APPLICATION FOR FUNERAL GRANT

UNDER THE NATIONAL INSURANCE ACT OF 1965 JAMAICA

INSTRUCTIONS:

I. **This form is to be completed in BLOCK CAPITALS using black or blue ink pen.**
II. **Tick (✓) boxes where applicable.**
III. **Submit original documentary proof of death and Undertakers Receipt and Estimate, along with this application. This application is to be submitted within one year after the date of death. Applications submitted after this period will not be paid. Proof of payment of funeral expenses is required.**
IV **Return all pension order books, cheques and bank drafts payable after the date of death of pensioner, as well as the NI Gold Card, if applicable.**
V. **Submit a Valid Identification of the Applicant.**
VI. **If the funeral expenses were paid by an organization or person(s) other than or in addition to the applicant, then a written, notarized consent must be given by said organization or person(s) for the applicant to be paid the benefit.**
VII. **Applicant is required to sign the bottom of pages 1 & 2, and the Declaration at Part 5 on Page 3.**

PART 1 – PARTICULARS OF APPLICANT

1. Name ☐ Mr. ☐ Miss ☐ Mrs.

……
(Last Name) *(First Name)* *(Middle Name(s))*

2. Address: ……..…….…… *Country:*…….

3. Contact Number(s): ……..…… …….. ……..…
(Home) *(Work)* *(Mobile)*

4. E-mail Address(es): ……..…….....

5. National Insurance Number..... **6. TRN** ……

7. (a) State your relationship to the deceased ……..…….....

(b) Did you pay or do you intend to pay the funeral expenses? ☐ Yes ☐ No

If "no", submit a certified **Waiver Letter** (*available at the Parish Office or at* ***http://mlss.gov.jm***) from the person(s) or organization that paid the funeral expenses.

(c) Should the funeral grant be made payable to you? ☐ Yes ☐ No **(If "No", complete PART 2)**

PART 2 – PARTICULARS OF PAYEE
(If different from the Applicant)

8. (a) Name ☐ Mr. ☐ Miss ☐ Mrs.

……
(Last Name) *(First Name)* *(Middle Name(s))*

(b) Name of Organization *(if applicable)* ……..…….……

(c) Payment is to be made to: ☐ Person named at 8(a) ☐ Organization named at 8(b)

9. Address:……..…….……

10. Contact Number(s): ……..…… …….. ……..…
(Home) *(Work)* *(Mobile)*

11. E-mail Address(es): ……..…….....

12. National Insurance Number/Reference Number..... **13. TRN**……..

PART 3 – PARTICULARS OF DECEASED

14. Name ☐ Mr. ☐ Miss ☐ Mrs.

……..…….
(Last Name) *(First Name)* *(Middle Name(s))*

15. State any other name(s) by which the deceased was known and submit Deed Poll if applicable

.....

16. National Insurance Number ..... **17. Pension Number**…….....…….....

18. TRN……..…

19. Last Address …..……

20. Date of Birth ……
Year - Month - Day

21. Sex ☐ Male ☐ Female

22. Marital Status

☐ Single ☐ Common-Law ☐ Married ☐ Separated ☐ Widowed ☐ Divorced

23. Date of Death ……
Year - Month - Day

24. Place of Death ……

PART 4 - PARTICULARS OF INSURED PERSON

Instructions:
I. This section is not to be completed if the deceased was a pensioner.
II. If the deceased was the spouse of a pensioner, complete questions 25(a) to 25(c) only and submit the relevant Marriage Certificate.
III. If the Insured is/was a Contributor, complete all applicable questions.

25. (a) State the name of the person on whose National Insurance contributions the claim is based:

……..……
(Last Name) *(First Name)* *(Middle Name(s))*

(b) National Insurance Number ……...

(c) Pension Number(s) .....

(d) List all particulars of employment in Jamaica since 1966 for person named at 25(a).

Name and Address of Employer(s)	Employer's Reference No.	Employee's No. *(If Applicable)*	Occupation	Periods of Employment	
				From	To

Use additional sheet(s) if necessary.

Signature of Applicant .....

26. (a) Has the person named at 25(a) ever been employed outside of Jamaica? Yes ☐ No ☐

(b) If "Yes", please indicate in the boxes below and supply the information requested in the table at 26(c).

☐ Canada ☐ Quebec ☐ United Kingdom

☐ Caribbean/ CARICOM Countries, please state…………………………………………………………………..

☐ USA Farm Work Programme J # …………………………………………………………………..

☐ Canada Farm Work Programme JC# ……………………………………….…………………………….

☐ Other, please state …..……………………………………………………..…………………………….

(c) List all particulars of employment outside of Jamaica for person named at 25(a).

Name and Address of Employer(s)	Social Security/Social Insurance Number	Occupation	Periods of Employment	
			From	To

Please use additional sheet(s) if necessary

PART 5 - DECLARATION AND CERTIFICATE
To be completed by all Applicants

SECTION A. APPLICANT'S DECLARATION AND SIGNATURE

I certify that the information provided by me is true to the best of my knowledge and belief.

