

FOR OFFICIAL USE

Claim No \_\_\_\_\_

NIS No. 

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**NATIONAL INSURANCE ACT, 1965**  
**CLAIM FOR EMPLOYMENT INJURY DEATH BENEFIT**

**READ THESE NOTES BEFORE FILLING UP THIS FORM**

**QUALIFICATIONS FOR EMPLOYMENT INJURY DEATH BENEFIT**

1. Where an insured person suffers personal injury which is caused by accident arising out of and in the course of insurable employment or develops a prescribed disease and he or she dies as a result of that accident or disease employment injury death benefit may be paid –
  - (1) to his widow: or
  - (2) if benefit is not payable to his widow, the Minister, at his discretion may direct payment to
    - (a) any person who has the care of a child of the deceased under the age of 18 (hereafter referred to as the Guardian); or
    - (b) a deceased person's mother if she was wholly or mainly dependent on the deceased person and is over the age of 55 at the time of insured person's death.

**INSTRUCTIONS:**

**TO THE WIDOW**

- You should submit your marriage certificate.
- If you think you may be entitled to Widow's Benefit you should complete claim form WD2 and submit it along with this form.

**TO THE GUARDIAN**

- You should submit the birth certificate of all children of the deceased under 18 who are under your care.

**TO THE MOTHER OF THE DECEASED PERSON**

- You should submit the death certificate of the deceased.
- Complete PART 1, SECTION A and ONE other section. (B, C, or D); PART II and PART III.
- When you have completed the form take it or send it to a local National Insurance Office.

If the certificates required are not immediately available the claim form should be completed and forwarded as soon as possible. Benefit may be lost if a claim is not submitted within three (3) months of the date you commence taking care of the child.

**WARNING: ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT ON THIS FORM IS LIABLE TO PROSECUTION.**

**PART 1**

**PARTICULARS OF CLAIMANT**

1. Your full name (Mr./Mrs./Miss) \_\_\_\_\_  
(BLOCK CAPITALS)
2. Your Address \_\_\_\_\_  
\_\_\_\_\_
3. Your National Insurance Number (if any) 

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4. At what post office/postal agency would you like benefit paid if awarded  
\_\_\_\_\_

**(B) TO BE COMPLETED BY THE WIDOW OF THE DECEASED**

5. Date of \*marriage or \*common law union \_\_\_\_\_  
(Day) (Month) (Year)
6. Place of marriage \_\_\_\_\_
7. Surname before marriage \_\_\_\_\_
8. Is your \*marriage certificate or \*affidavit of common-law union enclosed  
(Yes or No)? \_\_\_\_\_

**(C) TO BE COMPLETED BY A GUARDIAN**

9. State the following:

Name of children (Surname & Christian names)	Date of Birth			Birth Certificate or proof of age enclosed Yes or No	Date from which care of child began			Are they living with you? Yes or No
	D	M	Y		D	M	Y	

10. Is there any other person(s) contributing toward the support of the child(ren) named above? If so , give particulars \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are there any other children of the decease (Yes or No) \_\_\_\_\_  
If so, please state their names and the name(s) of the person(s) with whom they are now living.

\* Cross out the words which do not apply.

Names of Children	Name(s) and address(es) of the person(s) with whom they are now living

(D) To be completed by the Mother of the Deceased

12. Your date of birth .....  
(Day) (Month) (Year)

13. Were you living in the same household as the deceased at time of death (Yes or No) .....

14. Were you wholly or mainly dependent on the deceased?  
(Yes or No) .....  
If you were maintained by any other persons, state to what extent?  
.....  
.....

15. Is your birth certificate enclosed? (Yes or No) .....

16. Is the deceased's birth certificate enclosed? (Yes or No) .....

PART 2

Particulars of Deceased Person

17. Full name of deceased person .....

18. Home address of deceased at the time of death .....

19. National Insurance Number of deceased 

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20. Did the deceased leave a widow? (Yes or No) If so, please state her name and address  
.....  
.....

21. Date of death .....  
(Day) (Month) (Year)

22. Is his or her death certificate enclosed (Yes or No)? .....  
(a copy of this statutory death certificate should be enclosed with your claim)

23. (a) Do you claim that the deceased's death resulted from an accident that arose out of and the in the course of insurable employment or from one of the prescribed disease due to the nature of his or her employ employment.  
.....

(b) If from an accident state the date of the accident  
.....

(c) If from one of the prescribe [industrial] disease state the name of the disease

- .....
24. State the name and address of the deceased's employer at the time the accident happened or the disease was contracted .....
- .....
25. Do you wish to claim Widow's Benefit (Yes or No) .....
- If yes, complete and submit claim Form WD 2

PART 3

DECLARATION AND CLAIM

I declare that to the best of my knowledge and belief all the statements on this form are true and I claim employment injury death benefit.

Claimant's signature (or mark) .....

Date: .....

Certificate by witness

I certify that -

- (a) the claimant signed the above declaration in the presence or
- (b) the claimant made his/her mark to be above declaration in my presence, having declared his/her inability to read and write the contents of the foregoing claim and declaration were first carefully read over and explained to him/her, when he/she expressed himself/herself fully to understand the meaning and effect thereof and to intend the same and made his/her mark and declared thereto.

I also certify that the claimant is known to me and that the particulars given are correct to best of my knowledge and belief.

.....

Signature of witness

.....

Date

Address: .....

.....

Occupation: .....