

Claim No.

Stamp and date of receipt

## Claim form for Old Age Pension

- A claim for Old Age Pension may be made at any time not more than four months before you attain pensionable age.
- 2. The claim should be submitted within six months of the date you attain pensionable age, as any delays may result in loss of payment.
- 3. Please produce your birth certificate and ID card together with this form.
- 4. If claiming for an increase in respect of your spouse or civil partner you are required to produce your marriage certificate or civil partnership certificate and your spouse's or civil partner's birth certificate and ID card.
- 5. If you are divorced or your marriage has been annulled or your civil partnership has been dissolved and you are claiming for an Old Age Pension on your exspouse's or ex-civil partner's social insurance record, you are required to produce your decree absolute, certificate of annulment or civil partnership final dissolution order.
- 6. If claiming for an increase in respect of children, you are required to produce their birth certificates.
- 7. If any of the documents are not readily available, please do not delay in submitting your claim as this may result in loss of payment.
- 8. If you have worked abroad it is important that you fill in Part 4 as failure to do so may affect your pension entitlement.
- 9. If the person on whose social insurance record you are claiming has worked abroad it its important that you fill in Part 5 as failure to do so may affect your pension entitlement.
- 10. This form, when completed, must be returned without delay, to the Department of Social Security, unit 79/80 Harbours Walk, New Harbours, Gibraltar.
- 11. If any change of circumstances occur which may affect your entitlement to payments, you must notify the Department of Social Security immediately.

Please note that if you are about to claim a pension you <u>must</u> declare if you are already in receipt of any other social security pension.

## Part 1: Particulars of claimant

Full name	
Maiden name (if applicable)	
Address	
E-mail address	
Daytime phone number	
Date of birth	/ /
Place of birth	
Nationality	
Tax reference number	
ID card number	
Are you in receipt of any social security benefit payable in Gibraltar or any other	No Yes
EU country?	
If you answered <b>Yes</b> , state which benefit and the amount of benefit you receive	

# Part 1: Particulars of claimant (continued)

What is your current marital or civil	Single	Please go to <b>Part 3</b> .					
partnership status?	Married or civil partner						
	Divorced or civil partnership dissolved						
	Marriage or civil partnership annulled						
	Separated						
	Widowed or surviving civi partner	I					
Part 2: Particulars of sp	pouse or civil partner	•					
Full name							
Maiden name (if applicable)							
Date of birth	/	/					
Tax reference number							
ID card number							
Date of marriage or civil partne	ership /	/					
Date of divorce, annulment or opartnership final dissolution (if applicable)	,	/					
Have you (the claimant) remark entered into a further civil partnership or a civil partnersh							
subsequent to your marriage?	res						
Has your spouse or civil partne worked in Gibraltar?	er ever No						
	Yes						

# Part 2: Particulars of spouse or civil partner(continued)

If spouse or civil partner is currently employed in Gibraltar, or any other country, please state earnings	
carrings	
Employer's name and address	
Is your spouse or civil partner in receipt of any	No
social security benefit payable in Gibraltar or any other EU country?	Yes
If you answered <b>Yes</b> , state which benefit and	
the amount of benefit	
Spouse's or civil partner's address (if	
different from yours)	
If you do not reside with	No
your spouse or civil partner, do you	
contribute towards	Yes

### Part 3: Claim for children

Please note that only children who are under the age limit should be included in this claim.

A child is under the age limit:

- Up to the age of fifteen and;
- For any further period following the fifteenth birthday but not beyond the nineteenth birthday while he or she is receiving full time instruction at any university, college, school, or other educational establishment.

Surname	Forenames	Date of birth	Relationship of child	Is child residing with you?
		/ /		
		/ /		
		/ /		
		/ /		
Has any other person applied for an increase of Old Age Pensions in	No			

Has any other person applied for an increase of Old Age Pensions in respect of the children named above?	No Yes	
If you answered <b>Yes</b> , state the name of the	Name	
person and his/her relationship to you	Relationship	

## Part 4: Have you worked outside Gibraltar?

If at any time, you have worked in another EU country or Iceland, Liechtenstein, Norway or Switzerland, please complete questions below. We need this information because if you paid into the social security system in another EU country, it may count towards your old age pension. Please note that failure to give the correct information may affect your pension entitlement.

Have you ever wor outside Gibraltar?	ked No	Please go to <b>Part 6</b>
	Yes	Please tell us about this below.
Country 1		
Name of the countryou worked in	У	
Dates you worked there	From	/ /
	То	/ /
Did you pay into the social security sche of the country?		
If you answered <b>Ye</b> what was your soci security number?		
Country 2		
Name of the countryou worked in	ТУ	
Dates you worked there	Fror	m / /
	То	/ /

# Part 4: Have you worked outside Gibraltar? (continued)

Did you pay into the social security sch		Don't know	
of the country?		No	
		Yes	
If you answered <b>Y</b> owhat was your soc security number?	-		
If you have worke	d in mo	ore than	n 2 EU countries tell us about this in Part 7
Part 5 : Has th Pension work	-		n whose insurance you are claiming an Old Age Gibraltar?
please complete questions security system in	juestior anothe	ns belov r EU cou	other EU country or Iceland, Liechtenstein, Norway or Switzerland, w. We need this information because if they paid into the social ountry, it may count towards your old age pension. Please note that nation may affect your pension entitlement.
Did he/she ever w outside Gibraltar?		No	Please go to <b>Part 6</b>
		Yes	Please tell us about this below.
Country 1			
Name of the count he/she worked in	try		
Dates they worked there	From		/ /
	То		/ /
Did he/she pay into the social	Don't	know	
security scheme of the country?	No		
	Yes		

# Part 5: Has the person on whose insurance you are claiming an Old Age Pension worked outside Gibraltar? (Continued)

If you answered Yes, what was his/her social security number?					
Country 2					
Name of the country he/she worked in					
Workedin					
Dates they worked there	From	/	/		
	То	/	/		
Did he/she pay into the social	Don't know				
security scheme of the country?	No				
	Yes				
If you answered Yes, what was his/her social security number?					

If they have worked in more than 2 EU countries tell us about this in Part 7

### Part 6: Bank details

account number

### 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 b	uildi	ing s	ocie	ety a	cco	unt										
If you are using a build may be made up of lett the account has a roll o	er an	ıd nı	imb	ers,	and	may	be ι	ıp to	18	char	acte						
Building society account number																	
2. Bank details of the	nird į	oart	У														
Bank account or buildi made. Please note that your l account holder should	oenef	it pa	aym	ent o	can l	oe pa	aid ir	nto s	ome	one	else	e's a	ccou	nt (t	hird		
Please provide details	of the	thir	d pa	arty	acco	ount	holo	ler.									
Full name of bank or building society																	
Name of the account holder																	
noider																	
Sort code			-			-											
Account number																	
Building society																	

## Part 7: 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 8: Declaration

I declare that all the statements on this form are true to the best of my knowledge and belief.

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.

### **Old Age Pensions**

Pensionable age is 60 for a woman and 65 for a man. This pension is only payable to a person who has paid or been credited with enough social insurance contributions during their working life. In the case of a woman a working life is 20yrs to 60yrs and in the case of a man 20yrs to 65yrs.

The amount of pension received depends on the number of contributions paid.

In order for a man to obtain a full old age pension a total of 2250 social insurance contributions is required as opposed to 585 social insurance contributions for a minimum pension.

A woman requires a total of 2000 social insurance contributions to obtain a full pension and 520 social insurance contributions for a minimum pension.

The above information can be found at the following address:

https://www.gibraltar.gov.gi/new/department-social-security under 'Old Age Pension'