



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.

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

**APPLICATION
AGE BENEFIT**

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 _____
 Email Address _____

5A. Name of last Employer _____

5B. Address of last Employer _____

5C. Date last worked _____

6. Other employers for whom you worked	Period of Employment	
	From	To
6A. Name _____ Address _____		
6B. Name _____ Address _____		

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

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

8. Have you previously received invalidity grant under the Social Security Scheme? Yes No
 If 'Yes', when? _____

9. 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)

10. 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

11. Information on Spouse:

11A. Given Names: Mr., Mrs., Miss _____ Surname _____

11B. Home address _____ (Number and Street) _____ Social Security Number of Spouse _____

12. Name(s) of children under age 21 _____ Address _____

12A. _____

12B. _____

12C. _____

13. Name(s) of dependant Parent(s) or Grandparent(s) (*tick appropriately*) age 65 or over _____ Address _____

SECTION C – DECLARATION OF APPLICANT

14A. I hereby apply for an age benefit. Attached is my original 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 your 65th birthday, please attach a separate sheet explaining your reasons for lateness.

14B. 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