



**CLAIM FOR  
OLD AGE BENEFIT**

**FOR OFFICIAL USE**

Claim No.

National Ins. No.

**IMPORTANT:** Please read the instructions on page 5 before completing

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**  
(Every claimant must fill out this part)

1. Enter your name. (Please use BLOCK CAPITALS) \* Mr.  
\* Mrs.  
\* Miss

.....

(First Name) (Middle Name) (Surname)

2. What other names have you been known by, apart from the one given?

.....

3. Enter your full address	4. Your Jamaican National Insurance Number
.....	.....

5. Your age	6. Your date of birth (Year, Month, Date)	7. Sex (Tick $\checkmark$ )
.....	.....	<input type="checkbox"/> Male <input type="checkbox"/> Female

8. Place of Birth	9. Is your birth certificate enclosed?	10. Is other evidence of birth enclosed?
.....	.....	.....

11. Enter your father's full name.	12. Enter our mother's full name at birth.
.....	.....

13. Marital Status:

SINGLE  MARRIED  SEPARATED  WIDOWED  DIVORCED

14. (a) Have you ever before claimed under the Jamaican National Insurance Scheme, or under the Sugar Workers Pensions Scheme?

Yes  No

(b) If "Yes", state

(i) the benefit you claimed .....

(ii) the claim number, if you know it .....

(iii) the result of the claim .....

15. If your husband or wife was registered under the sugar Workers Pension Scheme, place his or her registration number here

16. (a) If you are a widow or widower, and your late husband or wife paid Jamaican National Insurance contributions please state-

(i) his or her full name .....

(ii) his or her Jamaican National Insurance Number .....

(iii) his or her last address in full .....

(iv) his or her date of death .....

(b) Have you enclosed his or her death certificate?  Yes  No

(c) If death certificate has already been sent in with a claim for funeral Grant, or Widow's or Widower's Benefit, or Employment Injury Death Benefit, please state so and describe the claim.

.....

.....

17. (i) At what Post Office or Postal Agency would you like your pension paid if one is awarded? ..... ..... .....	(ii) If you cannot go to the Post Office to draw the pension and would like arrangements made for someone to draw it for you please state the reason and say who you would like to draw the pension for you. ..... .....
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**PART II. PARTICULARS OF EMPLOYMENT AND RETIRMENT**  
(Every claimant must fill out this part)

18. Are you claiming to be treated as retired?  Yes  No

19. Please state the date of your retirement. (Year, Month, Date) (Please see instruction (7) on page 5)  
 .....

20. Please give particulars of your retirement by filling out **either** Section A **or** Section B below.  
 If you are, or will be in the next four months, age 70 (in the case of a man), or age 65 (in the case of a woman), Leave this question unanswered and go on to question 21.

**SECTION A.** USE THIS SECTION ONLY IF YOU HAVE ALREADY GIVEN UP REGULAR EMPLOYMENT.

(a) What was the nature of your last regular employment?  
 .....

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(b) On what day did you last work? .....

(c) Have you had any gainful occupation since?  Yes  No  
 If 'Yes', please state-

(i) the occupation .....

(ii) whether you worked for an employer or were self-employed .....

(iii) the number of hours worked weekly .....

(iv) your gross weekly earnings, \$ .....

(d) Do you intend to have any gainful occupation in future?  Yes  No

If 'Yes', please state-

( I ) the occupation .....

(ii) whether you will be working for an employer or will be self-employed .....

(iii) how many hours a week you expect to work .....

(iv) what you expect your gross earnings to be \$.....

**SECTION B.** USE THIS SECTION IF YOU HAVE NOT YET GIVEN UP REGULAR EMPLOYMENT BUT INTEND TO DO SO WITHIN THE NEXT FOUR MONTHS.

(a) What is the nature of the employment from which you will be retiring?  
 .....

(b) Do you intend to have any gainful occupation after the date entered at question 19 above?  Yes  No  
 If "Yes", please state-

( I ) the occupation .....

(ii) whether you will be working for an employer or will be self employed .....

(iii) how many hours a week you expect to work .....

(iv) what you expect your gross weekly earnings to be \$.....

21. If you have reached “deemed’ retirement age” – that is, in the case of a man: age70; or, in the case of woman: age 65 – please state when you last worked .....

22. (a) List all your employers in Jamaica since 1966.

