



Department of Social Security

HM Government of Gibraltar

Claim No.

Stamp and date of receipt

Claim form for Survivor's Benefit

1. The claim should be submitted within six months of your spouse's or civil partner's death, as any delays may result in loss of benefit.
2. Please produce your birth and ID card, marriage or civil partnership certificate, and your late spouse's or civil partner's birth and death certificate together with this form.
3. If claiming for an increase in respect of children, you are required to produce their birth certificates.
4. 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.
5. If your spouse or civil partner worked abroad it is important that you fill in Part 4 as failure to do so may affect your pension entitlement.
6. This form, when completed, must be returned without delay, to the Department of Social Security, 14 Governor's Parade, Gibraltar.
7. 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 a person cannot be regarded as the survivor of a spouse from whom he/she has been divorced; or civil partner if the civil partnership has been dissolved.

Survivor's Benefit shall not be payable if the beneficiary remarries or forms a civil partnership, or for any period during which he or she is cohabiting with another person as his or her spouse or civil partner.

Part 1 : Particulars of claimant

Full name

Maiden name (if applicable)

Address

E-mail address

Daytime phone number

Date of birth

Date of marriage/civil partnership

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 EU country?
No
Yes

If you answered **Yes**, state which benefit and the amount of benefit you receive

Part 1 : Particulars of claimant (continued)

Are you expecting a child with your late spouse or civil partner?

No

Yes

If you answered **Yes**, when is the expected date of confinement

Please submit medical certificate with expected date of confinement

Are you incapable of self-support by reason of any infirmity?

No

Yes If answered **Yes**, a medical report must be submitted together with this form

Part 2 : Particulars of spouse or civil partner

Full name

Maiden name (if applicable)

Date of birth

Tax reference number

ID card number

Name of your spouse's or civil partner's last employer

Was your spouse or civil partner in receipt of any social security benefit payable in Gibraltar or any other EU country?

No

Yes

If you answered **Yes**, state which benefit and the amount of benefit

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

Date of death

/ /

Was the death because of an accident at work, or because of a disease or illness connected with his/her work?

No

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	Forename	Date of birth	Relationship of child	Is child residing with you?
		/ /		
		/ /		
		/ /		
		/ /		

If you want to tell us about more than 4 children, please tell us about them in **Part 6**

Part 4 : Has your spouse or civil partner worked outside Gibraltar?

If at any time, your spouse or civil partner worked in another EU country or Iceland, Liechtenstein, Norway or Switzerland, please complete questions below. We need this information because if they paid into the social security system in another country, it may count towards your survivor's benefit. Please note that failure to give the correct information may affect your pension entitlement.

Did your spouse or civil partner work outside Gibraltar? No Please go to **Part 5**
Yes Please tell us about this below.

Country 1

Name of the country he/she worked in

Dates he/she worked there

From

To

Did he/she pay into the social security scheme of the country?

Don't know

No

Yes

If you answered **Yes**, what was his/her social security number?

Country 2

Name of the country he/she worked in

Dates they worked there

From

To

**Part 4 : Has your spouse or civil partner worked outside Gibraltar?
(continued)**

Did he/she pay into the social security scheme of the country?	Don't know	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

If you answered **Yes**, what was his/her social security number?

If he/she worked in more than 2 EU countries tell us about this in Part 6

Part 5 : 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**.

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

Bank account or building society account in which you have authorised payment of benefit to be made.

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 number

Part 6 : 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 7 : 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.