



Social Security Board

P.O. Box 698

Road Town, Tortola

Virgin Islands

[Tel:1-284-852-7800](tel:1-284-852-7800)/[Fax: 1-284-494-6022](tel:1-284-494-6022)

Email: info@bvissb.vg/Website:www.bvissb.vg

CLAIM FOR SURVIVOR'S BENEFIT

Please use Capitals Letters

PARTICULARS OF DECEASED PERSON

Name

Soc. Sec. No.

Address.....

Date of Birth Date of Marriage.....

Last Employer

Was the deceased person in receipt of any Social Security Benefit? Yes No

If yes, state benefit

CLAIMANT

Name..... Social Security No.

Mailing Address.....

Telephone Number(s) Work..... Home..... Cell.....

Email Address.....

Relation to the deceased Date of Birth/...../.....
Day Month Year

If spouse, state date of marriage and attach marriage certificate.....

If claimant is not the widow/widower of the deceased, are the children in his/her care? Yes No

Relationship to child/children.....

If claim is being made later than six months after the death of the insured person, please state why the claim was not made earlier:

.....
.....
.....

Name of child/children	Father's Name	Mother's Name	Date of Birth	Place Of Birth

I attach the following documents:

- Death Certificate of the deceased person.
- Marriage Certificate
- Birth Certificate of surviving spouse
- Birth Certificate of children under age twenty-one if enrolled in full-time education.
- Correspondence from school for children age 15 and older.

I wish to have my payment deposited to the following bank:

Name of Bank Name on Account.....

Account Number..... Type of AccountRouting Number.....

Address of Bank.....

(If you do not have a local bank account, payment can be made by Money Order, Direct Deposit to a US bank account or via Wire Transfer. Please note that all fees incurred are payable by claimant. For a Wire Transfer, kindly contact email info@bvissb.vg for the required information.)

Declaration:

I declare that the information given above is true and correct to the best of my knowledge and belief, and I claim Survivor's Benefit in respect of the above-named deceased person.

.....
Signature

.....
Date

WARNING:

Any person who knowingly makes or cause to be made a false statement or misrepresentation for the purpose of obtaining benefit commits a criminal offence punishable by a fine or imprisonment under the laws of the Virgin Islands.