Name of address of Employer	Works No. (if any)	Occupation	Periods of Employment	
			From	To
..... .....				
..... .....				
..... .....				

(b) Did any of these employers deduct wage-related contributions form your pay because you were earning \$12.00 a week or more, or \$46.00 a month or more?  Yes  No

If “Yes”, place an “X”, against that employer’s name.

**PART III. PARTICULARS OF DEPENDENT SPOUSE**  
(You must fill out this part if you are claiming an increased benefit for a wife or husband or a common law partner)

23. If you are claiming an increase for a spouse give his or her name ..... YOU MUST ALSO COMPLETE A SEPARATE CLAIM FOR THIS PURPOSE ON FORM BE 14 WHICH YOU CAN OBTAIN AT ANY NATIONAL INSURANCE OFFICE.

24. State his or her age .....

**PART III. PARTICULARS OF SUGAR INDUSTRY EMPLOYMENT**  
(You must fill out this part if you were at any time a registered Sugar Worker in Jamaica)

25. Enter your Sugar Workers Pensions Scheme Registration Number .....

26. Give details of your employment with sugar manufacturers or with registered cane farmers in Jamaica since 1961.

Name of address of Employer	Type of Work	Periods of Employment	
		From	To
..... .....			
..... .....			
..... .....			

**PART V. PARTICULARS OF FOREIGN EMPLOYMENT**

(a) Have you ever worked as an employed or self-employed person in any other country besides Jamaica?

Yes  No

(c) If “Yes”, please supply the information requested below:

Country	Period		Social Security Number
	From	To	
.....	.....	.....	.....
.....	.....	.....	.....

**PART VI.**

**DECLARATION AND CERTIFICATE  
(This part must be filled out on every claim)**

**SECTION A.** Claimant's Declaration and Signature  
(Cross out either (a) or (b) as appropriate)

I DECLARE THAT

\*(a) I last worked on, or my last day of work will be on .....20.....

**OR**

\*(b) I attained, or will attain, age 70 ( in the case of a man) or age 65 (in the case of a woman) on  
..... 20.....

I ALSO DECLARE that the information give on this form relates to myself and is correct.

I CLAIM OLD AGE BENEFIT.

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 claimant made the necessary mark to the above declaration in my presence. The contents of  
of foregoing claim and declaration were first carefully read over and explained to the claimant.  
who, being unable to read or 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 XX .....

Date .....

Address.....

.....

Occupation or .....  
Qualification

\*Cross out sections which do not apply

## INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THE FORM

- (1) Use this form to claim Old Age Benefit. If you wish to claim an increase for a dependent wife or husband you must make a separate claim on Form BE 14 which you may obtain at any National Insurance Office.
- (2) Do not put off claiming the benefit or your claim may be too late, causing you to lose money.
- (3) Be sure to answer every question that applies to you or there may be delay in your getting your pension or grant.
- (4) Where a box (  ) is provided for your answer, please place a mark (  $\surd$  ) in the box next to the word that will answer the question.
- (5) If you have a birth certificate send it with this form. If you have not got a certificate send in the form without it. You can send in the certificate later. If you do not have a birth certificate but have other documents which would help the ministry to determine your age, please send them. Examples of such documents are: vaccination certificate, baptismal certificate, school record or passport.
- (6) 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 a widow living with a single man.
- (7) For the purposes of question 19, the date of your retirement is –
  - (a) the day you reach age 70 (if you are a man) or age 65 (if you are a woman) whether or not you have retired:  
or
  - (b) if you are age 65 or over (in the case of a man) or age 60 or over (in the case of woman) the day after you finally cease to be gainfully occupied and no intention of engaging in other occupation inconsistent with retirement; or
  - (c) the day you reach age 65 (Man) or age 60 (woman) if you retire before you reach that age.
- (8) If you have any stamp cards give them in along with this form.
- (9) Before you fill up Part VI, you must take the form to someone who knows you but is not related to you. You must fill out Section A of Part VI in the presence of that person and sign the form at “X”. That other person should complete Section B and sign at “XX”.
- (10) 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 a Local Office in each parish capital.
- (11) When you have completed this form, you must take or send it to Local National Insurance Office.
- (12) **If you also contributed to the Social Security Scheme of another country besides Jamaica, please complete PART V.**

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