



NATIONAL INSURANCE SERVICES

CLAIM FOR AGE BENEFIT/AGE GRANT (CONTRIBUTORY)

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

Gender: Male: [] Female: []

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

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

D M Y
Date of birth: |_|_|_|_|_|

Also attached is an original/certified copy of my marriage certificate as proof of my marriage.

Kindly send/do not 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.

Form OAP/AG (Revised October 1998)

Employment Information

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

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

Would you like to receive 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.

I declare that I have read and understood the implications of claiming an early Age pension

Signature of Claimant

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 are true to the best of my knowledge and belief.

Signature of Claimant

If unable to sign, mark 'x' and have it witnessed by a Lawyer, Justice of the Peace, Medical Doctor, Notary Public, Permanent Civil Servant, Police Office (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 60th birthday may mean loss of some benefit.

- Delete whichever is not applicable
Form OAP/AG (Revised January 2016)