



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	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If “No”, complete PART 2)			

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

8.	(a) Name	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs.
	..... (Last Name) (First Name) (Middle Name(s))			
	(b) Name of Organization (if applicable)			
	(c) Payment is to be made to: <input type="checkbox"/> Person named at 8(a) <input type="checkbox"/> 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 <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female			
<small>Year Month Day</small>					
21. Marital Status					
<input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced					
22. Date of Death		23. Place of Death			
<small>Year Month Day</small>					
PART 4 - PARTICULARS OF INSURED PERSON					
Instructions: <i>I. This section is not to be completed if the deceased was a pensioner.</i> <i>II. If the deceased was the spouse of a pensioner, complete questions 24(a) to 24(c) only and submit the relevant Marriage Certificate.</i> <i>III. If the Insured is/was a Contributor, complete all applicable questions.</i>					
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.

- | Name and Address of Employer(s) | Social Security/Social Insurance Number | Occupation | Periods of Employment | |
|---------------------------------|---|------------|-----------------------|----|
| | | | From | To |
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Please use additional sheet(s) if necessary

To be completed by all Applicants

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

Claim №
Receipt №
National Ins. №
Pension №(s)
.....

Application Verified by:

- ☐ Driver's Licence №
- ☐ Elector Reg. Card №
- ☐ Passport №
- ☐ Birth Certificate №
- ☐ Deed Poll №
- ☐ Marriage Certificate №
- ☐ Death Certificate №
- ☐ Medical Cause of Death №
- ☐ Post Mortem Report
- ☐ Burial Order №
- ☐ Pension Order Book №
Total Number of vouchers
Total Value of vouchers
- ☐ Pension Order Book №
Total Number of vouchers
Total Value of vouchers
- ☐ Pension Cheque №
- ☐ Bank Draft №
- ☐ Undertaker's Invoice №
- ☐ Undertaker's Receipt №
- ☐ NI Gold Card

DATE RECEIVED

Checked by: Name

Signature

Verified by: Name

Signature