PRINT

APPLICATION FOR SURVIVOR'S BENEFIT
(WIDOW'S/WIDOWER'S, ORPHAN'S AND SPECIAL CHILD'S)

UNDER THE NATIONAL INSURANCE ACT OF JAMAICA (1965)

INSTRUCTIONS:

I. **This application is to be completed in BLOCK CAPITALS using black or blue ink pen;**
II. **Tick (✓) boxes where applicable;**
III. **Submit documentary proof of age of the Applicant (Birth Certificate or Passport), Bank Account Number and Taxpayer Registration Number (TRN);**
IV. **Submit valid Identification of the Applicant (Passport, Driver's Licence, Electoral Identification);**
V. **Submit documentary Proof of Age of Child, if applicable;**
VI. **Submit Certificate of Adoption, if applicable;**
VII. **Submit Marriage Certificate, if applicable;**
VIII. **Submit Death Certificate(s) of Parent(s) or Spouse;**
IX. **Benefits payable to overseas applicants who are not holders of a Jamaican commercial bank account will be mailed to the applicant;**
X. **Applicant is required to sign at the bottom of each page and the Declaration at Part 7 on Page 7.**

NOTE: APPLICANTS FOR ORPHAN'S AND SPECIAL CHILD'S BENEFIT

(i) **In the case of a child living with a man and his wife, the application is to be completed by the wife.**
(ii) **A separate application form is to be completed for each child under eighteen (18) years of age.**
(iii) **The National Insurance Scheme is to be notified immediately if the child or children is/are no longer in your care before attaining age eighteen (18) or the legal or de facto guardian changes.**

PART 1 – PARTICULARS OF APPLICANT
This section is to be completed by all Applicants

1. Indicate the type of benefit being applied for.

☐ Orphan's ☐ Special Child's ☐ Widow's/Widower's

2. National Insurance Number(s) …… **3.** TRN……..…….

4. Name ☐ Mr. ☐ Miss ☐ Mrs.

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

5. State all other names (including maiden name) that you have been known by and submit Deed Poll if applicable.

……

6. Marital Status

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

7. Sex ☐ Male ☐ Female

8. Date of Birth ……../……../……
Year Month Day

9. Parish/Province/State and Country of Birth ……/……
Parish/Province/State Country

10. Home Address

……

……

……/……
Parish/Province/State Country

11. Mailing Address (*if different from Home Address*)

……

……

……/……
Parish/Province/State Country

12. E-mail Address: ……

Signature of Applicant .....

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

PART 2
This section is to be completed by Applicants for Widow's/Widower's Benefit

14. (a) Have you ever applied for a benefit under the National Insurance Scheme? ☐ Yes ☐ No

(b) If "Yes", state (i) benefit type(s) …….

(ii) claim/pension number(s) …….

15. Are you pregnant? ☐ Yes ☐ No

If "yes", are you pregnant by your late spouse? ☐ Yes ☐ No

(If yes, provide Medical Certificate)

16. State the particulars of the **youngest child (under age 18)** of the union or of your late spouse, under your care:

(a) Name of Child

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

(b) Date of Birth of the Child ……/……/……...
Year *Month* *Day*

(c) Address of the Child .....

(d) Relationship of Applicant to the Child .....

(e) Relationship of Deceased to the Child .....

PART 3 - PARTICULARS OF INCAPACITY
To be completed by Applicants for Widow's/Widower's Benefit who are under 55 years of age and permanently incapable of work.

17. State the date when you became incapable of work on account of your illness or disease ……../……/…….
Year *Month* *Day*

18. AUTHORITY BY CLAIMANT TO MEDICAL PRACTITIONER TO REVEAL THE NATURE OF HIS/HER ILLNESS

I ……..……hereby authorize the medical practitioner completing
(Name of Applicant)
the Medical Report to disclose the nature of my illness for the purpose of this application.

19. MEDICAL REPORT

A. I certify that ……..……..…….

is incapable of work by reason of *(indicate medical condition diagnosed)*: .....

.....……..……..……..……..……

.....……..; and
in my opinion his/her incapacity is likely to be ☐ permanent ☐ temporary, and

to the best of my knowledge or belief, the incapacity began on or about ……/…..…./……
Year *Month* *Day*

NOTE: It is important that the date requested above be stated as precise as possible.

Signature of Applicant .....

B. Is a review requested? ☐ Yes ☐ No

If "yes", state period of review requested.....

General Remark(s) *(include the level of incapacity diagnosed):*

.....

.....

.....

Name and Address of Medical Facility.....

.....

Name of Doctor.....

Signature .....

MCJ Registration No.....

Date ...../...../.....
Year Month Day

Stamp Here

PART 4 – PARTICULARS OF DECEASED SPOUSE
This section is to be completed by Applicants for Widow's/Widower's Benefit

20. Name of Deceased ☐ Mr. ☐ Miss ☐ Mrs.

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

21. State all other names the deceased had been known by *(If applicable)*

.....

22. National Insurance Number(s).....TRN.....

23. Sex ☐ Male ☐ Female

24. Date of Birth ...../...../.....
Year Month Day

25. Parish/Province/State and Country of Birth ...../.....
Parish/Province/State Country

26. Date of Marriage or establishment of Common-Law Union ...../...../.....
Year Month Day

27. (a) Was your spouse in receipt of a Jamaican NIS benefit? ☐ Yes ☐ No

(b) If "Yes", state:

(i) type of benefit(s) ...../.....

(ii) pension number(s) ...../.....

28. Date of Death ...../...../.....
Year Month Day

29. Place of Death .....

30. Did your spouse die as a result of an accident at work? ☐ Yes ☐ No

31. (a) Was your spouse suffering from a chronic or life threatening illness? ☐ Yes ☐ No

(b) If "Yes", specify illness.....

