GOVERNMENT OF BERMUDA
Ministry of Finance

Department of Social Insurance

APPLICATION FOR A WIDOW'S/WIDOWER'S ALLOWANCE/GRATUITY

Please use **BLOCK CAPITALS** when filling out this form.
BE SURE TO ANSWER ALL QUESTIONS.

When completed, this Form should be taken or sent to:

DEPARTMENT OF SOCIAL INSURANCE
Ground Floor
Government Administration Building
30 Parliament Street, Hamilton HM 12
Bermuda

FOR OFFICIAL USE	
Insurance No.:	
Claim No.:	
Date of Receipt:	
Approved/Disapproved By and Date:	

CONTRIBUTORY PENSIONS ACT, 1970
A widow/widower shall be entitled to an allowance at the date of the deceased spouse's death, where he/she satisfied the relevant contribution conditions.

PARTICULARS OF CLAIMANT

1.	Claimant's Surname	
	Other Names (in full)	
2.	Permanent Address	
	Telephone Number(s) / Email Address	
3.	Bank Name	
	Bank Address	
	Account Number	
4.	Your Insurance No. or Claim No. (if any)	
5.	Name and address of employer (if any)	
6.	Date and place of birth	Day Month Year Place
	Please submit your birth certificate or passport. It will be returned as soon as possible.	FOR OFFICIAL USE Birth Cert./Passport No.: Verified by:
7.	Date and place of marriage	Day Month Year Place
	Please submit documentary evidence.	FOR OFFICIAL USE Marriage Certificate: Verified by:
8.	Does your income from all sources (excluding the non-contributory pension) exceed $4,000 per year?	☐ Yes ☐ No

PARTICULARS OF DECEASED SPOUSE

9.	(a) Surname	
	(b) First and other names	
	(c) Date of birth	Day Month Year
	(d) Date and place of death	Day Month Year Place
	(e) Please submit documentary evidence.	FOR OFFICIAL USE Death Cert. No.: Verified by:
10.	Was he/she receiving a contributory pension at the date of death?	☐ Yes ☐ No
	If yes, please state Claim Number	Claim No.:

12. What was his/her Insurance Number?	
13. Name and address of deceased's last employer	

11. Particulars of child(ren) under school-leaving age:

Surname	Other Names	Date of Birth (Submit documentary evidence)	Is the child living with you?	Is the child wholly or mainly maintained by you?
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

If the child has been legally adopted, please send the adoption certificate.

DECLARATION

(WARNING: Giving false information may result in prosecution.)

I DECLARE
That I am the widow/widower of the person named at item 10 and that information given on this form is true to the best of my knowledge.

____
(Claimant's usual signature or mark if unable to write)

Date: _______________________________

IMPORTANT
The applicant, in addition to signing the above Declaration should sign again in the space to the right.

This additional signature is required for record purposes.

WITNESS TO SIGNATURE
The signature opposite was made or acknowledged by the claimant in my presence.

Signature: _______________________________

Address: _______________________________

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The Claimant's signature must be witnessed by a house-holder (not a relative) or by an officer of the Department of Social Insurance.

USUAL SIGNATURE OF CLAIMANT TO BE WRITTEN BELOW DO NOT USE BLOCK CAPITALS. MUST BE WRITTEN IN INK.

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Claim No.: _______________________________