



National Insurance Scheme
National Insurance Act Chapter 205 of 1990
Claim For Death Benefit

Full Name of Deceased..... NIS number
[]

Deceased last address:.....
Deceased date of birth..... Date of death.....
Deceased place of Birth.....
Deceased mother's name.....
Deceased Father's name.....

To: Director, National Insurance Scheme

I declare that I am the widow/widower/dependent of the above named deceased insured person and I hereby claim death benefit for myself and the child/children of the deceased. A MEDICAL CERTIFICATE MUST BE PROVIDED BY A DOCTOR FOR AN INVALID CHILD.

The particulars relating to myself and to the unmarried child/children are given hereunder:

PARTICULARS OF WIDOW/WIDOWER

- (1) Full Name:.....
- (2) Address:.....
- (3) Date of Birth:..... Date of Marriage to Deceased:.....

To be completed where claimant was not married to deceased.

(A)	Were you and the deceased living together at the time of death As man and wife	YES [] NO []
(B)	Are you married to someone?	YES [] NO []
(C)	At the time of the deceased death was there a surviving Wife /husband of the deceased?	YES [] NO []
(D)	If the answer to (a) is YES, please state for how long you were together. Yrs Mths.

PARTICULARS OF CHILDREN ARE GIVEN ON BACK OF THIS FORM (see over)

To be completed by an adult dependent

Name of person making claim:.....
Address:.....
Date of Birth..... Relationship to deceased.....
At the time of deceased death, were you residing at his/her home? YES [] NO []
Were you wholly/mainly maintained by the deceased YES [] NO []
If so, state weekly amounts paid towards your maintenance \$.....

I hereby declare that the information given on this form is true to the best of my knowledge and belief. I attach my birth and marriage certificate together with the birth certificates of the children.

Signature of Claimant:..... Date:.....

IMPORTANT
Please complete fully and send immediately
To the National Insurance Office. Delay may
mean loss of benefit.

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

Particulars of Children including step/adopted and other dependent children (Legal adoption certificate to prove)

Full Name (1)	Address (2)	Date of Birth (3)	State whether step-child or adopted child (4)	Father's Name (5)	Mother's Name (6)	Was child residing with deceased at date of death? YES or NO (7)	Did the deceased provide maintenance to the child up to the time of death? YES or NO (8)	State weekly amounts paid towards child's maintenance (9)

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 [] NO []

If answer to the above is 'YES' please state names and addresses of the children, if known by you:

Names:

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Addresses:

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