



CLAIM FOR SURVIVORS BENEFIT

IMPORTANT NOTES

When a person who has worked and paid at least 150 contributions to National Insurance dies, certain members of his/her family may be eligible for survivors benefit in the following priority order:

- i) **widow/widower;**
- ii) **dependent children** under age 16, or under age 21 if still in school full-time;
- iii) **unmarried children who are not children of the deceased person,** but who were dependent upon him/her, under age 16 or under age 21 if still in school full-time; or are **invalids;**
- iv) **unmarried orphans** under age 16, or under age 21 if still in school full-time; and
- v) the **parents** (if no spouse or children qualify).

Date of Receipt

When submitting this claim for Survivors Benefit, be sure it is accompanied by the correct supporting documents, as follows:

- a) Deceased's Death Certificate;
- b) Claimant's identification - i.e., Birth Certificate or passport;
- c) Claimant's National Insurance Identification card; and
- d) Where bank account into which payments will be deposited (if awarded) is jointly held, a completed **Direct Deposit** form, duly signed by the co-holder of the bank account.

PART A: PARTICULARS OF DECEASED PERSON

- 1. Surname _____
- 2. Other Name(s) _____
- 3. Date of Death: ____/____/____
 day month year
- 4. N.I. #

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- 5. Was deceased receiving Retirement, Invalidity or other Benefit from National Insurance? Yes No
- 6. If "Yes," what was he/she receiving? _____

PART B: PARTICULARS OF CLAIMANT

- 1. Surname _____
- 2. Other Name(s) _____
- 3. Date of Birth ____/____/____
 day month year
- 4. N.I. #

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- 5. Street Address _____
- 6. E-mail (even if not yours personally) _____
- 7. Telephone # _____
- 8. P. O. Box _____

PLEASE NOTE:
If you are claiming additional benefit based on the provision of the new Amendment, skip to *Part F*

PART E: IF CLAIMING AS DEPENDENT PARENT

Additional supporting Document:

- i. Deceased's Birth Certificate; and
- ii. Affidavit avowing maintenance.

1. Were you wholly dependent upon the income of the deceased at the time of his/her death? Yes No
 2. Are you employed? Yes No
 3. Are you self-employed? Yes No
 4. If employed, give details of Employer:
 - i. Name _____
 - ii. Address _____
 - iii. Telephone # _____
 - iv. P. O. Box _____
 5. Are you an invalid and incapable of gainful employment? Yes No
 6. If "Yes," what is the nature of your invalidity? _____
 7. Does the deceased have a surviving spouse and/or children? Yes No
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PART F: IF CLAIMING ADDITIONAL BENEFIT

Widows and Widowers who, **at the time of their spouse's death**, qualified for Survivors Benefit and their own Retirement or Invalidation Benefit may be eligible for additional benefit payments.

Additional supporting Documents:

- i. Marriage Certificate if you are not now receiving Survivors Benefit;
- ii. Retirement letter from former employer, or Invalidation letter from medical practitioner (whichever applies) if you are now receiving Survivors Benefit

1. What Benefit are you now receiving? Retirement Invalidation Survivors
2. When did benefit payments start? _____/_____/_____
month year
3. If you are receiving Retirement or Invalidation Benefit, please confirm:
 - i. Date of Marriage to Deceased: _____/_____/_____
day month year
 - ii. Were you living with the deceased at the time of his/her death? Yes No
 - iii. Did you have the care of child(ren) of the deceased's under age 16 or under age 21 in school full-time at the time of his/her death?
Yes No
4. If you are receiving Survivors Benefit, please confirm:
 - i. Date of Retirement _____/_____/_____ or
 - ii. Onset of invalidity _____/_____/_____

PART G: MONTHLY PAYMENTS

Recipients of Long-Term Benefits (with the exception of persons who live on Bahamian islands where there are no banks) are required to have their monthly payments sent to the banks of their choice (in The Bahamas). Persons who live on islands where there are no banks, may collect their monthly cheques from their nearest local office. **Please provide information on where you want your cheques to be sent:**

1. Bank _____ Branch: _____

Account No: _____ Account Type: Joint Personal

If account is jointly held, please ensure that co-signatory to account signs a Direct Deposit form.

2. Pay Station (for claimants on Family Islands with no banks, only)

Local Office: _____ Island _____

PART H: DECLARATION AND CLAIM

I DECLARE that the particulars given by me and recorded in this claim are true to the best of my knowledge and belief.

I CLAIM Retirement Benefit under the National Insurance Act, 1972, and I undertake that if a pension is awarded I shall inform the National Insurance Board of any change in my circumstances which may affect my entitlement to the pension.

Signature (or Mark) of Pensioner _____ Date _____

Witness to Mark if claimant is unable to sign: _____

IMPORTANT, PLEASE NOTE:

Any person who, for the purpose of obtaining a benefit under the National Insurance Act, either for himself or some other person, makes any false statement or false representation, or produces any false documents, etc, shall be liable to a fine not exceeding \$2,500, or to imprisonment for up to twelve months, or both.

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