



MONTSERRAT Social Security Act, 1985 APPLICATION FOR AGE BENEFIT

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

To: Director
Social Security

CL No.

NIMS No.

Social Security Reg. No.

Date of Birth
dd mm yy

Surname Mr. / Mrs / Miss

First Name.....Middle Name.....

Current Address.....

Tel. No.....Email.....

Marital Status: Single Married Common-Law Widowed Divorced Separated

Name of Spouse.....

Address of Spouse

Period Worked	Name of Employer(s)

I declare that the information given above is true and accurate to the best of my knowledge and belief.

Signature of Claimant Date
dd mm yy

Claim must be made NOT later than three (3) months from the date you attained the Pensionable Age.