Form FB1 (Reg. 61 (3))

NATIONAL INSURANCE CORPORATION
FUNERAL GRANT CLAIM FORM

SECTION "A" – TO BE COMPLETED BY CLAIMANT

PARTICULARS OF DECEASED PERSON

1. NAME: _____ 2. NATIONAL INSURANCE NUMBER: _____

3. DATE OF BIRTH: _____ *dd/mm/yy* 4. DATE OF DEATH: _____ *dd/mm/yy*

5. CAUSE OF DEATH: _____

PARTICULARS OF CLAIMANT

6. NAME: _____ 7. NATIONAL INSURANCE NUMBER: _____

8. DATE OF BIRTH: _____ *dd/mm/yy* 9. EMAIL ADDRESS: _____ 10. GENDER: MALE ◯ FEMALE ◯

11. HOME ADDRESS: _____ 12. POSTAL ADDRESS: _____ *(if different from home address)*

13. MARTIAL STATUS: MARRIED ◯ SINGLE ◯ WIDOWED ◯ DIVORCED ◯

14. TELEPHONE: _____ (HOME) _____ (WORK) _____ (CELL)

15. RELATION TO DECEASED: _____

16. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, ARE YOU THE ONLY PERSON WHO WILL BE ENTITLED TO MAKE THIS CLAIM?
YES ◯ NO ◯ IF 'NO', PLEASE ENSURE SECTION 'F' IS COMPLETED

SECTION "B" – YOUR FINANCIAL INFORMATION

ONLY COMPLETE IF YOUR FUNERAL BENEFIT PAYMENT IS NOT ASSIGNED TO A FUNERAL HOME

FINANCIAL INFORMATION

By providing your account information for the purposes of payment of a benefit to you via direct deposit you agree that the National Insurance Corporation (the Corporation) will rely on the information which you provide for the processing of each payment of the benefit transmitted to you. You are responsible for providing the Corporation with accurate information including; the account number; the name of the Financial Institution; the Branch of the Financial Institution and any other information determined by the Financial Institution, since the payment to you will be processed based on said information.

NAME OF FINANCIAL INSTITUTION: _____ ADDRESS: _____

ACCOUNT NUMBER: _____ ROUTING NUMBER: _____

TYPE OF ACCOUNT: CHEQUING ◯ SAVINGS ◯ BRANCH: _____

GOVERNMENT-ISSUED PHOTO IDENTIFICATION OF CLAIMANT TO BE SUBMITTED WITH CLAIM

SECTION "C" – ASSIGNMENT TO FUNERAL HOME (OPTIONAL)

NAME OF FUNERAL HOME: _____

I _____ hereby authorize the Director of the National Insurance Corporation to pay the above-mentioned Funeral Home the full amount of any funeral benefit which is determined to be payable to me as a result of my claim for a funeral grant.

DECLARATION

I understand that I am solely responsible for any losses arising from the National Insurance Corporation's reliance on the information provided, including but not limited to losses associated with the funds being incorrectly assigned to the Funeral Home.

SECTION "D" – MUST BE COMPLETED BY CLAIMANT

I understand that a false statement or misrepresentation makes me liable to a penalty under the National Insurance Corporation Act, Cap. 16. 01 of the Revised Laws of Saint Lucia. I hereby certify that the above-captioned statements are true to the best of my knowledge and belief, and I assume full responsibility as to their correctness. I hereby give permission for NIC to update my contact information from this form.

I understand that I am solely responsible for any losses arising from the National Insurance Corporation's reliance on the information provided, including but not limited to losses associated with funds being incorrectly credited to the wrong beneficiary.

