



ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

CLAIM FOR AGE BENEFIT

Striving for Social Justice

Warning: Any person who knowingly makes any false statement, or false representation for the purpose of obtaining benefit, will be liable to prosecution.

Details of Insured Person:

1. Social Security No. _____

2. **FIRST NAME** _____ **MIDDLE NAME** _____ **SURNAME** _____

3. Home Address _____

4. P.O. Box _____ 5. E-mail Address _____

6. Tel./Cellular No. _____ 7. Date of Birth (dd/mm/yyyy)

8. Gender Male Female 9. Occupation

10. I present here my current Social Security Card Passport

I hereby state that I have attained age *60/62 years and claim *National Provident Fund/Social Security Age Benefit.

Employer Details:

11. Names and Addresses of your last four (4) Employers:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

13. Were you employed outside of the Federation? Yes No

14. Give Name(s) of Countries _____

Countries _____

15. Have you previously received *Invalidity/Disablement Benefit? Yes No

16. Are you receiving any Social Security Benefit? If so, please state which benefit. _____

Please enter your **Bank** details for payment of your benefit:

17. Name on Account _____ 18. Account No. _____

19. Name of Bank Institution _____

I hereby state that the information given above is true to the best of my knowledge and belief. I authorize you to provide all relevant information to any Social Security Institution with which you have an agreement and in which country I have worked.

20. Claimant's signature _____ 21. Date (dd/mm/yyyy)

22. Witness to thumb print /mark if unable to write _____

23. Name of Witness _____

(Affix right thumb print here if unable to write)

For Official Use
Date Received _____
Claim Number _____
Verification Document Received _____
Signature of Receiving Officer _____