



**DOMINICA SOCIAL SECURITY**

**Warning:**

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

**APPLICATION  
AGE BENEFIT**

FOR OFFICIAL USE
Claim No. _____
Date Rec'd. _____
Clerk's initials _____

**SECTION A – INFORMATION ON THE INSURED PERSON**

1A. Insured Person's Social Security No. OLD \_\_\_\_\_ NEW \_\_\_\_\_

1B. Sex Male  Female

1C. Date of Birth \_\_\_\_\_ Age Established at Claim \_\_\_\_\_  
Day Month Year

2. Marital Status: Single  Widow(er)  Married   
Divorced  Separated  Common-Law

3. Given Names: Mr., Mrs., Miss \_\_\_\_\_ Surname \_\_\_\_\_

4. Home Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

5. Name of last Employer \_\_\_\_\_

6. Address of last Employer \_\_\_\_\_

6B. Date last worked \_\_\_\_\_

7. Other employers for whom you worked	Period of Employment	
	From	To
7A. Name _____ Address _____		
7B. Name _____ Address _____		

(P.S. If there were more employers please state the relevant particulars on an attached sheet)

8. Have you been a voluntary or self-employed contributor? Vol.  S.E.  NONE   
(Tick as appropriate)  
If 'Yes', state what year(s) \_\_\_\_\_

9. Have you previously received invalidity grant under the Social Security Scheme? Yes  No   
If 'Yes', when? \_\_\_\_\_

10. Are you presently receiving any Social Security benefit? Yes  No   
If so, please circle benefit type. (e.g. Sickness, Maternity, Employment Injury, Disablement, Invalidity or Survivors)

11. Have you ever participated in a social insurance plan of another country? Yes  No   
If 'Yes', indicate country and insurance number \_\_\_\_\_

**SECTION B - INFORMATION ON YOUR SPOUSE, CHILDREN WHO ARE UNDER THE AGE OF 21 AND DEPENDENT PARENT OR GRANDPARENT AT DATE OF CLAIM**

Name of Spouse \_\_\_\_\_

12. Given Names: Mr., Mrs., Miss \_\_\_\_\_ Surname \_\_\_\_\_

13. Home address \_\_\_\_\_ (Number and Street) \_\_\_\_\_ Social Security Number of Spouse \_\_\_\_\_

Name(s) of children under age 21 \_\_\_\_\_ Address \_\_\_\_\_

14A. \_\_\_\_\_

14B. \_\_\_\_\_

14C. \_\_\_\_\_

14D. Name(s) of dependant Parent(s) or Grandparent(s) (*tick appropriately*) age 65 or over \_\_\_\_\_ Address \_\_\_\_\_

**SECTION C – DECLARATION OF APPLICANT**

15A. I hereby apply for an age benefit. Attached is a copy of my birth certificate and/or Social Security card.

I declare that to the best of my knowledge and belief, the information given on this application form is true and complete and I undertake to notify the Dominica Social Security of any changes in circumstances that may affect my eligibility for benefits.

Signature or Mark (X) of applicant: \_\_\_\_\_ Tel.# \_\_\_\_\_

Date of Application

Day	Month	Year

**NOTE:** Signature or Mark (X) must be witnessed by a responsible person. The witness must complete the certificate declaration (15B) on the form.

**IMPORTANT: Please read this section before submitting claim. If your claim is submitted more than 3 months from the date you attained the applicable Pensionable Age, please attach a separate sheet explaining your reasons for lateness.**

**15B. WITNESS' CERTIFICATE, DECLARATION AND SIGNATURE**

I hereby certify that:

\*(a) the claimant signed the above declaration in my presence; or

\*(b) the claimant made the necessary mark (X) to the above declaration in my presence; having expressed himself or herself as having fully understood the contents of this claim and declaration.

Name of Witness \_\_\_\_\_

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

Address of Witness \_\_\_\_\_

Qualification or occupation \_\_\_\_\_

Tel. # \_\_\_\_\_ Date \_\_\_\_\_

\*Delete whichever does not apply