Canada/Saint Lucia Agreement

Applying for a Saint Lucian survivor's benefit

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; Commissioner for Oaths; 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, Naturopathic Doctor, Nurse Practitioner, Ophthalmologist, Optometrist, Pharmacist, Psychologist, 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; Professional Engineer; Social Worker; Teacher, University Professor.

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.

National Insurance Corporation

Form Sur. B1
(Reg. 46(7), 78 (1))

CLAIM FOR SURVIVOR'S/DEATH BENEFIT

I hereby apply for Survivor's/Death Benefit under the National Insurance Corporation Act, 2000, and furnish a Death certificate and other supporting documents together with the following particulars:

PARTICULARS OF DECEASED

1. Name of Deceased Person _____
   (Block Letters) Surname Other Names
2. Nat. Ins. No. _____
3. Date of Birth _____
   Day Month Year
4. Date of Death _____
   Day Month Year
5. Was Death due to an Employment injury/Disease? Yes / No
6. If not, state cause of death _____
7. Was deceased in receipt of any benefit from National Insurance Corporation? Yes / No
8. State what Benefit _____
9. Name of Employer prior to death and duration of such employment _____
10. Address of Employer _____
11. Tel. No. of Employer _____

PARTICULARS OF CLAIMANT

1. Name of Claimant _____ Nat. Ins. No. _____
   (Block Letters) Surname Other Names
2. Date of Birth of Claimant _____
3. Relation to Deceased _____
   (if Widow or Widower attach Marriage Certificates)
4. Address of Claimant _____
5. Was Claimant wholly or mainly maintained by the deceased person? _____
6. Was Claimant residing with deceased at the time of death? Yes / No
7. Tel. No. _____

GIVE PARTICULARS OF THE CHILDREN OF THE CHILDREN OF THE DECEASED

PERSON

Name of Child/ Children	Sex M/F	Father's Name	Mother's Name	Date of Birth	Place of Birth

(ATTACH THE BIRTH CERTIFICATE OF EACH CHILD UNDER 18 YEARS)

I hereby declare that I have lived with the said _____ now deceased as

*Husband/Wife/Common Law Husband/Common Law Wife from _____ the day of

_____

Signature/Mark _____

Date _____

I declare that the foregoing information is true in all particulars. I understand that a false statement or misrepresentation makes me subject to a penalty under the National Insurance Corporation Act 2000.

_____ _____

Date Signature or Mark of Claimant

If unable to sign, mark X and have it witnessed by a responsible person (Lawyer, J.P., Doctor, Senior Civil Servant on permanent establishment, etc.)

Signature _____

Name of Witness _____

Profession or Occupation _____

Address _____

Date _____

Canada / Saint Lucia Agreement

Documents and/or information required to support your application [SUR. B1] for a Saint Lucian survivor's pension

Complete the attached form(s):

- **Statutory declaration [Form Sur. A]** (only required when widow/widower is claiming benefit)

Original or certified copies to be submitted:

- Birth certificate for the applicant, the deceased and children
- Marriage certificate, if married
- Death certificate

Original document to be submitted:

- Letter from school certifying attendance for children aged between 16 and 18, if applicable
- Proof of maintenance by father (only required if father's name is not listed on dependent child's birth certificate)

Information to be submitted:

- Your contact information, such as your telephone number, email address and fax number, if applicable

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.

SAINT LUCIA

STATUTORY DECLARATION

I.....NI#.....of .....in the Quarter of .....in the State of St. Lucia do solemnly and sincerely declare as follows:-

1. That I was married to / cohabited in a common law union with ..... NI# .....for..... ( ) years, immediately preceding the date of his / her death.

2. That there are presently ..... ( ) dependent children of that union.

3. That I have not remarried or been cohabiting in a common law union since the death of my spouse.

4. That in the circumstances I am applying for continuation of the Survivors Benefit in accordance with the National Insurance Act and Regulations.

5. That I am aware and fully accept that if I disclosed any false information herein any benefit granted on the basis of such information shall be revoked forthwith and that I shall become liable to repay to the Corporation the full amount I have received by way of this benefit plus, interest and penalties.

And I make this Declaration conscientiously believing the same to be true and according to the Statutory Declaration Ordinance of Saint Lucia, and I am aware that if there is any statement in this declaration which is false, or which I know or believe to be false, or do not believe to be true, I am liable to imprisonment, for a term not exceeding one year.

DECLARED BEFORE ME

This .....day of ..... 20..... .....
DEPONENT

.....
NOTARY ROYAL / JUSTICE OF THE PEACE
(Signature & Stamp)