



**CLAIM FOR  
WIDOW'S BENEFIT**

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

**IMPORTANT:** Please read the instructions attached before completing the claim form.

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

**PART 1**  
**PARTICULARS OF CLAIMANT**

1. Name (in full) .....  

First Name	Middle Name	Surname
------------	-------------	---------
  2. Address .....
  3. National Insurance Number (if any)
  4. Age ..... 5. Date of Birth .....  

	Year	Month	Date
--	------	-------	------
  6. Place of Birth ..... 7. Parish of Birth .....
  8. Is your birth certificate enclosed?  Yes  No
  9. Is other evidence of birth enclosed?  Yes  No
  10. Date of marriage .....  

Year	Month	Date
------	-------	------
  11. Place of marriage .....
  12. Is your marriage certificate enclosed:  Yes  No
  13. Surname before marriage .....
  14. Have you ever used, or been known by, any other names(s) than that (those) given above?  Yes  No  
 If so, what names(s)? .....
  15. At what Post Office/Postal Agency would you like your benefit paid? .....
  16. Have you ever previously claimed a benefit?  Yes  No  
 If the answer is "Yes", state what benefit was claimed, the claim number (if known) and result of the claim .....
  17. If you are claiming on the ground of being pregnant by your late husband, state the expected date of your confinement .....
- Are you enclosing a medical certificate of pregnancy?  Yes  No

18. If you claiming on account of having care of a child under 18, give particulars of the child, or the youngest child if more than one child, as follows:-

- (a) Name of child .....  
Christian Names Surname
- (b) Date of Birth .....  
Year Month Date
- (c) Is the Birth Certificate enclosed? .....  Yes  No
- (d) Address of Child .....
- (e) If the child is not living with you, state the reason and whether absence is temporary or intended to be permanent.  
.....  
.....
- (f) Is the child in your care?  Yes  No
- (f) What is your relationship to the child named at (a) above? .....
- (h) What was your husband's relationship to the child named at (a) above? .....

**PART II**  
**PARTICULARS OF HUSBAND**

19. Your husband's full name .....  
(BLOCK CAPITAL) Christian Names Surname
20. His date of Birth .....  
Year Month Date
21. Place of Birth ..... 22. Parish of Birth .....
23. Is the birth certificate enclosed?  Yes  No
24. Is other evidence of his birth enclosed?  Yes  No
25. His date of death .....  
Year Month Date
26. Place of his death (full address) .....  
Year Month Date
27. Is his death certificate enclosed:  Yes  No
28. Did he die as a result of an accident at work?  Yes  No
29. (a) Was he suffering from a prescribe disease?  Yes  No
- (b) If "Yes", please state which disease .....

**(Note: A prescribed disease is any or of the diseases listed in the Schedule to he National Insurance (Prescribed Diseases) Regulations, 1970.)**

30. Was your husband receiving an old-age invalidity pension at the date of his death?  Yes  No  
 If so (a) state his pension number .....  
 (b) are you sending his pension order book with this claim?  Yes  No

**You should send the book if you have it or say how you have disposed of it.**

31. (a) What was his Jamaican National Insurance Number?
- (b) Are you sending his last Jamaican Stamp Card with this claim?  Yes  No

**You must send it if you have it, where it is.**

32. (a) List below your husband's employers during the last three years of his employment in Jamaica:

Name of Employer	Address of Employer	Occupation	Work No. (If any)	Period of Employment	
				From	To
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

- (b) If he had wage-related contributions deducted from earnings of \$13.00 a week or more (or \$46.00 a month or more) by any of these employers, indicate so by marking "X" against the employer's or employers' name(s)

33. (a) Has your late husband ever worked as an employed or self-employed person in any other country than Jamaica?  
 Yes  No

- (b) If so, give the following particulars:

**FOREIGN EMPLOYMENT**

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

**PART III**  
**DECLARATION**

I declare that to the best of my knowledge and belief, all the statements made in Pars I and II are true. I claim benefit accordingly.

