



# Turks and Caicos Islands National Insurance Board

## CLAIM FOR SURVIVOR'S BENEFIT

**SURVIVOR'S BENEFIT**

is a National Insurance Benefit you may be able to receive

- (1) as a pension, a periodical payment, at the death of an insured person who at date of death was in receipt of an invalidity pension or a retirement pension would have been entitled to an invalidity pension had he been deemed to be an invalid or to retirement pension.
- (2) As a grant, a lump sum payment if at date of death the insured person could not qualify for a pension, but satisfied the conditions for a grant.

**WHO THIS FORM IS FOR**

the spouse and children of the deceased insured person.

**WHEN TO FILL IN THIS FORM**

within three months of the date of entitlement to the benefit, i.e. within three months of the date of death of the insured person.

**WHAT YOU HAVE TO PROVIDE**

birth and death certificates of the deceased insured person, birth and marriage certificate of the surviving spouse and birth certificates of the surviving children.

**PART1: DETAILS TO BE PROVIDED BY YOU**

1. Full name of deceased insured person:

2. National Insurance Number:

3. Last address

4. Date of Birth:

DAY	MTH	YEAR

Date of Death

DAY	MTH	YEAR

5. Name of surviving spouse

6. National Insurance

7. Date of Birth

*Fecha de Nacimiento:*

Dat Nesans:

DAY	MTH	YEAR

8. Date of Marriage to deceased.

DAY	MTH	YEAR

N.B A single woman who was living with a single man or a single man who was living with a single woman, may be treated as a spouse in applicable circumstances.

9. Address/Email Address

  
Email Address: \_\_\_\_\_

10. Telephone Number

## PART2: DETAILS OF EMPLOYMENT AND RECEIPT OF BENEFIT

11. Occupation

12. Name of surviving child who is a minor

13. National Insurance No. If applicable

14. Date of Birth

15. Address

16. Telephone Number

17. Occupation, if applicable

- Note:
1. Where there are other surviving children who are minors, details similar to those at 12 to 17 may be submitted on a separate sheet of paper.
  2. A minor means-
    - A person under 16 years;
    - An unmarried person between the ages of 16 and 21 who is receiving full time education or is attending an approved course of training; or
    - An unmarried person who is over 16 and permanently incapable of self-support.
  3. In the case of 2 (a) a birth certificate must be supplied. With regards to 2 (b) a birth certificate and proof of the full time education or training must be provided. In respect of 2 (c) a birth certificate as well as the appropriate medical certification or other relevant evidence must be given.

**RE: Spouse**

**PRESENT EMPLOYER**

1. If you are at present employed, Please state the Name and address of your employer:

**ADDRESS**

**LAST EMPLOYER**

2. If you are not employed, please state the name And address of your last employer:

**ADDRESS**

3. If you are self-employed, please state date That you were last self-employed.

<b>Date:</b>	<b>Month:</b>	<b>Year:</b>
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4. Please state whether you are a voluntary Contributor by ticking appropriate box.

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

5. Please state last date of employment.

<b>Date:</b>	<b>Month:</b>	<b>Year:</b>
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**PART3: DECLARATION AND CLAIM**

**I UNDERSTAND**

- that if I give any information that is incorrect action may be taken against me.

**I DECLARE**

- that the information I have given on this form is correct and complete.

**I CLAIM**

- survivors benefit as the spouse of the above mentioned deceased insured person for myself and the surviving minor child/children.

Claimant's Signature:

Date:

Please complete fully and bring or send immediately to the National Insurance office.  
DELAY MAY MEAN LOSS OF BENEFIT.