

CLAIM FOR SURVIVORS' OR DEATH BENEFIT-WIDOW AND CHILDREN

Warning: Any person who knowingly makes any false statement or false representation for the purpose of obtaining benefit for himself or for some other person commits a criminal offence.

1. Particulars of Deceased Insured Person Social Security No.

Surname and name:

Last address:

Date of birth:

Date of death:

Note: Certificate of death is to be attached. If death was due to employment injury or disease death certificate on Form SVB 3 (obtainable from Social Security Branch Office) is to be attached.

2. Claim to Benefit for Widow

I claim benefit as the widow of deceased person. Particulars relating to myself are given hereunder-

Surname and Name:

Maiden or previous name:

Address:

Claimant's Social Security Number, if insured

Date of birth:

Date of marriage:

Note: Attached certificates of birth and marriage, if legally married. If you were under 50 years on date of death of deceased, answer the following questions as on of death-

(a) Were you expecting a child by the deceased, if "yes" attach medical certificate certifying your state of pregnancy.

yes	or	no
<input type="checkbox"/>		<input type="checkbox"/>

(b) Did you have the care of a child under 14 years of the deceased

yes	or	no
<input type="checkbox"/>		<input type="checkbox"/>

(c) Were you incapable of self-support and wholly dependent on your husband? If yes, attach medical certificate.

yes	or	no
<input type="checkbox"/>		<input type="checkbox"/>

2. B To be completed by Widow if she was not Legally Married to Deceased-

(d) Were you and deceased living together as husband and wife?

yes	or	no
<input type="checkbox"/>		<input type="checkbox"/>

(e) Were you registered as beneficiary, if so attach certificate.

yes	or	no
<input type="checkbox"/>		<input type="checkbox"/>

(f) Are you married to someone else?

yes	or	no
<input type="checkbox"/>		<input type="checkbox"/>

(g) At time of death of deceased was there a surviving wife?

years	mths.
<input type="checkbox"/>	<input type="checkbox"/>

(h) If the answer to (d) is "yes" state how long you lived together.

PARTICULARS OF LEGITIMATE CHILDREN OF THE DECEASED

Attention: If any child of the deceased was permanently incapable of self-support on the date of death of the deceased write **“INVALID”** in coloum (3).

Full Name (1)	Address (2)	School Attended if any (3)	Date of Birth (4)	Father's Name (5)	Mother's Name (6)	Was child Residing with Deceased at date of Death (reply "yes or no") (7)	If Answer in Col. 7 is "No" state weekly amounts paid towards Child's Maintenance (8)
1.							
2.							
3.							
4.							
5.							
6.							

PARTICULARS OR ILLEGITIMATE, STEP-CHILDREN, ADOPTED-CHILDREN OF

Attention: If any child of the deceased was permanently incapable of self-support on the date of death of the deceased write **“INVALID”** in column (3)

Full Name (1)	Address (2)	School Attended if any (3)	Date of Birth (4)	State whether Step-child Adopted or Illegitimate (5)	Father's Name (6)	Mother's Name (7)	State as at (7) above (8)	As at (8) above (9)
1.								
2.								
3.								
4.								
5.								
6.								

As far as you are aware are there any children of the deceased under the age of 14 years or under 16 years receiving full time education other than those mentioned above?(yes or No)

If the answer to the above is 'yes' please state Names and Addresses of the children, if known by you.

Name.....Address.....
Name.....Address.....