



APPLICATION FOR FUNERAL GRANT
 UNDER THE NATIONAL INSURANCE ACT OF 1965 JAMAICA



INSTRUCTIONS:

- I. This form is to be completed in **BLOCK CAPITALS** using black or blue ink pen.
- II. Tick (✓) boxes where applicable.
- III. Submit original documentary proof of death and Undertakers Receipt/Estimate, along with this application. This application is to be submitted within one year after the date of death. Applications submitted after this period will not be paid. Proof of payment of funeral expenses is required.
- IV. Return all pension order books, cheques and bank drafts payable after the date of death of pensioner, as well as the NI Gold Card, if applicable.
- V. Submit a Valid Picture Identification of the Applicant.
- VI. If the funeral expenses were paid by an organization or person(s) other than or in addition to the applicant, then a written, notarized consent must be given by said organization or person(s) for the applicant to be paid the benefit.
- VII. Applicants are required to sign on the line provided at the bottom of each page.

PART 1 – PARTICULARS OF APPLICANT

1. Name Mr. Miss Mrs.

.....
 (Last Name) (First Name) (Middle Name(s))

2. Address:

3. Contact Number(s):
(Home) (Work) (Mobile)

4. E-mail Address(es):

5. National Insurance Number..... 6. TRN

7. (a) State your relationship to the deceased

(b) Did you pay or do you intend to pay the funeral expenses? Yes No

If “no”, submit a certified **Waiver Letter** (available at the Parish Office or at <http://mlss.gov.jm>) from the person(s) or organization that paid the funeral expenses.

(c) Should the funeral grant be made payable to you? Yes No (If “No”, complete PART 2)

PART 2 – PARTICULARS OF PAYEE
 (If different from the Applicant)

8. (a) Name Mr. Miss Mrs.

.....
 (Last Name) (First Name) (Middle Name(s))

(b) Name of Organization (if applicable)

(c) Payment is to be made to: Person named at 8(a) Organization named at 8(b)

9. Address:

10. Contact Number(s):
(Home) (Work) (Mobile)

11. E-mail Address(es):

12. National Insurance Number/Reference Number..... 13. TRN.....

PART 3 – PARTICULARS OF DECEASED

14. Name Mr. Miss Mrs.
.....
(Last Name) (First Name) (Middle Name(s))

15. State any other name(s) by which the deceased was known and submit Deed Poll if applicable
.....

16. National Insurance Number 17. Pension Number.....

18. Last Address

19. Date of Birth/...../..... 20. Sex Male Female
Year Month Day

21. Marital Status
 Single Common-Law Married Separated Widowed Divorced

22. Date of Death/...../..... 23. Place of Death

PART 4 - PARTICULARS OF INSURED PERSON

- Instructions:**
- I. This section is not to be completed if the deceased was a pensioner.**
 - II. If the deceased was the spouse of a pensioner, complete questions 24(a) to 24(c) only and submit the relevant Marriage Certificate.**
 - III. If the Insured is/was a Contributor, complete all applicable questions.**

24. (a) Please state the name of the person on whose National Insurance contributions the claim is based:
.....
(Last Name) (First Name) (Middle Name(s))

(b) National Insurance Number

(c) Pension Number(s)

(d) List all particulars of employment in Jamaica since 1966 for person named at 24(a).

Name and Address of Employer(s)	Employer's Reference No.	Employee's No. (If Applicable)	Occupation	Periods of Employment	
				From	To

Please use additional sheet(s) if necessary.

25. (a) Has the person named at 24(a) ever been employed outside of Jamaica? Yes No

(b) If "Yes", please indicate in the boxes below and supply the information requested in the table at 25(c).

- Canada Quebec United Kingdom
- Caribbean/ CARICOM Countries, please state.....
- USA Farm Work Programme J #
- Canada Farm Work Programme JC#
- Other, please state

(c) List all particulars of employment outside of Jamaica for person named at 24(a).

Name and Address of Employer(s)	Social Security/Social Insurance Number	Occupation	Periods of Employment	
			From	To

Please use additional sheet(s) if necessary

PART 5 - DECLARATION AND CERTIFICATE
To be completed by all Applicants

SECTION A. APPLICANT'S DECLARATION AND SIGNATURE

I certify that the information provided by me is true to the best of my knowledge and belief.

Signature or Mark of Applicant

Date/...../.....
Year Month Day

SECTION B. WITNESS' CERTIFICATE AND SIGNATURE

INSTRUCTION: To be completed for applicants who are unable to read and write due to illness or illiteracy.

I hereby certify that the applicant made the necessary mark to the Declaration in my presence after same was first explained to him/her and he/she indicated that he/she fully understood.

Name of Witness Occupation or
Qualification
Home Address
Signature of Witness..... Date/...../.....
Year Month Day

WARNING

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT ON THIS FORM IS LIABLE TO CRIMINAL PROSECUTION PURSUANT TO SECTION (44)(2)(e) OF THE NATIONAL INSURANCE ACT

FOR OFFICIAL USE ONLY

Application Verified by:

Claim N^o _____
Receipt N^o _____
National Ins. N^o _____
Pension N^o(s) _____

- Driver's Licence N^o _____
- Elector Reg. Card N^o _____
- Passport N^o _____
- Birth Certificate N^o _____
- Deed Poll N^o _____
- Marriage Certificate N^o _____
- Death Certificate N^o _____
- Medical Cause of Death N^o _____
- Post Mortem Report _____
- Burial Order N^o _____
- Pension Order Book N^o _____
Total Number of vouchers _____
Total Value of vouchers _____
- Pension Order Book N^o _____
Total Number of vouchers _____
Total Value of vouchers _____
- Pension Cheque N^o _____
- Bank Draft N^o _____
- Undertaker's Invoice N^o _____
- Undertaker's Receipt N^o _____
- NI Gold Card _____

DATE RECEIVED

Checked by: Name _____
Signature _____
Verified by: Name _____
Signature _____