



CLAIM FOR SURVIVOR'S BENEFIT

For official use only

Accepted by: _____

Date: _____

Claim No.: _____

SECTION I - TO BE COMPLETED BY THE SURVIVOR

Particulars of the Deceased – (Please submit original Death, Birth and Marriage certificates)

Surname

NIS No.

First Name

Date of Death
Y Y Y Y M M D D

Other Name(s)

Gender Male Female

Maiden Name

Occupation _____

Aliases

Marital Status Married Divorced Single

Address

Section II - Work History – Provident Fund

Was the deceased a member of the Agricultural Workers Provident Fund (1970 – 1983)? Yes No

If Yes, please complete below:

ADDRESS	PERIOD WORKED	SUPERVISOR'S NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section III - Work History (April 1983 – Present)

Please list all employers the deceased worked with in Grenada commencing with the most recent)

NAME OF EMPLOYERS	Year/Period worked
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Did the deceased work in any other country in the Caribbean and/or in Canada? Yes No

If yes, please complete below.

COUNTRY	NIS/SOCIAL SECURITY #	PERIOD WORKED
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section IV: – To Be Completed By: Widow(er) / Surviving Children / Dependent Parents

Widow(er)

Surname

First Name

Other Name(s)

Maiden Name

Aliases

NIS No.

Date of Birth
Y Y Y Y M M D D

Date of Marriage
Y Y Y Y M M D D

Gender Male Female

E-mail Address _____

Marital Status Married Divorced Single

Telephone Numbers

Address

Home

Work

Mobile

Postal Address (if different from above): _____

At the time of death, were you:

- a. Living with the deceased? Yes (How long) ____ (Months/Years) No
- b. Married to the deceased? Yes No

Was the deceased married to anyone else at the time of his/her death? Yes No

Have you re-married or currently living with a man/woman? Yes No

What benefits are you currently receiving from the NIS?

Age Invalidity Survivors None

CHILDREN: Birth Certificates, Adoption papers, School Enrollment Forms, Doctor's Certificates (if child is invalid or mentally challenged) must be submitted with this claim

Claims can be submitted for children:

- a. Under age 16 who were living with or were mainly/wholly maintained by the deceased at the time of death.
- b. Invalid or mentally challenged children who were under age 16 at the time of death.

Name	Date of Birth	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DEPENDENT PARENT(S)

Surname

First Name

Other Name(s)

Maiden Name

Aliases

E-mail Address _____

NIS No.

Date of Birth
Y Y Y Y M M D D

Date of Marriage
Y Y Y Y M M D D

Gender Male Female

Address

Telephone Numbers

Home

Work

Mobile

Postal Address (if different from above): _____

At the time of death, were you:

- a. Living with the deceased? Yes (How long) ____ (Months/Years) No
- b. Mainly/wholly maintained by the deceased at the time of death? Yes No

Have you re-married or currently living with a man/woman? Yes No

What benefits are you currently receiving from the NIS?

Age Invalidity Survivors None

IF Applicable :

Surname

First Name

Other Name(s)

Maiden Name

Aliases

E-mail Address _____

NIS No.

Date of Birth
Y Y Y Y M M D D

Date of Marriage
Y Y Y Y M M D D

Gender Male Female

Telephone Numbers

Address

Home

Work

Mobile

Postal Address (if different from above): _____

At the time of death, were you:

- c. Living with the deceased? Yes (How long) ____ (Months/Years) No
- d. Mainly/wholly maintained by the deceased at the time of death? Yes No

Have you re-married or currently living with a man/woman? Yes No

What benefits are you currently receiving from the NIS?

Age Invalidity Survivors None

Banking Details

Name of Bank Account No.

Name on Account _____

I, _____ hereby certify that the information given is true and correct.

Claimant's Signature or Mark

Y Y Y Y M M D D

(For overseas claimant)

Name of Notary Public Tel. No.
Notary Public's Signature E-mail Address
Notary Public's Registration No. _____

**NOTARY
PUBLIC'S SEAL**

Witness Statement (where claimant cannot sign)

I hereby certify that _____ appeared before me and affixed his "mark" as indicated above.

Witness Name Tel. No.
Witness Title E-mail Address
Witness Signature and Stamp

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

Witnesses must be a Notary Public, Justice of the Peace, Medical Practitioner, School Principal, Snr. Civil Servant, Minister of Religion or Barrister-at-Law. (Claimants residing in a foreign country must have their claim form attested to by a registered Notary Public).