



NATIONAL INSURANCE SCHEME
CLAIM FOR AGE BENEFIT

For official use only
Accepted by: _____
Date: _____
Claim No.: _____

SECTION 1 - TO BE COMPLETED BY THE CLAIMANT

(Please submit original birth and marriage certificates)

Surname

NIS No.

First Name

Date of Birth
Y Y Y Y M M D D

Other Name(s)

Gender Male Female

Maiden Name

Occupation _____

Aliases

E-mail Address _____

Marital Status Married Divorced Single

Telephone Numbers

Address

Home

Work

Mobile

Postal Address (if different from above): _____

Banking Details

Name of Bank

Account No.

Name on Account _____

What benefit(s) are you currently receiving from the NIS?

Invalidity Survivors Sickness None

Section II - Work History – Provident Fund

Were you a member of the Agricultural Workers Provident Fund (1970 – 1983)? Yes No

If Yes, please complete below:

ADDRESS	PERIOD WORKED	SUPERVISOR'S NAME	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section III - Work History (April 1983 – Present)

Please list all employers you have worked with in Grenada commencing with the most recent)

NAME OF EMPLOYERS	Year/Period worked
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you worked in any other countries in the Caribbean and/or in Canada? Yes No

If yes, please complete below.

COUNTRY	NIS/SOCIAL SECURITY #	PERIOD WORKED
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contribution Statement:

I declare that I have reviewed my contribution statement and I agree disagree with the information contained therein. (Please indicate the areas of disagreement on a separate sheet with your signature attached).

I, _____ hereby certify that the information given is true and correct.

Claimant's Signature or Mark Y Y Y Y M M D D

Witness Statement (where claimant cannot sign or where claimant is overseas)

I hereby certify that _____ appeared before me and affixed his "mark" as indicated above.

Witness Name Tel. No.

Witness Title E-mail Address

Witness Signature and Stamp Notary Public Registration No. _____
 (For overseas claimant)

Witnesses must be a Notary Public, Justice of the Peace, Medical Practitioner, School Principal, Snr. Civil Servant, Minister of Religion, or Barrister-at-Law. (Claimants residing in a foreign country must have their claim form attested to by a registered Notary Public).

Warning: Any person who knowingly makes any false statement or false representation for the purpose of obtaining a benefit commits a criminal offence punishable by fine or imprisonment or both.