Signature of Applicant .....

PART 5 – PARTICULARS OF CHILD
To be completed for Orphan's/Special Child's Benefit.
(Note: If the child has been legally adopted, the adoptive parents' information is required)

32. Name of Child

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

33. Sex

☐ Male ☐ Female

34. Date of Birth

……..…/……/……
Year *Month* *Day*

35. State your relationship to the child: ……

36. Is the child living with you? ☐ Yes ☐ No

(a) If "Yes", state commencement date ……..…/……/……
Year *Month* *Day*

(b) If "No", state the name(s) and address of the person(s) with whom the child is living.

.....

.....

37. Is the child wholly maintained by you? ☐ Yes ☐ No

(a) If "Yes", state commencement date ……..…/……/……
Year *Month* *Day*

(b) If "No", state the name(s) and address(es) of the person(s) who is/are maintaining the child.

.....

.....

38. State the name and address of the school that the child attends.

.....

39. Are you, or anyone else, claiming or receiving any benefit from the National Insurance Scheme (NIS) or the Programme of Advancement Through Health and Education (PATH) in ***respect of the child***?

☐ Yes ☐ No

If "Yes", state:

NIS Pension Number ……..……

PATH Family Number ……..

40. Is the location of the child's father known? ☐ Yes ☐ No

41. Is the identity of the child's father known? ☐ Yes ☐ No

Signature of Applicant .....

PARTICULARS OF CHILD'S MOTHER

42. Name of Child's Mother

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

43. Date of Birth

……../……../……
Year Month Day

44. Date of Death

……../……../……
Year Month Day

45. National Insurance Number(s) ……

46. TRN……..

47. Last known address

……

……

48. (a) Was the Child's Mother in receipt of a Jamaican NIS benefit? ☐ Yes ☐ No

(b) If "Yes", state:

(i) type of benefit(s) ……/……

(ii) pension number(s) ……/……

PARTICULARS OF CHILD'S FATHER

49. Name of Child's Father

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

50. Date of Birth

……../……../……
Year Month Day

51. Date of Death

……../……../……
Year Month Day

52. National Insurance Number(s) ……

53. TRN……

54. Last known address

……

……

55. (a) Was/Is the Child's Father in receipt of a Jamaican NIS benefit? ☐ Yes ☐ No

(b) If "Yes", state:

(i) type of benefit(s) ……/……

(ii) pension number(s) ……/……

56. E-mail Address: ……

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

58. Has a Maintenance Order ever been made against the child's father? ☐ Yes ☐ No

(If yes, submit copy of Maintenance Order)

Signature of Applicant .....

PART 6 - PARTICULARS OF EMPLOYMENT
(This section is to be completed by all Applicants)

59. (a) State name of person on whose National Insurance record the claim is based.

Name …… National Insurance Number ……..…….…….

(b) Classification of contributor at time of death:

☐ Self - Employed ☐ Employed

☐ Domestic Worker ☐ Voluntary Contributor

(c) List all particulars of employment in Jamaica since April 1966 for person named at 59(a).

Name and Address of Employer	Employee Number	Employer's Reference No.	Occupation	Periods of Employment	
				From	To

Use additional sheet(s) of paper if necessary.

60. (a) Has the person named at 59(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 60(c).

☐ Canada ☐ Quebec ☐ United Kingdom

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

☐ Other, please state …..……..…….……..

☐ USA Farm Work Programme J #……..……..

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

(c) List all particulars of employment outside of Jamaica for person named at 59(a).

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

Use additional sheet(s) of paper if necessary.

Signature of Applicant .....

PART 7 - DECLARATION AND CERTIFICATE
To be completed by all Applicants

SECTION A. APPLICANT'S DECLARATION AND SIGNATURE

I hereby 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 to the Declaration in my presence after same was first explained to him/her and he/she indicated that he/she fully understood.

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

Pension No(s). _____

_____

NIS No(s). ***(Applicant)*** _____/_____

NIS No(s). ***(Mother)*** _____/_____

NIS No(s). ***(Father)*** _____/_____

DATE RECEIVED

Checked by: Name_____

Signature_____

Date: _____/_____/_____
Year Month Day

Verified By: Name_____

Signature_____

Date: _____/_____/_____
Year Month Day

Application Verified by:

(Indicate the country of issue for the respective documents)

- ☐ Passport No. ***(Applicant)*** _____
- ☐ Driver's Licence No. ***(Applicant)*** _____
- ☐ Electoral ID No. ***(Applicant)*** _____
- ☐ Birth Certificate No. ***(Applicant)*** _____
- ☐ Birth Certificate No. ***(Child)*** _____
- ☐ Birth Certificate No. ***(Mother)*** _____
- ☐ Birth Certificate No. ***(Father)*** _____
- ☐ Deed Poll No***. (Applicant)*** _____
- ☐ Deed Poll No. ***(Child)*** _____
- ☐ Deed Poll No. ***(Mother)*** _____
- ☐ Deed Poll No. ***(Father)*** _____
- ☐ Adoption Certificate No. _____
- ☐ Death Certificate No. ***(Mother)*** _____
- ☐ Death Certificate No. ***(Father)*** _____
- ☐ Death Certificate No. ***(Spouse)*** _____
- ☐ Decree Absolute _____
- ☐ Marriage Certificate No. _____
- ☐ Pension Order Book No. _____
- ☐ Pension Order Book No. _____
- ☐ Pension Cheque No. _____
- ☐ Bank Draft No. _____
- ☐ 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

……..

……..

……../……..……
Parish/Province/State *Country*

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

……

……..

……../……
Parish/Province/State *Country*

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 DECLARATION AND SIGNATURE

I hereby 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*

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 NATIONAL INSURANCE 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

PRINT