



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	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs.
	<div style="display: flex; justify-content: space-between;"> <i>(Last Name)</i> <i>(First Name)</i> <i>(Middle Name(s))</i> </div>		
2.	Address:		
3.	Contact Number(s):		
	<i>(Home)</i>	<i>(Work)</i>	<i>(Mobile)</i>
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If “no”, submit a certified Waiver Letter (<i>available at the Parish Office or at http://mlss.gov.jm</i>) from the person(s) or organization that paid the funeral expenses.		
	(c) Should the funeral grant be made payable to you? <input type="checkbox"/> Yes <input type="checkbox"/> No (If “No”, complete PART 2)		
PART 2 – PARTICULARS OF PAYEE (If different from the Applicant)			
8.	(a) Name	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs.
	<div style="display: flex; justify-content: space-between;"> <i>(Last Name)</i> <i>(First Name)</i> <i>(Middle Name(s))</i> </div>		
	(b) Name of Organization (<i>if applicable</i>)		
	(c) Payment is to be made to: <input type="checkbox"/> Person named at 8(a) <input type="checkbox"/> Organization named at 8(b)		
9.	Address:		
10.	Contact Number(s):		
	<i>(Home)</i>	<i>(Work)</i>	<i>(Mobile)</i>
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/...../..... 21. Sex Male Female
Year Month Day

22. Marital Status
 Single Common-Law Married Separated Widowed Divorced

23. Date of Death/...../..... 24. Place of Death
Year Month Day

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.

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 N^o _____
Receipt N^o _____
National Ins. N^o _____
Pension N^o(s) _____

Application Verified by:

- Driver's Licence N^o _____
- Elector Reg. Card N^o _____
- Passport N^o _____
- Birth Certificate N^o _____
- Deed Poll N^o _____
- Marriage Certificate N^o _____
- Death Certificate N^o _____
- Medical Cause of Death N^o _____
- Post Mortem Report _____
- Burial Order N^o _____
- Pension Order Book N^o _____
 Total Number of vouchers _____
 Total Value of vouchers _____
- Pension Order Book N^o _____
 Total Number of vouchers _____
 Total Value of vouchers _____
- Pension Cheque N^o _____
- Bank Draft N^o _____
- Undertaker's Invoice N^o _____
- Undertaker's Receipt N^o _____
- NI Gold Card _____

DATE RECEIVED

Checked by: Name _____

Signature _____

Verified by: Name _____

Signature _____