_____ **Date**
dd/mm/yy

_____
Signature or Mark of Claimant

PARTICULARS OF WITNESS (Lawyer, Notary Royal/Notary Public, Commissioner of Oaths) TO MARK OR SIGNATURE (Where Claimant Cannot Sign or Claimant is Overseas)

NAME: _____

ADDRESS: _____

EMAIL: _____

OCCUPATION: _____

STAMP OF WITNESS

SIGNATURE OF WITNESS: _____

DATE: _____
dd/mm/yy

SECTION "E" – TO BE COMPLETED BY THE FUNERAL HOME

NAME OF FUNERAL HOME: _____

BUSINESS ADDRESS: _____ **EMAIL ADDRESS:** _____

TELEPHONE: _____ _____
BUSINESS **MOBILE**

FINANCIAL ACCOUNT INFORMATION

By providing your account information for the purposes of payment of an assigned FUNERAL GRANT via direct deposit, you agree that the National Insurance Corporation (the Corporation) will rely on the information which you provide for the processing of the payment of the funeral grant. You are responsible for providing the Corporation with accurate information including the account number; the name of the Financial Institution; the Branch of the Financial Institution and any other information determined by the Financial Institution, since the payment will be processed based on the said information.

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS: _____ **BRANCH:** _____

ACCOUNT NUMBER: _____ **ROUTING NUMBER:** _____
(If applicable)

TYPE OF ACCOUNT: **CHEQUING** ◯ **SAVINGS** ◯

DECLARATION

We understand that we are solely responsible for any losses arising from the National Insurance Corporation's reliance on the financial information provided, including but not limited to losses associated with the funds being incorrectly credited to the wrong beneficiary.

I understand that a false statement or misrepresentation makes me liable to a penalty under the National Insurance Corporation Act Cap.16.01 of the Revised Laws of Saint Lucia.

NAME OF FUNERAL HOME REPRESENTATIVE: _____ **POSITION:** _____

SIGNATURE: _____ **DATE:** _____
dd/mm/yy

SECTION "F" – TO BE COMPLETED BY PARTIES (OTHER THAN THE CLAIMANT) WHO ARE ELIGIBLE TO CLAIM FOR THE FUNERAL GRANT

BY COMPLETING THIS SECTION, I / WE HEREBY AGREE AND AUTHORISE THE DIRECTOR OF THE NATIONAL INSURANCE CORPORATION TO PAY THE FULL AMOUNT OF ANY FUNERAL BENEFIT TO THE CLAIMANT,

Ms./Mrs./Mr. _____
NAME OF CLAIMANT

I/we understand that having given this authorization I am / we are no longer entitled to make a claim for the funeral grant in the relation to the

deceased _____ NIC# _____
NAME OF DECEASED

PARTICULARS OF PERSON(S)

1. FULL NAME: _____ NIC#: _____ EMAIL: _____

TELEPHONE: _____ _____ _____
(HOME) (WORK) (CELL)

_____ _____
SIGNATURE DATE

2. FULL NAME: _____ NIC#: _____ EMAIL: _____

TELEPHONE: _____ _____ _____
(HOME) (WORK) (CELL)

_____ _____
SIGNATURE DATE

3. FULL NAME: _____ NIC#: _____ EMAIL: _____

TELEPHONE: _____ _____ _____
(HOME) (WORK) (CELL)

_____ _____
SIGNATURE DATE

GOVERNMENT-ISSUED PHOTO IDENTIFICATION OF <u>ALL PARTIES</u> MUST BE ATTACHED

SECTION "G" – REASON (S) FOR LATE CLAIM (OPTIONAL)

IMPORTANT: A Funeral Grant Claim must be submitted to the National Insurance Corporation within 6 months from the date of death of the deceased. Late claims may mean loss of the benefit. If this Funeral Grant claim is late, please provide details of the reason(s) for lateness.

Please note that completion of this section does not guarantee payment of a claim which has been submitted late.

_____

_____

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_____

_____

_____

SIGNATURE OF CLAIMANT

Warning: Any person who knowingly makes a false statement or misrepresentation for the purpose of obtaining benefit for himself or herself or some other person commits a criminal offence punishable by a fine or imprisonment or both pursuant to the National Insurance Corporation Act Cap. 16.01 of the Revised Laws of Saint Lucia.

FOR OFFICIAL USE ONLY

Invoice Received – ☐

Receipt Received – ☐

Death Certificate Received – ☐

Photo Identification of Deceased Received – ☐

Photo Identification of Claimant Received – ☐