



**NATIONAL INSURANCE SERVICES
P.O. BOX 305, ADMINISTRATIVE CENTRE**

Tel. #: (784) 456 1514
Fax #: (784) 45 62604

**NATIONAL INSURANCE ACT #33 OF 1986
CLAIM FOR SURVIVORS BENEFIT**

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

To be completed by Applicant

PART A - PERSONAL INFORMATION

Name (in block capitals)
Surname **Other Names**

Date of birth: **D M Y** | | | NIS No. | | | | | | | |

Kindly attach copy of birth certificate as proof of age

Postal Address: Tel. #:
..... Sex: Male [] Female []

Marital Status: **Married** [] **Single** [] **Widow/Widower** [] **Divorced** []

Relationship to deceased
(if widow or widower attach copy of marriage certificate)

Common-law Relationship

Were you wholly or partially dependent on the deceased person? Yes [] No []
Were you and the deceased person living together at the time of death? Yes [] No []
If the answer is yes, please state how long you were living together. Years [] Months []

If common-law wife/husband attach a sworn declaration from a Justice of the Peace, Lawyer or Notary Public).

Particulars of Deceased

Full name of deceased
Surname **Other Names**

Address

NIS No. |__|__|__|__|__|__|

.....

Date of birth: ^{D M Y} |__|__|__|

Date of death: ^{D M Y} |__|__|__|

Was death due to accident at work? Yes [] No []

If yes, state date of accident

If not, state cause of death

Was deceased in receipt of benefit from NIS? Yes [] No []

State which benefit

Name of last employer

Address of last employer

.....

PARTICULARS OF CHILDREN OF DECEASED PERSON

Full Name	Address	Sex	Date of Birth	Surviving parents Name	Address of Educational Institution

(Attach birth certificate of each child under 18 years)

One parent deceased [] Orphan [] Invalid []

As far as you are aware are there any children of the deceased under the age of 16 years other than those mentioned above? Yes []

If the answer to the above is yes, please state

Name Address

.....

I hereby declare that the information given on this form is true to the best of my knowledge and belief.

.....
Signature of Claimant

.....
Date

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