Signature or Mark of Applicant …………………………………………. Date ....……/…………/………..….
Year Month Day

SECTION B. WITNESS' CERTIFICATE AND SIGNATURE

INSTRUCTIONS:

(1) To be completed for applicant who is unable to read and write due to illness or illiteracy.
(2) This certificate is to be completed by a Justice-of-the Peace or Notary Public. If certified by a Notary Public outside of Jamaica, the relevant certificate of commission is to be obtained from the County Clerk's Office and attached.

I hereby certify that the applicant made the necessary mark in my presence after same was read over and explained to him/her and he/she indicated that he/she fully understood the nature and effects of the contents.

Name of Witness……………………………………………….................... Occupation or…….……..……….………….……………… Qualification

Address ………………………………………...

Signature of Witness..……………………..………… Contact Number …………………………………… Date ….……/……..…/…………
Year Month Day

WARNING
ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT ON THIS FORM IS LIABLE TO CRIMINAL PROSECUTION PURSUANT TO SECTION (44)(2)(e) OF THE NATIONAL INSURANCE ACT

FOR OFFICIAL USE ONLY

Claim № _____

Receipt № _____

National Ins. № _____

Pension №(s) _____

_____

DATE RECEIVED

Checked by: Name

_____

Signature_____

Verified by: Name

_____

Signature_____

Application Verified by:

- □ Driver's Licence № _____
- □ Elector Reg. Card № _____
- □ Passport № _____
- □ Birth Certificate № _____
- □ Deed Poll № _____
- □ Marriage Certificate № _____
- □ Death Certificate № _____
- □ Medical Cause of Death № _____
- □ Post Mortem Report _____
- □ Burial Order № _____
- □ Pension Order Book № _____
  - Total Number of vouchers _____
  - Total Value of vouchers _____
- □ Pension Order Book № _____
  - Total Number of vouchers _____
  - Total Value of vouchers _____
- □ Pension Cheque № _____
- □ Bank Draft № _____
- □ Undertaker's Invoice № _____
- □ Undertaker's Receipt № _____
- □ NI Gold Card _____

NATIONAL INSURANCE SCHEME

DIRECT DEPOSIT INFORMATION FORM

INSTRUCTIONS:

I. This form is to be completed in BLOCK CAPITALS using black or blue ink pen;
II. This form is to be completed by all Applicants;
III. Direct Deposit Payments are only made to Jamaican Commercial Bank Accounts;
IV. Applicant must be the primary holder of the bank account provided;
V. All questions marked with an asterisk (*) are Mandatory.

PART 1
PARTICULARS OF APPLICANT

1. Name* ☐ Mr. ☐ Miss ☐ Mrs.

……..……
(Last Name) *(First Name)* *(Middle Name(s))*

2. National Insurance No. ……. **3.** TRN ……..……..

4. Home Address

……..……

……..……

……..……

5. Mailing Address *(if different from home address)*

……..……

……

……

6. E-mail Address: ……..……..……..

7. Contact Number(s): …… ……. ……..……..
(Home) *(Work)* *(Mobile)*

PART 2
APPLICANT'S BANKING INFORMATION

8. Name of Commercial Bank*.....

9. Branch where Account was opened*.....

10. Bank Account Number*.....

11. Type of Account (Savings or Chequing)*.....

DISCLAIMER

The Applicant agrees and warrants that the account provided is a legitimate account to which a NIS benefit can be paid and therefore indemnifies the Ministry against any loss or damage suffered as a result of any error in the account information provided herein. The Applicant shall at all times, indemnify and save harmless the Ministry (including its officers, agents and employees), of and from all loss and damage and all actions, claims, costs, demands, expenses, fines, liabilities and suits of any nature whatsoever for which the Ministry shall or may become liable, incur or suffer by reason of making payments through the transfer of funds to the account specified by the Applicant. The Applicant's obligations under this authorisation shall survive the termination of the arrangement between the Ministry and the Client, whether by expiration of time or otherwise.

PART 3
APPLICANT'S SIGNATURE AND DECLARATION

I declare that the information given on this form is correct.

Signature or Mark of Applicant ……..……..…… *Date* ……/……/……...
Year Month Day

PART 4
WITNESS' CERTIFICATE AND SIGNATURE

I HEREBY CERTIFY THAT (indicate appropriate response below):

☐ The Applicant signed the above declaration in my presence.

☐ The Applicant made the necessary mark to the above declaration in my presence. The contents of the foregoing claim/declaration were first carefully read over and explained to the Applicant, who, being unable to read or write, in order to express full understanding of their meaning to vouch thereto, affixed the necessary mark as aforesaid.

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

TO BE WITNESSED BY A JUSTICE OF THE PEACE, ATTORNEY, MEDICAL PRACTITIONER , MINISTRY OF LABOUR AND SOCIAL SECURITY PARISH MANAGER, OR ADMINISTRATOR

NAME ……...Occupation/Qualification ……..……..

ADDRESS ……..……...……..

Telephone No: ……...……Seal/Stamp ……..……..……..

Signature of Witness..……..……..…….. Date …..……/……/……
Year Month Day

FOR OFFICIAL USE ONLY

DATE RECEIVED

Claim Number ……

Pension Number ……

Name of Receiving Officer: ……

Signature Receiving Officer: ……

Date: ……/……/……
Year Month Day

Name of Certifying Officer: ……

Signature Certifying Officer: ……

Date of Certification: ……/……/……
Year Month Day