



Claim No.
Stamp and date of receipt

**Claim form for Industrial Death Benefit
Spouse/Civil Partner/Children**

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 spouse or civil partner must produce the marriage certificate or the civil partnership certificate as the case may be.
4. When claiming for children you must produce their birth certificates.
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	<input type="text"/>
Maiden name (if applicable)	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>

Part 1 : Particulars of deceased person (continued)

Date of birth

Nationality

Tax reference number

ID card number

Name and address of his/her last 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

Date of marriage or civil partnership

Did you reside with your spouse/civil partner at the time of his death? Yes
No

If no, please state the monthly amount he/she contributed towards your maintenance

Part 3 : Particulars of children

Child 1

Full name

Date of birth

Is he/she residing with you? Yes
No

If no, please state the monthly amount you contribute towards his/her maintenance

Part 3 : Particulars of children (continued)

Child 2

Full name

Date of birth

Is he/she residing with you?

Yes

No

If no, please state the monthly amount you contribute towards his/her maintenance

£

Child 3

Full name

Date of birth

Is he/she residing with you?

Yes

No

If no, please state the monthly amount you contribute towards his/her maintenance

£

Child 4

Full name

Date of birth

Is he/she residing with you?

Yes

No

If no, please state the monthly amount you contribute towards his/her maintenance

£

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

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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

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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.

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.