



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 Red'd
Clerks 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	
Name	Address	From	To
7A.			
7B.			

(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. (eg. 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 16 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 16

Address

14A.

14B.

14C.

14D. Name(s) of dependant Parent(s) or Grandparent(s) (tick appropriately) age 60 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 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 60th birthday, 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