



DOMINICA SOCIAL SECURITY

Warning:

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

APPLICATION SURVIVOR'S BENEFIT

| FOR OFFICIAL USE | | | |
|------------------|-----|-------|------|
| Claim No. | | | |
| Date Rec'd | Day | Month | Year |
| Clerks initials | | | |

SECTION A – INFORMATION ON THE DECEASED INSURED PERSON

1A. Deceased Person's Social Security No. OLD _____ NEW _____

1B. Sex Male Female

1C. Date of Birth _____ Age Established at Death _____
Day Month Year

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

3. Given Names: Mr., Mrs., Miss _____ Surname _____

4. Home Address _____ Last Address prior to death _____

5. Name(s) of last Employer(s) _____ Address _____ Period of Employment _____

5A.

5B. (PS: If there were more employers please state the relevant particulars on an attached sheet)

6. Was deceased a voluntary or self-employed contributor? Vol. S.E. NONE
(Tick as appropriate) If 'Yes', state what year(s) Yes No

7. Date of death of deceased insured person _____
Day Month Year C.C. Initials _____ Date _____
D.S.S.

8. Provide proof of death (death certificate)

SECTION B - INFORMATION ON THE SURVIVING WIDOW/WIDOWER, SPOUSE OF THE DECEASED INSURED PERSON

9. Name of Survivor _____

10. What was the date of your marriage to him/her? _____
Day Month Year C.C. Initials _____ Date _____
D.S.S.

11. As spouse, how long have you been married/co-habiting with deceased insured person?

12. Provide proof of your marriage or co-habitation? (marriage certificate or declaration made under oath before a Justice of Peace or Notary Public)

13. What is your age? _____ Years. Date of Birth _____
(Provide Birth Certificate) Day Month Year C.C. Initials _____ Date _____

14. Are you an invalid? Yes No
If 'Yes' provide medical certificate

14B. Do you have children of the deceased residing with you & in your care? Yes No
(If adopted, provide adoption certificate)

14C. Are you mainly or wholly responsible for child/children maintenance? Yes No

15. Are you in receipt of any pension or other income?

State your monthly income/pension \$ _____

Yes No

SECTION C – INFORMATION ON THE SURVIVING CHILDREN OF THE DECEASED INSURED WHO ARE UNDER 18 YEARS FOR WHOM BENEFIT IS BEING CLAIMED

| | | | | | | | |
|----------------------------|---------------|---|--------|-------------------------------------------------------------------|---|---|---|
| 16A. Name & Surname | Date of Birth | | | For Official Use | | | |
| Home Address | D | M | Y | Claim No Date Rec'd | | | |
| | | | | | | | |
| Name of School | Male | | Female | <table border="1"><tr><td>D</td><td>M</td><td>Y</td></tr></table> | D | M | Y |
| D | M | Y | | | | | |
| Address of School | | | | Clerk's Initial _____ | | | |
| 16B. Name & Surname | Date of Birth | | | For Official Use | | | |
| Home Address | D | M | Y | Claim No Date Rec'd | | | |
| | | | | | | | |
| Name of School | Male | | Female | <table border="1"><tr><td>D</td><td>M</td><td>Y</td></tr></table> | D | M | Y |
| D | M | Y | | | | | |
| Address of School | | | | Clerk's Initial _____ | | | |
| 16C. Name & Surname | Date of Birth | | | For Official Use | | | |
| Home Address | D | M | Y | Claim No Date Rec'd | | | |
| | | | | | | | |
| Name of School | Male | | Female | <table border="1"><tr><td>D</td><td>M</td><td>Y</td></tr></table> | D | M | Y |
| D | M | Y | | | | | |
| Address of School | | | | Clerk's Initial _____ | | | |
| 16D. Name & Surname | Date of Birth | | | For Official Use | | | |
| Home Address | D | M | Y | Claim No Date Rec'd | | | |
| | | | | | | | |
| Name of School | Male | | Female | <table border="1"><tr><td>D</td><td>M</td><td>Y</td></tr></table> | D | M | Y |
| D | M | Y | | | | | |
| Address of School | | | | Clerk's Initial _____ | | | |
| 16E. Name & Surname | Date of Birth | | | For Official Use | | | |
| Home Address | D | M | Y | Claim No Date Rec'd | | | |
| | | | | | | | |
| Name of School | Male | | Female | <table border="1"><tr><td>D</td><td>M</td><td>Y</td></tr></table> | D | M | Y |
| D | M | Y | | | | | |
| Address of School | | | | Clerk's Initial _____ | | | |
| 16F. Name & Surname | Date of Birth | | | For Official Use | | | |
| Home Address | D | M | Y | Claim No Date Rec'd | | | |
| | | | | | | | |
| Name of School | Male | | Female | <table border="1"><tr><td>D</td><td>M</td><td>Y</td></tr></table> | D | M | Y |
| D | M | Y | | | | | |
| Address of School | | | | Clerk's Initial _____ | | | |

17A. Are any of the children invalid? Provide medical certificate Yes No

17B. Claimant's relationship to child/children. _____
(If not parent declaration under oath from Notary Public or Justice of Peace)

SECTION D – INFORMATION ABOUT DEPENDANT PARENT(S)/GRAND PARENT(S) OF THE DECEASED INSURED PERSON, 60 YEARS AND OVER

18. What was your main source of income during the relationship?

19. Are you the dependant parent(s)/grand parent(s)? Yes No

20. If yes to 19, provide birth certificate and a declaration signed under oath before a Justice of Peace or Notary Public declaring that you were solely dependent on the deceased prior to his/her death.

21. Are you his/her sole eligible survivor? Yes No

22. Are you sixty (60) years and over? Yes No

| 23. Name | Surname | R/ship to deceased | Date of Birth | Address | For Official Use Claim No. _____ Date Rec'd <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table> Clerk's Initial _____ | D | M | Y |
|----------|---------|--------------------|---------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|
| D | M | Y | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |

SECTION E – DECLARATION OF APPLICANT

24A. I hereby apply for a survivor's benefit. Attached are copies of birth certificate(s), death certificate, Social Security card of deceased; (Social Security card(s) of claimant(s) if applicable. (All photocopies must be certified/notarized.)

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.

Name of Applicant: _____

Signature or Mark (X) of applicant: _____ Social Security No. of Applicant: _____

Home address of applicant _____ Mailing address _____

Date of Application

| Day | Month | Year |
|-----|-------|------|
| | | |

Tel.# _____

NOTE: Signature or mark (X) must be witnessed by a responsible person. The witness must complete the certificate declaration (24B) on the form.

24B. 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 _____

Date _____

Tel.# _____

IMPORTANT: Please read before submitting claim – If your claim is submitted more than 3 months from the date of death of the deceased insured person, please attach a separate sheet explaining your reasons for lateness.