

NATIONAL INSURANCE & SOCIAL SECURITY ACT, 1969
CLAIM FOR SURVIVOR'S BENEFIT
(Under the Benefit Regulations, 1969)

WARNING: Any person who knowingly makes a false statement or false representation for the purpose of obtaining any payment for himself or for some other person under the National Insurance and Social Security Act, 1969, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

The General Manager, N.I.S. Date 20.....

Name of deceased person
(Block Letters)

Address
.....

Date of Birth Date of Death
(attach his/her birth certificate)

Deceased person's National Insurance Number

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Name of last employer before death

Address of last employer
.....

Was the deceased person in receipt of any benefit from NIS? Answer Yes or No

If 'Yes' please state type of benefit

Is claimant in receipt of any benefit from NIS? Answer Yes or No

If 'Yes' please state: -

(a) Type of Benefit

(b) National Insurance Number of Claimant

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Is the Claimant the widow/widower of the deceased person?

If neither, state relationship

Date of Birth of Claimant

If the claimant is not the widow/widower of the deceased person, has he/she the care of the children of the deceased person?

Was the claimant married to the deceased person? Yes or No

If yes, attach marriage certificate and state date of marriage.....

Was the claimant wholly or partially dependent on the deceased person?

If the claimant is the widow, was she residing with the deceased person at the time of death? Yes or No

If she was not residing with the deceased person, was she receiving or entitled to receive from him periodical payment for maintenance of herself and children, or was she maintained by the deceased voluntarily or by Court Order?

*Delete where inapplicable

If she was receiving any payment, how much?

If a widower, has he any Income, including pension, from any source?

If so, how much?

Give the particulars of the children of the deceased person: -

| Name of Child/ Children | Father's Name | Mother's Name | Date of Birth | Place of Birth |
|----------------------------|------------------|------------------|------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(Attach the birth certificate of each child under 18 years of age)

If the claim is made by a person having the care of the child/children* of the deceased person state: -

- a) the name of the wife of the deceased person
- b) maiden name of wife
- c) address, if known
- d) if she is dead give the date of death

If the claim is being submitted later than three months after the death of the insured person, please state why it was not made earlier
.....
.....

DECLARATION:

I declare that the information given above is true and correct to the best of my knowledge and belief, and I claim Survivor's benefit under the Benefit Regulations, 1969, in respect of the above named deceased person.

(Mr./Mrs./Miss)*

(Signature/Mark of Claimant)

Name
(In Block Letters)

Address
.....

Telephone No.....

Witness to mark

Address

Occupation of Witness

Date

*Delete where Inapplicable