

**NATIONAL INSURANCE ACT.
CLAIM FOR
FUNERAL GRANT**

FOR OFFICIAL USE
CLAIM NO.
NAT. INS NO.

<p>IMPORTANT: Please read the following instructions on page 4 and 5 before completing</p>	<p>DATA STAMP of Local Social Security Office indicating date of receipt for claim.</p>
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PART 1. PARTICULARS OF DECEASED

1.	Enter name of deceased (please use block capital)			Mr. Miss *Mrs.
			
	<i>First Name</i>	<i>Middle Name</i>	<i>Surname</i>	
2.	Enter his or her last address		3.	His or her National Insurance Number, if any.
4.	Age	5.	Date of birth (show year, month, day)	
			6.	Sex (tick <input checked="" type="checkbox"/>)
				<input type="checkbox"/> Male <input type="checkbox"/> Female
7.	Martial Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
8.	Date of death (show year, month, day)		9.	
			Place of death	
10.	(a) Was he or she in receipt of a National Insurance benefit in the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	(b) If "yes" state type of benefit (any order book still held for such benefit should be enclosed)			
11.	List deceased's employers during the 24 months before death			
	NAME AND ADDRESS OF EMPLOYER	WORK NO.	PERIOD OF EMPLOYMENT	
			FROM	TO

PART 11. PARTICULARS OF INSURED PERSON Complete this part only if the claim is not based on the insurance of the deceased.

12.	Name of person on whose national insurance Record the claim is based.			*Mr. *Miss *Mrs.
			
	<i>First Name</i>	<i>Middle Name</i>	<i>Surname</i>	
13.	(a) His or her last address		PERIOD OF EMPLOYMENT	
	(b) Name and address of Employer		FROM	TO

14. If dead state date of death (show year, month, day)	15. His or her National Ins. No..
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16. His or her relationship to the deceased person named at question 1 above

17. (a) Is he or she (or if dead, was he or she at date of death) in receipt of a National Insurance benefit

Yes No

(b) If "yes" state (1) the type of benefit

.....

(2) the claim or pension number, if you know it

.....

PART 111. PARTICULARS OF CLAIM

18. (a) Did the deceased leave a will? Yes No

(b) If "yes" give the name(s) and address(es) of the executors.

.....

.....

.....

19. (a) If there is no will, have letter of administration been obtained or are they being obtained.

Yes No

(b) If "yes" give the names and addresses of the person taking out the letter

.....

.....

.....

20. If the answer to both questions 18 (a) and 19 (a) is "no" give names and addresses of next of kin and relationship to the deceased.

.....

.....

List in this order, widow, widower, children, father, mother
brother, sister, other relatives.

.....

.....

21. (a) Have the funeral expenses been paid? Yes No

(b) Did you pay them (or will you be paying them) yourself? Yes No

If "yes" you should enclose the undertaker's receipt or estimate.

(c) If the funeral expense have been (or will be) paid by some other person.
give name, address and relationship to decease of that

Name

Address

Relationship

PART 1V SUPPORTING DOCUMENTS

21. If you have any of the following documents, please send them with the form but if they are not available, do not delay making your claim. Please put a check mark against those which are enclosed

Birth certificate of deceased of birth certificate of insured person where claim is not based on insurance of the deceased and question 16 (1) is answer No.

Marriage certificate (if this claim is by the widow or widower)

Death Certificate of deceased

Documentary evidence of grant or probate or letters administration (if this claim is by An administrator or Executor)

National Insurance Stamp Card of deceased

Undertaker's receipt or estimate.

National Insurance Stamp Card of the insured person (if other than the deceased)

Any National Insurance Pension Order Book or cheque issued to or including benefit for the deceased has not already surrendered.

PART V PARTICULARS OF PERSON CLAIMING

23 Enter you name (PLEASE USE BLOCK CAPITAL)

*Mr.
*Miss
*Mrs.

.....
First Name Middle Name Surname

24. Enter your full address

25. Your relationship to deceased

PART VI DECLARATION AND CERTIFICATE

SECTION A. CLAIMANT'S DECLARATION AND SIGNATURE

Cross any statement which do not apply

I hereby claim a Funeral Grant under the National Insurance Act, 1963, in respect of death of the person In Part 1 of this form on the ground that –

*(a) I am the Executor/Administrator

*(b) I am the legatee

*(c) I am The Next of kin

*(d) I shall be paying the funeral expenses and I undertake to repay any funeral grant paid to me if I do not use it for funeral expenses.

*(e) I have paid the funeral expenses

*(f) Other

If not claimed under (a) (e) give full particulars of ground on which claimed

.....
.....

I declare to the best of my knowledge and belief that all the statements on this form are true

Signature or mark of claimant X

Date 20

SECTION B WITNESS' CERTIFICATE AND SIGNATURE

Cross out either (a) or (b) as appropriate

I hereby certify that –

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

or

~~*(b)~~ the declarant made the necessary mark to the above declaration in my presence. The content of the foregoing claim and declaration were first carefully read over and explain to the claimant who, being unable to read or write, and in order to express full understanding of their meaning and to vouch thereto, affixed the required 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

Date20

Occupation or Qualification

*Cross out whichever words statements do not apply.

NOTES OF FUNERAL GRANT

- (a) A funeral grant may be paid on the death of an insured person or of his or her spouse. It may also be paid on the death certain National Insurance Pensioners and of the spouse of National Pensioners.
- (b) The contribution condition of Funeral Grant is that not less than 26 contributions have been paid by the insured person in 12 months before the deceased person's death or the death of the insured person, if earlier. The condition will be regarded as satisfied if the insured person was getting an old age invalidity person when he or she died, on ... in the case of spouse ... if a widow's/widower's pension was in effect.
- (c) A Funeral Grant will normally be paid to the Executor or Administrator of the deceased person's estate. If the executor or administrator has been ...or is to be appointed ... a claim may be made by the deceased person's Legatee, next of kin creditor or by any other person undertaking to pay the expenses.
- (d) When a person receives funeral grant, any amount recoverable from the deceased person's estate is refused by the amount of grant paid to him.

INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. Use the form to claim funeral grant.
2. Do not put off claiming or your claim may be to late. If a Funeral Grant is not claimed within six months of the death you may loose the grant.
3. Be sure to answer every question or there may be delay in you getting the grant.
4. Where a () is provided for your answer, please place a check mark () in the box next to the word that will answer the question.
5. You should attach the certificate and other document indicated in Part V1. But do not delay the claim if they are not available. They can be sent later.
6. On this form any reference to husband, widow or widower include a Common Law relationship, that is a single man living with a single woman, or a widower living with a single woman, or a widow living a with a single man.
7. Before you fill up Part V1 you must take the form to someone who knows you but is not related to you. you fill out Section A of Part V1 in presence of the person and sign the form "X". The other person should complete Section B and sign at "XX".
8. If you need any help in filling up this form you may get in touch with Local Social Security office where you will get help.
9. When you have completed this form you must take or send it to a Local Social Security office.

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