



**CLAIM FOR  
DEPENDENT SPOUSE'S  
ALLOWANCE**

FOR OFFICIAL USE	
Claim No.	<input type="text"/>
Nat. Ins. No.	<input type="text"/>

**IMPORTANT:** Please read the instructions on page 3 before completing the claim form.

This benefit is explained in the leaflet Old Age Pension which is available at any National Insurance Office.

Date stamp of local National Insurance Office indicating date of receipt of claim:

**PART 1 – PERSONAL PARTICULARS**

1. Enter your own name <b>(Please use BLOCK CAPITALS)</b>			
.....		* Mr.	
.....		* Mrs.	
First Name	Middle Names	Surname	* Miss
2. Enter your full address		3. Your National Insurance Number	
.....		<input type="text"/>	
.....			
4. (a) Are you already drawing a National Insurance Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(b) If "Yes", what is the pension number shown on your pension order book?		.....	
5. State the name of your wife, husband or common-law partner.			
.....		* Mr.	
.....		* Mrs.	
First Name	Middle Names	Surname	* Miss
6. His or her date of birth ( Year, Month, Date)		7. Date of Marriage (Year, Month, Date)	
.....		.....	
8. (a) Was your wife, husband or partner drawing a widow's or widower's pension at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(b) If "Yes", state		( i ) Your wife's surname before marriage	
		.....	
		(ii) The widow's or widower's pension number .....	
9. (a) Is he or she residing with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(b) If "No", state his or her present address .....		.....	
10. Do you maintain him or her? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. If any maintenance is provided from another source, give details of the source and the amount provided.			
.....			
.....			
12. Does he or she do any paid work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. (a) Is he or she receiving any benefit (including Sugar Workers Pension ) under the National Insurance Act , 1965?			
(b) If "Yes", sate the type of benefit and the amount received. ....			

\* Cross out whichever does not apply

**PART II – DECLARATION AND CERTIFICATE**

**CLAIMANTS DECLARATION**

I DECLARE THAT, to the best of my knowledge and belief, all the statements made in Part I are true. I claim increase of benefit accordingly. I also undertake to notify the National Insurance Office immediately if any of the statements ceases to be true.

Signature or Mark  
Of Claimant .....

Date.....

**Witness Certificate**

I HEREBY CERTIFY THAT –

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

**OR**

\*(b) the claimant made the necessary mark to the above declaration in my presence. The contents of the foregoing claim and declaration were first carefully read over and explained to the claimant, who being unable to read and write, in order to express full understanding of their meaning and to vouch thereto, affixed the necessary mark as aforesaid.

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

Signature of Witness .....

Date .....

Address .....

.....

Occupation or  
Qualifications

.....

\*Cross out section which does not apply.

**PART III – AUTHORITY BY CLAIMANT’S HUSBAND TO MEDICAL PRACTITIONER TO REVEAL THE] NATURE OF HIS ILLNESS.**

I ..... hereby give  
(Name of Husband)

authority to the medical practitioner completing the certificate in Part IV hereof to divulge the nature of my illness for the purposes of this claim to increase of benefit.

Signature or Mark  
Of husband .....

\*\* Necessary only  
if husband is  
unable to write

\*\* Signature of Witness .....

Date .....

**PART IV – CERTIFICATE BY MEDICAL PRACTITIONER**

**Note to Doctor:**

A man who is incapable of work by reason of a specific disease or bodily or mental disablement which is likely to be permanent may qualify as the dependent of his wife for the purpose of an increase of her benefit. You should complete the certificate below only if you have examined the claimant's husband and are of the opinion that these conditions are satisfied.

I certify that Mr. ....

Is incapable of work by reason of .....

.....

and that, in my opinion, his incapacity is likely to be permanent.

(General Remarks) .....

.....

.....

Signature and  
Qualifications .....

Date .....

**INSTRUCTIONS TO CLAIMANT**

**PLEASE RED THESE INSTRUCTIONS BEFORE COMPLETING THE FORM**

- (1) Use this form to claim an increase of old age or invalidity pension for a dependent spouse under section 21 of the National Insurance Act, 1965.
- (2) On this form any reference to husband, wife, widow or widower includes a common-law relationship that is, a single man living with a single woman, a widower living with a single woman, or widow living with a single man. A reference to marriage includes a common-law relationship.
- (3) Be sure to complete the form fully or there might be delay in your getting benefit.
- (4) Where a box (  ) is provided for your answer please place a mark (  ) in the box next to the word that will answer the question.
- (5) You must complete Parts I and II fully.
- (6) If you are a woman you must have your husband complete Part III and also have a doctor complete Part IV.]
- (7) If you need any help in filling out this form you may get in touch with a local National Insurance Office where you will get help. There is al Local Office in each parish capital.
- (8) When you have completed this form you must take or send it to a local National Insurance Office.

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