I also undertake to notify the local National Insurance Office immediately if any of the statements ceases to be true.

.....  
Signature or Mark of Claimant

Date .....

I hereby certify that

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

**OR**

\*(b) the claimant made her mark to the above declaration in my presence. She having declared her inability to read or write the contents of the foregoing claim declaration were first carefully read over and explained to her, when she expressed herself fully to understand the meaning and effect thereof and to intend the same and made her mark and declared thereto.

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

.....  
Signature of Witness

Date .....

Address .....

Occupation .....

\*Cross out whichever does not apply.

**PART IV**

**Authority by Claimant to Medical Practitioner**

**To Reveal the Nature of Her Illness**

1. I hereby give authority to the medical practitioner completing the certificate at paragraph 2 below to divulge the nature of my illness for the purposes of this claim to benefit.

Name of claimant .....

.....  
Signature or Mark of Claimant

**(Witnesses to Mark to be completed only  
If the claimant is unable to write and  
Makes his/her mark.)**

Date .....  
Signature of Witness

**NOTE TO MEDICAL PRACTITIONER**

A woman who is incapable of work by reason of a specific disease or bodily or mental disablement which is likely to be permanent may qualify for a widow's benefit. The following certificate should be completed by a medical practitioner who has examined the claimant and is of the opinion that these conditions are satisfied.

**2. Certificate by Medical Practitioner**

I certify that ..... is incapable of work by reason of ..... and that, in my opinion, her incapacity is likely to be permanent but should be reviewed after a period ..... months.

General Remarks: .....  
.....  
.....

.....  
Signature and Qualifications

Date .....

## QUALIFICATIONS FOR WIDOW'S BENEFIT

A woman may qualify for a widow's benefit on the insurance of her late husband if he had satisfied the required contribution conditions at the time of his death, or at retirement, if earlier, and if-

- (i) the marriage for not less than 3 years and she is over the age of 55; or
- (ii) the marriage lasted for not less than 3 years and she is incapable of work by reason of some specific disease or bodily or mental disablement and this incapacity is likely to be permanent; or
- (iii) she is pregnant by her late husband; or
- (iv) she has the care of a child of his, or their marriage under the age of 18.

It may be possible to accept a woman who was the common-law wife of the deceased man as his widow for the purpose of the foregoing conditions.

A woman who does not satisfy the conditions at (i), (iii) or (iv), but thinks she might qualify under (ii) should sign the Authority at part IV and take this form to her doctor for completion of the Certificate. If the doctor is able to give the Certificate the Claimant should complete the form in accordance with the following instructions:

### INSTRUCTIONS

1. Every claimant should fill out Parts I and II. Where the box (  ) is provided for your answer, place a check mark (  ) in the box next to the word that will answer the question.
2. Every claimant should submit her birth and marriage certificates and the birth and death certificates of her husband.
3. If the claim to benefit is on the ground of having in her care a child of her husband, or of the marriage, under the age of 18, the claimant should submit that child's birth certificate, or, if more than one child fulfills the conditions, the birth certificate of the youngest of these children.
4. The claim should not be delayed, however, if one or other of the certificates mentioned at 2 and 3 is not available.
5. Where the claim is on the ground of being pregnant by her late husband, the claimant should enclose a medical certificate of pregnancy indicating the expected date of confinement.
6. Before completing PART III of the form, the claimant should take the form to a person (other than a relative) who is known to her and complete and sign the upper of the Declaration in his/her presence. That person should then complete and sign the lower part of the Declaration.
7. If a claimant wants advice or help in completing this form, she should get in touch with a local National Insurance Office.
8. This form, when completed, should be taken or sent to a local National Insurance Office.
9. A claimant whose late husband had worked in another country besides Jamaica must make sure to give the information requested at question 33 under PART III of the claim form.

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