

Canada / Saint Vincent and the Grenadines Agreement

Applying for Saint Vincent and the Grenadines Benefits

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: "X") the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you. We can only accept a photocopy of an original document if it is legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

Accountant; Chief of First Nations Band; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Pharmacist, Psychologist, Nurse Practitioner, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal social security agreement; Police Officer; Postmaster; Professional Engineer; Social Worker; Teacher.

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document.

They must also write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
P.O. Box 2710 Station Main
Edmonton, AB T5J 2G4
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Employment and Social Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.



CAN-SVG 4

**NATIONAL INSURANCE SERVICES
P.O. BOX 305, ADMINISTRATIVE CENTRE**

Tel. #: (784) 456 1514
Fax #: (784) 45 62604

**NATIONAL INSURANCE ACT #33 OF 1986
CLAIM FOR SURVIVORS BENEFIT**

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

To be completed by Applicant

PART A - PERSONAL INFORMATION

Name (in block capitals)

(Surname) (Other Names)

D M Y

Date of birth: | | | | | Telephone #: | | | | | | | | | |

My National Insurance number is | | | | | | | | |

My Canadian Social Insurance number is | | | | | | | | | |

Kindly attach copy of birth certificate as proof of age

Postal Address:

(No. and street, Apt. No.)

.....
(City, town or village)

Sex: Male [] Female []

Marital Status: **Married** [] **Single** [] **Widow/Widower** [] **Divorced** []

Relationship to deceased

.....
(if widow or widower attach copy of marriage certificate)

Common-law Relationship

Were you wholly or partially dependent on the deceased person? Yes [] No []

Were you and the deceased person living together at the time of death? Yes [] No []

If the answer is yes, please state how long you were living together. Years [] Months []

If common-law wife/husband, attach a sworn declaration from a Justice of the Peace, Lawyer or Notary Public).

Particulars of Deceased

Full name of deceased

(Surname)

(Other Names)

Postal Address:

(No. and street, Apt. No.)

.....

(City, town or village)

National Insurance number is |__|__|__|__|__|__|

Canadian Social Insurance number is |__|__|__|__|__|__|__|__|__|

D M Y

Date of birth: |__|__|__|

D M Y

Date of death: |__|__|__|

Was death due to accident at work? Yes [] No []

If yes, state date of accident

D-M-Y

If not, state cause of death

Was deceased in receipt of benefit from NIS? Yes [] No []

State which benefit

Name of last employer

Address of last employer

(No. and street, Apt. No.)

.....

(City, town or village)

Has the deceased ever worked or lived in a country other than Saint Vincent and the Grenadines? () yes () no. If yes kindly list below

Name of country	Social Insurance number in that country	Residence		Employment	
		Y-M	Y-M	Y-M	Y-M

PARTICULARS OF CHILDREN OF DECEASED PERSON

Full Name	Address	Sex	Date of birth D-M-Y	Surviving parents name	Address of educational institution

(Attach birth certificate of each child under 18 years)

One parent deceased [] Orphan [] Invalid []

As far as you are aware are there any children of the deceased under the age of 16 years other than those mentioned above? Yes []

If the answer to the above is yes, please state

Name

Address.....
(No. and street, Apt. No.)

.....
(City, town or village)

I hereby declare that the information given on this form is true to the best of my knowledge and belief.

.....
Signature of Claimant Date (D-M-Y)

Please complete fully and send immediately to the National Insurance Office. Failure to apply within 3 months may mean loss of some benefit.

DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY

SECTION A - TO BE COMPLETED BY STUDENT

1. Contributor's Social Insurance Number	☐ Mr. ☐ Mrs. Contributor's Given Name and Initial ☐ Ms. ☐ Miss	Last Name
2. Your Social Insurance Number	☐ Mr. ☐ Mrs. Your Given Name and Initial ☐ Ms. ☐ Miss	Last Name
3. Home Address	Home Address (No., Street, Apt., R.R.) City	
	Province or Territory	Country other than Canada Postal Code
4. Mailing Address (If different from home address)	Mailing Address (No., Street, Apt., R.R.) City	
	Province or Territory	Country other than Canada Postal Code
5A. Student ID Number	5B. Name of School, University, College, Junior College, Training Center, etc.	
6A. Type of Enrollment (if "Evening" or "Other", please provide an explanation in Number 8)	6B. Number of Courses	6C. Enrolled In (Specify Course, Grade or Program)
☐ Full Time ☐ Evening Time ☐ Other		
7A. Number of hours you are required to attend per week for course, grade or programme.	7B. When did or will your current attendance begin?	7C. When will your current attendance end?
Hours per week ▶	Year Month ▶	Year Month ▶
8. Give duration and reasons for any absence(s) during your current and past academic year plus any additional explanation with reference to question 6A above.		
9. Have you applied for or are you receiving a Canada Pension Plan Benefit as a result of the disability or death of a contributor not identified in 1. Above?		
☐ Yes ☐ No ▶ Social Insurance Number of that Contributor		

IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS DECLARATION

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete. I understand to notify Service Canada should I **interrupt** or **terminate** my attendance at school or university. I hereby authorize the above school or university to provide the Canada Pension Plan Administration with information regarding my enrollment and attendance.

Date	Signature of Student	Telephone Number
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SECTION B - TO BE COMPLETED BY SCHOOL OR UNIVERSITY

To the best of our knowledge and belief, the answers to the questions in Section A above, are correct unless otherwise stated below.
Additional Comments:

Does the above noted course load meet or exceed the minimum requirement to be considered a full-time student at your school or university?

☐ Yes ☐ No

Name and Address of School or University	Name of Authorized Person
	Signature
	Title
	Date Telephone Number

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada.

Canada / Saint Vincent and the Grenadines Agreement

Documents and/or information required to support your application [CAN-SVG 4] for a Saint Vincent and the Grenadines Survivors Pension

Complete the attached form:

- **Declaration of attendance at school or university [SC ISP1401]** for children between 16 and 18 who are attending school

The applicant must submit original or certified copies of the following:

- Birth certificate for deceased, spouse and dependant children
- Death certificate
- Marriage certificate, if married

The following original documents (if applicable) must accompany the application to Saint Vincent and the Grenadines:

- Where the widow/widower is under age 50, a medical certificate attesting to the widow/widower's invalidity
- For a disabled child, a medical certificate attesting to the child's invalidity

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.