NATIONAL INSURANCE - GUYANA

SURVIVORS'/INDUSTRIAL DEATH PENSION DECLARATION FORM

WARNING:

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

NOTE:

- Every Pensioner must notify the General Manager in writing as soon as practicable after the occurrence of any change of circumstances that may affect his/her right to Benefit or to the receipt thereof (for example change of Marital Status).
- A valid Marriage Certificate must be submitted so as to verify name change.
- Payment of Benefit will be suspended if a pensioner fails to produce evidence of his/her continuing eligibility for such payments.
- Each Pensioner residing in Guyana must complete and submit a valid Life Certificate at least one (1) month before the "Due Date" of the last voucher in the Pension Order Book.
- Local Pensioners who do not receive Pension Order Books but have their payments lodged in Bank Accounts must complete and submit Life Certificates every six (6) months to ensure continued payment. Failure to submit a Life Certificate when due will result in the Pensioner's payment being delayed.
- Each Pensioner residing overseas must complete and submit a valid Life Certificate for the continuation of payment.

		<u>SECTION I</u>	
Name of Pensioner :	Surname	First Name	Middle Name
N. I. #			
			
		ddress given)	
	rent from previous a	ddress given) TELEPHONE #:	

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SECTION II

A. Survivors' & Industrial Death Benefit Spouse/Parent Information

	* Complete where applicable
1.	Have you remarried? Yes □ No □
	If "Yes" state new name: Surname Other Name
	If "No", have you entered into a Common Law Relationship? Yes \square No \square
2.	Are you: Employed Self-employed Unemployed Unemployed
3.	If "Employed/Self-employed", state below:
	Employer's Name:
	Employer's Address: Telephone:
4.	Are you an invalid? Yes ☐ No ☐
5.	Are you in receipt of any other NIS Pension? Yes ☐ No ☐
	If "Yes", please state
6.	Do you have custody of any Dependant/Orphan children? Yes ☐ No ☐
	If "Yes", name them and indicate those attending school full time
В.	Survivors' Benefit Dependant, Survivors' Benefit Orphan Industrial Death

B. Survivors' Benefit Dependant, Survivors' Benefit Orphan Industrial Death Dependant & Industrial Death Orphan

Child's Full Name	Date of Birth	Living with you (Yes/No)	Supported by you (Yes/No)	Attending School full time (Yes/No)	Name of School

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SECTION 111

DECLARATION BY PENSIONER

Signature or Mark of Pensioner	r Witness to Mark	Date
	<u>SECTION IV</u>	
DECLARAT	TION BY SANCTIONED AUTHORIT	Υ
Document used to identify Pensioner:		Office Seal
·	is alive and has been	or Stamp here
interviewed by me on this da	y of"	
Full Name (Please Print)	Signature	Position
missioner of Oaths, Notary Public, Ministrintendent of Police, the Manager of a Bank oners who reside outside of the country, a San	s an Authorized Officer of the National Insurance Scheter of Religion, Medical Practitioner, Head Teacher or Branch of a Bank, the President or Secretary of a Transctioned Authority is an Officer of the Guyanese Consula Commissioner of Oaths, Medical Practitioner, Head T	, Senior Public Servant ade Union. In the case of the in the country in whice
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