on whether the deceased nominated you as their spouse at the NIBTT
	2c	How long have you lived together in the common-law union?	State the number of years you lived in a common-law union with the deceased
	2d	Were the both of you living together up to the time of his death?	Tick yes or no
	2e	Have you been nominated as spouse by any other person?	Tick yes or no depending on whether any other person nominated you as their spouse at the NIBTT
	3	Were you pregnant at the date of your spouse's death?	Tick yes or no
	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?	Tick yes or no. If the deceased died prior to 2004/03/01 and the answer is yes, complete the Ni 34 form.
	5	Applicable to widowers only. Were you wholly or mainly maintained by the deceased?	Tick yes or no. If the deceased died prior to 2004/03/01 and the answer is yes, documentation to support this must be submitted.

### Section D

<b>Section D - Particulars of Child/ Orphan</b>	<b>To be completed by the applicant where the claim is in respect of a child/orphan of the deceased</b>
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Question #	No.	Questions on form	What should be inserted
	1	Is/ Are Child/ Children/ Orphan(s)in respect of whom Allowance is claimed:	See below
	1a	Child/Children/Orphan(s) of the deceased	Tick yes or no
	1b	Step Child/Children of the deceased	Tick yes or no
	1c	Maintained by you	Tick yes or no
	1d	Living in your home	Tick yes or no. Where the answer is no, state the name and address of the guardian or institution responsible for the care of the child/children/orphan
	2	Particulars of children	Insert the surname then first name of each child. State "yes" or "no" in fields labelled Child, Step Child, Adopted Child. Insert date of birth of child (year/month/day). State "yes" or "no" in fields labelled Employed, Married, Disabled. Where the child is disabled, complete NI34 A form.
	3	Letter from place of learning where date of death is prior to 2004/03/01	Tick yes or no if letter is attached

<b>For Persons Claiming Dependent Parent Benefit Only</b>	<b>To be completed by the applicant where the claim is in respect of a dependent parent of the deceased.</b>
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Question #	No.	Questions on form	What should be inserted
	1	Were you wholly or mainly maintained by the deceased?	Tick yes or no
	2	What is the Date of Birth of the other parent?	Insert date (year/month/day)
	3	Is the other parent alive?	Tick yes or no. If no, the death certificate is required.

<b>Section D - Declaration</b>	<b>Applicant's Declaration</b>
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Information needed	What should be inserted

	Signature or Mark	Sign name or affix thumb print
	Date	Date when the form was completed by applicant
<b>Particulars of witness to Mark (where applicant cannot sign)</b>		
	<b>Information needed</b>	<b>What should be inserted</b>
	Name	The witness surname and other name
	Address	The address of the witness
	Valid Identification	Tick the box for 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
<b>Section E</b>		
<b>Section E - For Official Use</b>	<b>To be completed by the Customer Service Representative.</b>	
	<b>The Customer Service Representative completes this section of the form</b>	
<b>What you should know about this claim</b>		
1. Time frame for the submission of claim - 1 year from the date of death		
2. Where the claim is submitted by a third party , valid ID and letter of authorization to conduct business		
3. 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.		
<b>Supporting Documents</b>		

**SURVIVOR (LEGAL SPOUSE)**

ELECTRONIC BIRTH CERTIFICATE OF APPLICANT  
AFFIDAVIT (Where necessary)  
DEED POLL (If applicable)  
MARRIAGE CERTIFICATE (Female applicant)  
DECREE ABSOLUTE OF DIVORCE (Where applicable)  
ALTERNATIVE EVIDENCE OF CONTRIBUTIONS ( IF NECESSARY)

**SURVIVOR (COMMON LAW)**

ELECTRONIC BIRTH CERTIFICATE OF APPLICANT  
AFFIDAVIT (Where necessary)  
DEED POLL (If applicable)  
SELF SWORN DECLARATION FROM APPLICANT  
DECLARATIONS FROM THREE PROMINENT PERSONS TO ESTABLISH KNOWLEDGE OF THE PARTIES COHABITING  
*If previously married then -*  
DECREE ABSOLUTE OF DIVORCE (Where applicable)  
Or DEATH CERTIFICATE OF PREVIOUS SPOUSE(S)  
*If deceased was previously married then -*  
DECREE ABSOLUTE OF DIVORCE (Where applicable)  
Or DEATH CERTIFICATE OF PREVIOUS SPOUSE(S)

**CHILD ALLOWANCE**

CHILD'S BIRTH CERTIFICATE  
AFFIDAVIT WHERE NECESSARY  
PROOF OF PATERNITY WHERE NECESSARY  
MEDICAL CERTIFICATE IF DISABLED (NI34)

**ORPHAN'S ALLOWANCE**

Death Certificate of both parents (if both were insured persons)  
BIRTH CERTIFICATE OF ORPHAN  
AFFIDAVIT WHERE NECESSARY  
PROOF OF PATERNITY WHERE NECESSARY  
MEDICAL CERTIFICATE IF DISABLED (NI34)

**DEPENDANT PARENT**

COMPLETED CLAIM FORM - NI 51

Birth certificate of the deceased (Affidavit if father's name is not on deceased's birth certificate)

AFFIDAVIT OUTLINING EXPENSES AND CONTRIBUTION OF THE DECEASED

PROOF OF DECEASED'S CONTRIBUTION TO PARENTS' UPKEEP (BILLS AND RECEIPTS)

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