Pensions Administration Branch

**Application for Survivor’s Benefit**

**(Widower’s/Widow’s/Dependent’s Pension)**

**INSTRUCTIONS:**

1. This form is to be completed in **BLOCK CAPITALS** using black or blue ink.
2. Tick (✓) boxes where applicable.
3. Please read the instructions overleaf before completing this form.

**Date**:

**DETAILS OF APPLICANT**

**Taxpayer Registration Number (TRN):**

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name(s) | Surname |
|  |  |  |

|  |  |
| --- | --- |
| Mailing Address | Contact Information |
|  | Mobile No. |
| Home No. |
| Email: |

**DETAILS OF DECEASED**

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name(s) | Surname |
|  |  |  |
| Ministry/Department of Employment | Ministry/Department | |

Was deceased receiving a Pension at the time of death? Yes No

**DETAILS OF DEPENDENTS**

*If applying for children under 19 years old, please list those for whom birth certificates have been submitted.*

|  |  |  |
| --- | --- | --- |
| First (Middle) Name(s) | Surname | Taxpayer Registration Number (TRN) |
|  |  |  |
| Click here to enter text | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of Applicant***

***For Official Use Only***

The following documents were received with the application:

Original/Certified Copies of Children’s Birth Certificates

Original/Certified Copy of Death Certificate

Original/Certified Copy of Taxpayer Registration Number (TRN) for each Beneficiary

Original/Certified Copy of Certificate for Burial After Registry

Original/Certified Copy of Marriage Certificate

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received/Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information Guide**

|  |  |
| --- | --- |
| **When to use this form** | This form is to be used when applying for a survivor’s benefit in keeping with the provisions of the Pensions (Civil Service Family Benefit) Act, repealed or Pensions (Public Service) Act, 2017.  The benefits to be applied for using this form are Widower’s, Widow’s and Dependent’s Pension.  Dependent’s Pension applies to children under 19 years old at the date of death of the public officer. |
| **Dependents** | Dependents of the deceased are children under the age of 19 years at the date of death. |
| **Certification of Supporting Documents** | The supporting documents can either be certified by a Justice of the Peace, Notary Public, MoFPS (Pensions Client Services) Representative or Human Resource Personnel in the respective Ministries/Departments.  All copy documents accompanying this form **MUST** be notarized. |
| **Stamp/Seal** | The person notarizing any copy document must in all circumstances affix his official stamp or seal to the document. |
| **Filling in this Form** | If not filling in this form electronically, please write in **BLOCK CAPITALS** using a **black** or **blue** inked pen.  Mark boxes like this with a tick ✓ or X. The Declarant should mark one box depicting his/her marital status and the other indicating his or her child/children age at the date of separation from the public service.  Check that you have filled in all the relevant sections and that you have signed and dated the form. |

For more information you may contact the Pensions Administration Branch, Ministry of Finance and the Public Service at:

Switchboard: 876 922 8600

Direct lines: 876 932 5046 / 876 932 5047 / 876 932 5040 / 876 932 5272

Email: [pensionsclientservices@mof.gov.jm](mailto:pensionsclientservices@mof.gov.jm)

Query by way of letter maybe addressed to:

Senior Director, Pensions Administration

Ministry of Finance and the Public Service

30 National Heroes Circle

Kingston 4, Jamaica