



GUIDELINES AND CHECKLIST

Application / Benefit:	Application		
Form Name:	Survivor's Benefit		
Form Number:	NI 51		
Section A - Particulars of Deceased Insured Person	To be completed using information relating to the deceased person.		
Question #	N o.	Questions on form	What should be inserted
	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.
Section B			
Section B - Particulars of Applicant	To be completed by the applicant to the benefit(s)		
Question #	N o.	Questions on form	What should be inserted
	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 forms 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

Section C - Particulars of Widows/ Widowers

To be completed by the applicant where the claim is in respect of a deceased spouse

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	Tick yes or no. If the deceased died prior to 2004/03/01 and the answer is yes, complete the Ni 34 form.

	death was prior to 2004/03/01?	
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

Section D - Particulars of Child/ Orphan	To be completed by the applicant where the claim is in respect of a child/orphan of the deceased
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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	Stepchild/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, Stepchild, 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

For Persons Claiming Dependent Parent Benefit Only	To be completed by the applicant where the claim is in respect of a dependent parent of the deceased.
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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.

Section D - Declaration	Applicant's Declaration
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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

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 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

Section E

Section E - For Official Use	To be completed by the Customer Service Representative.
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The Customer Service Representative completes this section of the form

What you should know about this claim

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, Councilor/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

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 I
- 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		

CHECKLIST

- Claim Form – **N.I. 51**. This form is completed upon the death of an insured.
- **ALL** fields must be completed. **ALL** changes **MUST** be initialed.
- The form **MUST** be signed and dated by the applicant.
- If the applicant is unable to sign, the thumbprint will be certified at the NIBTT.
- If the claim is being submitted by a third party, at the “Particulars of Witness to Mark” the thumbprint should be certified by an approved authority.
- Identification Card of the Insured.
- Identification Card of the Applicant.
- Deceased insured’s - Original & Copy of the Birth Certificate / Affidavit / Deed Poll / Divorce Decree Absolute / Death Certificate of the Deceased Insured.
- Applicant’s - Original & Copy of the Birth Certificate / Affidavit / Deed Poll / Divorce Decree Absolute / Death Certificate of previous Spouse(s)
- Child / Orphan’s – Original & Copy of Birth Certificate / Affidavit / Paternity Order / Custody Order/ Maintenance Order / Court Order. Any other documentation to prove paternity. If the child is disabled, the N.I. 34A **MUST** be completed by a Registered Medical Practitioner.
- If the method of payment is **Financial**, the bank statement reflecting the name of the bank, the account number and the branch should be submitted. If the method of payment is **Postal** a utility bill, no older than three (3) months should be submitted.
- If the claim is being submitted by a third party, the Identification Card of the third party **MUST** be presented.
- The claim **MUST** be submitted within twelve (12) months from the date of death, if not a letter **MUST** be written with an explanation for the late submission.
- **Additional documents:**
- **Widows / Widowers**
- Marriage Certificate
- (1) In the case of Common-law Unions:**
- A. If the insured was nominated at the NIBTT:**
 - a. N.I. 42.
 - b. Affidavit from the applicant.
 - c. Affidavit from a prominent person e.g. Pastor, Police Sargent and above, Justice of the Peace, Registered Medical Practitioner etc.
 - d. Evidence of Co-habitation (documents should be dated current and from three (3) years prior to the date of death) e.g. Utility Bill, Deed, Joint Bank Statements, Will, Insurance where the applicant is named as beneficiary etc.
- B. If the insured was NOT nominated at the NIBTT:**
 - a. Affidavit from the applicant.
 - b. One (1) from a close relative (mother, father, brother, sister) of the deceased insured.
 - c. Two (2) affidavits from prominent persons e.g. Pastor, Police Sargeant and above, Justice of the Peace, Registered Medical Practitioner etc. In instances where an affidavit cannot be provided from a close relative then three (3) affidavits from prominent persons are applicable.

(2) **In the case of Dependent Parent:**

- a. Evidence of support e.g. affidavit, deed of covenant, bank statements, receipts etc.
- b. Death Certificate of other parent, where applicable.