NI 8

THE NATIONAL INSURANCE BOARD
FUNERAL GRANT APPLICATION

(PLEASE USE CAPITALS LETTERS)

NOTE: This claim must be submitted within 3 months of the Date of Death of the Insured Person.

(FOR OFFICIAL USE)
CLAIM NO:
SERVICE CENTRE CODE:
ACCIDENT NO:

SECTION "A" - TO BE COMPLETED BY APPLICANT

PARTICULARS OF APPLICANT (Questions1 to 8 and 20)

1. NAME: SURNAME OTHER NAME(S)
2. *HOME ADDRESS: (STREET) (CITY/DISTRICT/COUNTY)
3. *POSTAL ADDRESS (if different from above): (STREET) (CITY/DISTRICT/COUNTY)
4. DATE OF BIRTH: YYYY MM DD
5. VALID IDENTIFICATION: (Tick one box) ☐ PASSPORT ☐ DRIVER'S PERMIT ☐ ELECTORAL I.D. NUMBER:
6. TELEPHONE NUMBERS: (HOME) (OFFICE/WORK) (CELLULAR)
7. RELATIONSHIP TO DECEASED INSURED PERSON:
8. DOCUMENTS TO ATTACH IN RESPECT OF DECEASED INSURED PERSON: ☐ a) DEATH CERTIFICATE ☐ b) BIRTH CERTIFICATE AND SUPPORTING AFFIDAVIT(S) ☐ c) BILLS AND RECEIPTS OF FUNERAL EXPENSES ☐ d) NATIONAL INSURANCE REGISTRATION CARD

PARTICULARS OF DECEASED INSURED PERSON (Questions 9 to19)

9. NAME OF DECEASED: SURNAME OTHER NAME(S)
10. LAST ADDRESS: (STREET) (CITY/DISTRICT/COUNTY)
11. NATIONAL INSURANCE NO:
12. GENDER: ☐ Male ☐ Female
13. DATE OF BIRTH: YYYY MM DD
14. BIRTH CERTIFICATE PIN NO: (IF KNOWN)
15. DATE OF DEATH: YYYY MM DD
16. DID DEATH OCCUR AS A RESULT OF ACCIDENT/INDUSTRIAL DISEASE ARISING FROM EMPLOYMENT? ☐ YES ☐ NO
    If "Yes", please state date of accident/development of disease YYYY MM DD (See Section 'B')
17. NAME OF LAST EMPLOYER:
18. ADDRESS OF LAST EMPLOYER: (STREET) (CITY/DISTRICT/COUNTY)

SECTION "A" - TO BE COMPLETED BY APPLICANT CONT'D

19. DID THE DECEASED WORK OR LIVE IN CANADA OR WORKED IN ANY OF THE CARICOM COUNTRIES? ☐ YES ☐ NO

If "Yes", please provide:

(i) SOCIAL SECURITY NO. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(ii) COUNTRY ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

20. PLEASE INDICATE THE METHOD OF PAYMENT OF BENEFIT

☐ COLLECT AT SERVICE CENTRE ☐ MAIL TO POSTAL ADDRESS

PLEASE ENQUIRE FROM YOUR SERVICE CENTRE ABOUT THE SURVIVOR/DEATH BENEFIT WHERE APPLICABLE.

APPLICANT'S DECLARATION

I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of three thousand dollars ($3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.

SIGNATURE OR MARK _____

DATE: ☐☐☐☐ ☐☐ ☐☐ (YYYY MM DD)

PARTICULARS OF WITNESS TO MARK (Where applicant cannot sign)

NAME: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (SURNAME) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (OTHER NAME(S))

ADDRESS: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (STREET)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (CITY/DISTRICT/COUNTRY)

VALID IDENTIFICATION: (Tick Appropriate Box)
☐ PASSPORT
☐ DRIVER'S PERMIT
☐ ELECTORAL I.D.

OCCUPATION: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

SIGNATURE OF WITNESS TO MARK _____

DATE: ☐☐☐☐ ☐☐ ☐☐ (YYYY MM DD)