



ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

CLAIM FOR SURVIVOR'S/DEATH BENEFIT

Striving for Social Justice

SECTION - A

(TO BE COMPLETED BY THE PERSON CLAIMING)

Please read this form carefully and provide information that relates to your case

Details of Insured Person:

1. Social Security No.

2. FIRST NAME MIDDLE NAME(S) SURNAME

MAIDEN NAME

3. Date of Birth (dd/mm/yyyy)

4. Gender

☐ Male ☐ Female

5. Date of Death (dd/mm/yyyy)

6. Home Address

7. P.O. Box

8. E-mail Address

9. Occupation

10. I agree for my mailing address to be updated with the address provided on this form. Yes ☐ No ☐

11. Was the insured person's death due to an injury suffered in the course of his/her employment? Yes ☐ No ☐

12. Name of Present/Last Employer

13. Employer's Tel. No.

14. Address of Employer

Important Notice: The Social Security Board may treat:-

1. a single woman or widow who was living with a single man or widower as his wife at the date of his death as if she were in law his widow; or

2. a single man or widower who was living with a single woman or widow as her husband at the date of her death as if he were in law her widower if;

(a) the insured person has nominated the woman or the man as the case may be as beneficiary for the purpose of entitlement to benefit; and

(b) the Board is satisfied that in all the circumstances, he or she should be so treated.

Details of Claimant:

To: Director, Social Security; I, the undersigned hereby claim Survivor's/Death Benefit:

15. Name of Claimant

16. Social Security No.

17. Home Address

18. P.O. Box

19. E-mail Address

20. Tel./Cellular No.

21. Relationship to Insured deceased person 22. Date of Marriage to deceased 23. Claimant's Date of Birth

24. I hereby present my Social Security Card ☐ Passport ☐ Birth Certificate ☐ Marriage Certificate ☐

25. Cohabitation Certificate attached? Yes ☐ No ☐ 26. Period of Cohabitation: from To (dd/mm/yyyy)

Items (a) to (g) must be completed where the NOTICE on the front page applies. Where possible affidavit, or other documentary evidence of cohabitation must be submitted: A declaration by a responsible person who knew of the relationship between the claimant and the deceased person may suffice.

(a) Was the deceased a married person at the date of his/her death? Yes ☐ No ☐

(b) If the answer to (a) is 'yes', please state below the name (if known) of the deceased person's spouse

(b2.) Address of spouse (if known)

(c) Were you a married person at the date of death of the insured person? Yes ☐ No ☐

(d) Were you living with the deceased person as his/her spouse at the date of his/her death? Yes ☐ No ☐

(e) If the answer to (d) is 'yes', please state the number of years and months you were living together.

(f) Were you wholly or mainly maintained by the deceased person at the date of his/her death? Yes ☐ No ☐

(g) Have you been married to/living with someone as your husband/wife since the death of insured person? Yes ☐ No ☐

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

19. Name on Account		20. Account No.
<input type="text"/>		<input type="text"/>

21. Name of Financial Institution	Select type of Account - Savings <input type="checkbox"/>
<input type="text"/>	Chequing <input type="checkbox"/>

I am aware that if a pension is awarded to me as a result of this claim, I have an obligation under the law to inform the Director of Social Security if I marry, remarry, or cohabit with a man/woman as his/her wife/husband.

Particulars of Child/Children: The particulars of this claim relating to the unmarried child/children of the deceased insured person are given below.

I declare that the information given in this claim is true to the best of my knowledge and belief.

27. Claimant's Signature	28. Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>

29. Witness to thumb print/mark if unable to write	<i>(Affix right thumb print here if unable to write)</i>
<input type="text"/>	
30. Name of Witness	
<input type="text"/>	

31. Particulars of Children					
Name of child/ children	Date of Birth	Name of School Child attends	Father's Name	State if: Child, Adopted, Step-child, Invalid or Orphan	Was Child living with the Deceased?

32. Are you aware of any children of the deceased 18 years old or under, other than the ones mentioned above? If your answer is 'yes', please give their names and addresses below: Yes ☐ No ☐

33. Name	34. Address
<input type="text"/>	<input type="text"/>
Name	Address
<input type="text"/>	<input type="text"/>

35. Please state the names and addresses of the parents of the deceased person (if known).	
36. Father's name	37. Address
<input type="text"/>	<input type="text"/>
38. Mother's name	39. Address
<input type="text"/>	<input type="text"/>

WARNING: Any person who knowingly makes any false representation for the purpose of obtaining Survivor's Benefit renders himself/herself liable for prosecution.

For Official Use
Date Received <input type="text"/>
Claim Number <input type="text"/>
Verification Documents Received <input type="text"/>