



National Insurance Scheme CLAIM FOR AGE BENEFIT

TO BE COMPLETED BY THE EMPLOYEE / SELF EMPLOYED

Surname

First Name

Maiden Name

N.I.S #

Gender Male Female

Date of Birth

YYYY MM DD

Aliases used during employment

Submit original birth certificate and marriage certificate. (Affidavit or deed poll if applicable)

Marital Status Married Divorced Single Widowed Separated Common Law

Address

Street

Parish

Telephone Number

Home

Mobile

Work

Occupation

Postal address if different from above:.....

Email address:.....

If you are receiving any other benefit presently, please state which one:.....

Have you ever received an Invalidity Benefit from the N.I.S.? [] Yes [] No

Are you a member of the Agricultural Workers Provident Fund? [] Yes [] No

List all employers for whom you have worked since April 1983:

<u>NAME OF EMPLOYERS (MOST RECENT FIRST)</u>	<u>YEAR/PERIOD WORKED</u>
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

If you worked during 1970 to 1983, give names and addresses of estates worked:

<u>NAME OF ESTATE</u>	<u>ADDRESS</u>	<u>PERIOD WORKED</u>
.....
.....
.....
.....
.....
.....
.....

If you have worked in any other country please state:

<u>COUNTRY WORKED</u>	<u>N.I.S./S.S. NUMBER</u>	<u>PERIOD WORKED</u>
.....
.....
.....
.....
.....
.....
.....

Name of Bank

--	--	--	--	--	--	--	--	--	--

 Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--

I hereby declare that the information given is true and correct.

Claimant's Signature or Mark..... Date:

For official use only:

Date Received:..... Signature:.....

Claim #:.....

Date Issued:..... Signature:.....

Clerk Processed:.....

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