CARICOM AGREEMENT ON SOCIAL SECURITY APPLICATION FOR RETIREMENT/AGE PENSION

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, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

Please **NOTE** the Documentary Evidence Requirements at the back of this form.

| SECTION "A" – PARTICULARS OF CLAIMANT | | | | | | | | |
|--|----------------------------------|--|--|--|--|--|--|--|
| 1. COUNTRY OF PERMANENT RESIDENCE: | | | | | | | | |
| 2. NAME:SURNAME | OTHER NAME(S) | | | | | | | |
| 3. NAME AT BIRTH IF DIFFERENT: | | | | | | | | |
| 4. ADDRESS: | | | | | | | | |
| 5a. NATIONAL INSURANCE/SOCIAL 5b. COUNTRY 6. COUNTRY OF BIRTH: SECURITY NUMBER* | | | | | | | | |
| | | | | | | | | |
| | 7. DATE OF BIRTH | | | | | | | |
| 5c. NATIONAL REGISTRATION NUMBER | YYY MM DD 8. TELEPHONE NUMBER | | | | | | | |
| (WHERE APPLICABLE) | | | | | | | | |
| | | | | | | | | |
| 5d. WORKS NUMBER (WHERE APPLICABLE) | 9. SEX: FEMALE MALE | | | | | | | |
| 10. FATHER'S NAME: | OTHER NAME(S) | | | | | | | |
| 11. MOTHER'S MADIEN NAME: | () | | | | | | | |
| SURNAME | OTHER NAME(S) | | | | | | | |
| 12. MARITAL STATUS: 12.1 SINGLE 12.2 | MARRIED 12.3 WIDOWED | | | | | | | |
| (TICK APPROPRITE BOX) 12.4 DIVORCED 12.5 | COMMON-LAW | | | | | | | |
| SECTION "B" – PARTICULARS OF SPOUSE | | | | | | | | |
| 13. NAME OF SPOUSE: | OTHER NAME(S) | | | | | | | |
| 14. ADDRESS: | | | | | | | | |
| STREET | | | | | | | | |
| (CITY/DISTRICT/COUNTY) | (COUNTRY) | | | | | | | |
| *NOTE: Applications may submit additional information on a separate s | heet if necessary. | | | | | | | |

CA1400F2 CA1 R0 (a)

Г

٦

Revision Date: October, 2019

| SECTION "B" – PARTICULARS O | F SPOUSE | |
|--|----------------------------|---|
| 15a. NATIONAL INSURANCE/SOCIAL SECURITY NUMBER* | 15b. COUNTRY | 15c. NATIONAL REGISTRATION NUMBER (WHERE APPLICABLE) |
| | | |
| | | |
| | | 15d. WORKS NUMBER (WHERE APPLICABLE) |
| 16. DATE OF MARRIAGE/ | 7. DATE OF BIRTH OF SPOUSE | |
| CO-HABITATION: | YYY MM DD | |
| YYY MM DD | | |
| SECTION "C" – DETAILS OF W | ORK DONE IN CARICOM C | OUNTRIES |

18a. EMPLOYMENT RECORD IN CARICOM COUNTRIES. (Use additional sheets if necessary).

| NAME OF EMPLOYER | ADDRESS | EMPLOYER REGISTRATION NUMBER (If known) | | | | PERIOD OF EMPLOYMENT FROM TO | | | | | | | | | |
|---------------------|---------|--|--|--|--|---------------------------------|--|-----|----|----|-----|----|----|--|--|
| | | | | | | | | YYY | MM | DD | YYY | MM | DD | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

18b. AS A SELF EMPLOYED PERSON

| TYPE OF EMPLOYMENT | PERIOD WORKED FROM TO | | | | | | COUNTRY | |
|--------------------|--------------------------|----|----|-----|----|----|---------|--|
| | YYY | MM | DD | YYY | MM | DD | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| SECTION "C" – DETAILS OF WORK DONE IN CARICOM | |
|--|---------------|
| 19. Are you still employed? YES NO | |
| Please state the name and address of your employer/last employe | r: |
| 20. EMPLOYER'S NAME: | |
| 21. EMPLOYER'S ADDRESS: | (STREET) |
| | (STREET) |
| (CITY/DISTRICT/COUN | TY) |
| (COUNTRY) | |
| 22. Have you ever applied for a Retirement Benefit from a Caricom co | untry? YES NO |
| 23. If "yes" please state country(ies) | |
| 24. Are you in receipt of any Benefit listed below? (Please tick) | 25. COUNTRY |
| 24.1 TYPE OF BENEFIT | |
| 24.2 INVALIDITY BENEFIT | |
| 24.3 SICKNESS BENEFIT | |
| 24.4 EMPLOYMENT INJURY BENEFIT | |
| 24.5 SURVIVORS BENEFIT | |
| 26. Are you a Voluntary Contributor? | 27. COUNTRY |
| YES | |

NO

28. DETAILS OF DEPENDENTS:

| NAME | RELATIONSHIP TO APPLICANT | DATE OF BIRTH | ADDRESS | COUNTRY |
|------|------------------------------|---------------|---------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

29. AUTHORISATION TO TRANSMIT PERSONAL INFORMATION

For the purpose of this application made under the Caricom Agreement on Social Security, I authorise the social security organisations to furnish to this National Insurance System any information in its possession which relates or could relate, to this application for benefits.

| 30. DECLARATION OF APPLICANT | 31. DECLARATION OF WITNESS | | | | |
|--|---|--|--|--|--|
| I hereby declare that to the best of my knowledge and belief the information given is true and correct, and I undertake to notify the National Insurance System of any change that might affect my entitlement to this benefit. | I have read this application to the applicant, who appears to understand the contents and has affixed his/her mark. To be witnessed by Minister of Religion, J.P, Notary Public, Lawyer, Permanent Secretary, Bank Manager, Senior Official of Social Security Scheme, accompanying stamp. 31.1 NAME OF WITNESS: | | | | |
| 30.1 SIGNATURE OF CLAIMANT | SURNAME OTHER NAME(S) 31.2 ADDRESS OF WINTESS: | | | | |
| DATE: YYY MM DD | 31.3 SIGNATURE OF WINTESS: DATE: YYY MM DD | | | | |

32. (FOR OFFICIAL USE)

I hereby declare that I have examined and certified the documents submitted by the claimant with the application form.

| NAM | E OF RECE | EIVING OF | FFICER: | SURNAME | OTHER NAME(S) | |
|-------|--------------|-------------|---------|---------|---------------|--|
| Signa | ature of Rec | ceiving Off | icer | | | |
| | | | | | | |
| | | | | | | |
| DATE: | YYY | MM | DD | | | |

DOCUMENTARY EVIDENCE REQUIRED

PROOF OF AGE

- a) Certified Birth Certificate and Affidavit if applicant's name does not appear on the Birth Certificate or
- b) Valid Passport or;
- c) Electoral Identification Card

CHANGE OF NAME

- a) Marriage Certificate
- b) Deed Poll

OTHER

a) Letter if Co-habitation

This form should be submitted to the National Insurance Office in the country which you reside.

ACKNOWLEDGEMENT OF CLAIM

Dear Sir/Madam

Acknowledgement is made of your claim for ______ dated ______

Which has been accepted. Kindly look forward in the near future for further communication with regard to your claim.