



NATIONAL INSURANCE SERVICES

CLAIM FOR AGE BENEFIT/AGE GRANT/EARLY AGE PENSION

Warning: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit commits an offence punishable by fine or imprisonment or both.

My full name is
(Surname) (Other Names)

My National Insurance number is |_|_|_|_|_|_|_|_|_|_|

Postal Address:
.....

Tel. #: |_|_|_|_|_|_|_|_|_|_|

Email:

Gender: Male: [] Female: [] Date of birth: |_|_|_|_|_|

Marital Status: Married [] Single: [] Widow/widower: []
Divorced [] Common Law []

In support of my application, I attach an original/certified copy of my birth certificate/passport and marriage certificate as proof of age and marriage.

Kindly send my pension to my bank account or credit union.

* My bank account/credit union number is

My next of kin is Mr./Mrs./Miss

Kindly ask your next of kin to contact the NIS Office in the event of your death.

Are you currently in receipt of a benefit from NIS? Yes [] No []

If Yes, Please State which benefit

Employment Information

My last/present employer's name and address were/are:

Address |_|_|_|_|_|_|_|_|_|_|
Tel. No.

Are you claiming an early retirement pension () Yes () No

If yes, kindly indicate your preferred start date for the pension. Date Month Year

NB: Early age pension is subject to a 0.5% reduction for every month that the pension start date proceeds your normal pensionable age.

Have you worked in any other CARICOM countries? () Yes () No

If 'yes' kindly list below.

NAMES OF COUNTRIES AND COMPANIES

Period of employment

FROM: dd/mm/yy **TO:** dd/m m /y y

- 1).....
- 2).....
- 3).....
- 4).....
- 5).....

I declare that the foregoing statements/information are true to the best of my knowledge and belief.

Signature of Claimant

If unable to sign, mark 'x' and have it witnessed by either a Lawyer, Justice of the Peace, Medical Doctor, Notary Public, Permanent Civil Servant or Police Officer (above the rank of Inspector).

Signature of witness:

Name of witness:

Profession or occupation:

Address:

Date:

Please complete fully and send immediately to the National Insurance Office. Failure to apply within 3 months of the date of your pensionable age may mean loss of some benefit.