



<b>Claim No.</b>
Stamp and date of receipt

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**Claim form for Industrial Death Benefit  
Adult Dependant**

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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

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 death?

Yes

No

Please state the monthly amount the deceased contributed towards your maintenance

£

Please state your relationship with the deceased


Are you in receipt of any other income not mentioned above?

Yes

No

If yes, please state the source of income and the amount


£

What is your current marital or civil partnership status?

Single

Please go to **Part 4**

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

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### 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? Yes   
No

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?

Yes

No

If yes, please state the source of income and the amount


£
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## 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 is a building society account

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letter and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

Building society account number

### 2. Bank details of third party

Please note that your benefit payment can be paid into someone else's account (third party). The account holder should be someone that you trust, usually a relative or close friend.

Please provide details of the third party account holder.

Full name of bank or building society

Name of the account holder

Sort Code

 -  - 

Account number

#### Building Society account

Building society account number

## Part 5 : Other information

**Use this space to tell us anything else you think we might need 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 name, address and ID card number on it and attach it to this claim form; and
- Sign and date it.



## 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.

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### 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.