



**DOMINICA SOCIAL SECURITY  
CERTIFICATE OF LIFE AND RECEIPT OF PENSION  
(SURVIVORS OR DEATH)**

To: Mr./Mrs./Ms.

Address:

Dear Sir/Madam,

In keeping with Section 22 (1) and (2) of the Social Security (Claims and Payments) Regulations, persons in receipt of benefit are required to inform the Board of any change in circumstances affecting their continued right to benefit. From time to time, the Board may require all such benefit recipients to furnish documented evidence that they are alive and that the conditions governing their continued entitlement to such benefit are fulfilled. Accordingly, you are asked to complete and return this form to the office of the Dominica Social Security not later than **March 31, 2021**.

Failure to return this form within the specified time will result in suspension of the benefit until such evidence is received. It must be noted, further, **that the right to any sum payable shall be lost where it is not obtained within six months of the date on which such sum is receivable** (as per Section 19 (1) of the Claims and Payments Regulations).

Name of Deceased Person: \_\_\_\_\_

S.S. No. of Deceased Person: \_\_\_\_\_ Benefit Type: \_\_\_\_\_

Name of Survivor: \_\_\_\_\_

S.S. No. of Survivor: /\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/ Claim No. \_\_\_\_\_

Present Marital Status: \_\_\_\_\_ Employer: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(If different from above)

Email Address: \_\_\_\_\_

I certify that I am alive and the above is true and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature or Mark (x) of Pensioner/Guardian Date

***N.B: The Witness, who must not be related to you, could be either of the following persons: Justice of Peace; Notary Public; Lawyer; Police Officer (Sergeant or above); Ordained Minister of Religion; Doctor; Family Nurse Practitioner; School Principal; Licensed Surveyor; Bank or Credit Union Personnel; Social Security Officer. (In the case of persons residing overseas, the document must be notarized prior to being submitted to the DSS office).***

**DECLARATION OF WITNESS**

I have read the contents of this form and certify that the above person signed or made his/her mark "x" in my presence.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Occupation/Position/Title of Witness

\_\_\_\_\_  
Name of Witness in Block Letters

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date & Stamp (if available)