



**SOCIAL SECURITY BOARD**  
**APPLICATION FOR CERTIFICATE OF**  
**VOLUNTARY INSURANCE**

Application to the Social Security Board for a Certificate of Voluntary Insurance in accordance with Regulation 7:3 of the Social Security (Modifications of Insurance and Voluntary Contributions) Regulations, 1981.

FULL NAME.....

PRESENT ADDRESS.....

FORWARDING ADDRESS.....

SOCIAL SECURITY NUMBER.....

NAME OF EMPLOYER.....

INCOME.....

.....  
Signature of Applicant

.....20.....  
Date

**WARNING**

*An application for a Certificate of Voluntary Insurance should be made to the Social Security Office within twenty-six weeks (6 months) after the date on which the person ceases to be compulsorily insurable.*