



MONTSERRAT
Social Security Act 1985
APPLICATION FOR SURVIVOR'S BENEFIT

Form SB_1

CL No.

NIMS No.

Social Security Reg. No.

Surname of deceased Insured Person Mr. / Mrs. / Miss.

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

Last Address

Date of Birth
dd mm yy

Date of Death
dd mm yy

Did the deceased die as a result of Employment Injury? Yes No

To : Director, Social Security Fund

I declare that I am the widow widower parent of the above named deceased insured person and hereby claim survivor's benefit Regular Employment Injury for myself and child children of the deceased.
(Please tick appropriate box(es)).

PARTICULARS OF WIDOW / WIDOWER

a) Surname Mr. / Mrs. / Miss.

b) First Name..... Middle Name

c) Address

e) Telephone..... Email.....

d) Date of Birth
dd mm yy

Date of marriage to deceased
dd mm yy

To be completed where claimant was NOT married to the deceased.

a) Were you and the deceased living together at the time of death as man and wife, if YES, how long?

Yes No. of years Months No

b) Are you married to someone else? Yes No

Documents to be presented

- a) Death Certificate of Insured Person
- b) Marriage Certificate
- c) Proof of Co-habitation
- d) Claimant's Birth Certificate
- e) Child / children Birth Certificate
- f) Parents's Birth Certificate

PARTICULARS OF PARENT

Full Name	Address	Date of Birth		
		dd	mm	yy

Were you mainly supported by the deceased ? Yes No

PARTICULARS OF THE THREE YOUNGEST CHILDREN

Full Name	Address	Date of Birth <i>dd mm yy</i>			Sex	Mother's / Father's Name

As far as you are aware are there any child / children of the deceased under the age of 16 years other than those mentioned above Yes No

If the answer to the above is 'Yes' please state Names and Addresses of child / children, if known by you

Name..... Address.....

Name..... Address.....

Name..... Address.....

WARNING : Any person who knowingly makes any false statement or false representation for the purpose of obtaining a benefit will be liable to prosecution.

I, the undersigned hereby declare that to the best of my knowledge and belief, the information given on this form is true and accurate.

Signature of Claimant..... Date

<i>dd</i>				<i>mm</i>		<i>yy</i>	

Claim must be submitted within six (6) months of the deceased's death