

Claim No.

Stamp and date of receipt

Claim form for Industrial Death Benefit Adult Dependant

- 1. The claim must be submitted within a period of one month from the date of death, as any delays may result in loss of benefit.
- 2. When claiming for Industrial Death Benefit you must produce the deceased's death certificate.
- 3. The claimant must produce documentary evidence that proves that the deceased was to some extent maintaining the claimant prior to the deceased's death.
- 4. The claimant must produce documentary evidence showing the relationship with the deceased.
- 5. This form, when completed, must be returned without delay, to the Department of Social Security, 14 Governor's Parade, Gibraltar.
- 6. If any of the documents are not readily available, please do not delay in submitting your claim as this could result in loss of payment.
- 7. If any change of circumstances occur which may affect your entitlement to payments, you must notify the Department of Social Security immediately.

Part 1: Particulars of deceased person

Full name	
Maiden name (if applicable)	
Address	

Part 1: Particulars of deceased person (continued)

Date of birth	/	/	
Nationality			
Tax reference number			
ID card number			
Name and address of his/her employer at the time of death			
time of death			
If the deceased's death resulted from an industrial accident please give date of accident	/	/	
If the deceased's death resulted from an occupational disease please give name of the disease			
Please give full address of place of death			
Please give details of cause of death			

Part 2: Particulars of claimant

Full name		
Maiden name (if applicable)		
Address		
Date of birth	/ /	
Tax reference number		
ID number		
Are you in receipt of any state benefit, allowance or pension?	Yes No	
If yes, please state what benefit, allowance or pension you are in receipt of and the amount being paid		£
Are you in employment?	Yes No	
If yes, please state name and address of employer and amount of earnings per month		
		£

Part 2: Particulars of claimant (continued)

Did you reside with the deceased at the time of	Yes	
death?	No	
Please state the monthly am towards your maintenance	ount the deceased contribu	f £
Please state your relationship with the deceased		
Are you in receipt of any other income not	Yes	
mentioned above?	No	
If yes, please state the source of income and the		
amount		
		£
What is your current marital or civil partnership	Single	Please go to Part 4
status?	Married or civil partner	
	Divorced or civil partnership dissolved	
	Marriage or civil partnership annulled	
	Separated	
	Widowed or surviving civil partner	
Date of marriage or civil partnership	/ /	

Part 3: Particulars of spouse or civil partner

Full name	
Maiden name (if applicable)	
Address	
Date of birth	/ /
Tax reference number	
ID number	
Is he/she in receipt of any state benefit, allowance or pension?	Yes No
If yes, please state what benefit, allowance or pension he/she is in receipt of and the amount being paid	£
Is he/she in employment?	YesNo
If yes, please state name of employer and amount of earnings per month	
	£

Part 3 : Particulars of spouse or civil partner (continued) Is he/she in receipt of any other income not mentioned above? No If yes, please state the source of income and the amount £

Part 4: Bank details

1. Bank account or building society account of claimant

Please provide details of the financial institution where you want your benefit payment to be made. You will find the account details on the chequebook, passbook or on the bank statements. If you do not have a bank account or building society account and you wish to have the benefit payment paid into someone else's bank account please go to **section 2** below.

Full name of bank or building society															
Name of the account holder (The account															
must be in your name or held jointly)															
Sort Code					_										
Account number															
More information if it i	is a bu	ilding	socie	ety a	ccou	ınt									
If you are using a buildi may be made up of lett the account has a roll o	er and	d numb	ers,	and	may	be ι	ıp to	18	char	acte					
Building society account number															
2. Bank details of th	nird p	arty													
Please note that your baccount holder should					-								par	ty). ⁻	Γhe
Please provide details	of the	third p	arty	acco	ount	hold	er.								
Full name of bank or building society															
Name of the account															
holder															
Sort Code		_] -										
Account number															
Building Society accou	ınt														
Building society account number															

Part 5: Other information

Use this space to	tell us anything	else you think we	might need to know.
OSC HIIS SDACC LO	Con as arry crime		THIS IT HEED TO KNOW.

You can continue on a separate piece of paper if you need to.

If you continue on a separate piece of paper, make sure you;

Write your full namSign and date it.	ne, address and ID card	I number on it and atta	ch it to this claim forr	n; and

Part 6: Declaration

I declare that to the best of my knowledge and belief all the particulars given on this form are true. I claim for Industrial Death Benefit accordingly.

I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

I understand that it is an offence to fail to notify the Department of Social Security of a change of circumstances promptly, and failure to do so may result in action being taken against me.

Signature		
Date	/ /	

The Department of Social Security should be informed if the claimant is unable to sign due to illness.

How we collect and use information

The Department of Social Security collects information for the purposes of dealing with social security benefits and other non-contributory benefits. The information we collect about you depends on the reason for your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as the law allows, to:

- check the accuracy of information;
- prevent or detect crime;
- protect public funds in other ways; and
- use in research or statistics.

These other organisations include other government departments, local authorities, and private sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department of Social Security is the data controller for the purposes of the Data Protection Act.