

Canada / Barbados Agreement

Applying for Barbadian Benefits

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: "X") the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you. We can only accept a photocopy of an original document if it is legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

Accountant; Chief of First Nations Band; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Pharmacist, Psychologist, Nurse Practitioner, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal social security agreement; Police Officer; Postmaster; Professional Engineer; Social Worker; Teacher.

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document.

They must also write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
P.O. Box 2710 Station Main
Edmonton, AB T5J 2G4
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Employment and Social Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.

SECTION 2 (Cont'd)

FOR OFFICIAL
USE ONLY



SURVIVORS' PENSION

Complete:

SECTIONS 1, 2, 6, 7 and 9

Also complete section 5, if claim is in respect of an invalid survivor

Submit:

Indicate:

a death certificate

date of death

D M Y
| | |

Verified by

a birth or baptismal
certificate of the
deceased contributor

date of birth
of the deceased
contributor

D M Y
| | |

a birth or baptismal
certificate of
surviving spouse

date of birth
of surviving
spouse

D M Y
| | |

a marriage certificate
(where the deceased was
married)

date of marriage

D M Y
| | |

an affidavit in the
prescribed form from 2
persons (where the spouse
and deceased were not
married to each other)

ATTACHED

a birth or baptismal
certificate of
surviving children
under 16 years of age
or under 21 years of
age and attending school
or an invalid

date(s) of birth
of surviving
children

D M Y
| | |

D M Y
| | |

D M Y
| | |

a letter from the school
certifying attendance
where they are surviving
children over 16

ATTACHED

N.B. INFORMATION FOR ADDITIONAL CHILDREN MAY BE SUBMITTED ON A SEPARATE SHEET OF PAPER OR AT PAGE 5. BIRTH OR BAPTISMAL CERTIFICATES ARE ALSO REQUIRED.



FUNERAL GRANT

Complete:

SECTIONS 1, 2, 8 and 9

SUBMIT:

Indicate:

a death certificate

date of death

D M Y
| | |

a birth or baptismal
certificate of the deceased

date of birth

D M Y
| | |

a receipt where funeral expenses paid in full. If
not paid in full, a statement of funeral expenses
and an undertaking to pay the said expenses.

ATTACHED

SECTION 2 (Cont'd)

**FOR OFFICIAL
USE ONLY**

N.B. If you are claiming survivors' pension or funeral grant, please supply the following particulars:-

FULL NAME OF DECEASED:

**BARBADOS NATIONAL INSURANCE NO.
OF DECEASED**

--	--	--	--	--	--	--	--

**BARBADOS NATIONAL REGISTRATION NO.
OF DECEASED**

						-				
--	--	--	--	--	--	---	--	--	--	--

CANADIAN SOCIAL INSURANCE NO.

--	--	--	--	--	--	--	--	--	--	--

SECTION 3 TO BE COMPLETED BY APPLICANTS FOR OLD AGE CONTRIBUTORY AND INVALIDITY PENSIONS

PLEASE SUPPLY THE FOLLOWING INFORMATION

1) If you were employed in Barbados, state the name and address of your last employer there:

Name:

Address:

Date of
cessation of
employment

D	M	Y

2) Have you received or are you receiving INVALIDITY PENSION (DISABILITY PENSION)
IF SO, Please supply Pension No. or year when pension payments commenced:

.....

SECTION 4 TO BE COMPLETED BY APPLICANTS FOR OLD AGE CONTRIBUTORY AND INVALIDITY PENSIONS

PARTICULARS OF OTHER EMPLOYMENT

1) Have you ever worked as an employed or self-employed person in any other country besides Barbados?

Yes

No

2) If "yes", please supply the information requested below:

COUNTRY	PERIOD		Social Security Number
	FROM	TO	

SECTION 5 CERTIFICATE TO BE COMPLETED BY MEDICAL PRACTITIONER

**FOR OFFICIAL
USE ONLY**

RE INVALIDITY BENEFIT (BARBADOS) OR SURVIVORS' BENEFIT FOR AN INVALID

NOTE TO DOCTOR

To qualify for Invalidity Benefit or Survivors' Benefit as an Invalid, a person must be permanently incapable of work by reason of a specific disease or bodily or of a mental disablement which is likely to be permanent.

CERTIFICATE OF MEDICAL PRACTITIONER

I certify that Mr.
 * Mrs.
 * Miss

(1) Is incapable of work by reason of
.....
.....

(2) that in my opinion his/her incapacity is likely to be permanent, but should be revised after a period of months.

General Remarks
.....
.....
.....

Name:

Signature and Qualifications:.....

* Delete what does not apply.

REVIEW BY MEDICAL PRACTITIONER

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

Signature and Qualifications:..... Date

D	M	Y
---	---	---

SECTION 6 TO BE COMPLETED BY APPLICANTS FOR SURVIVORS' PENSION

**FOR OFFICIAL
USE ONLY**

PARTICULARS OF SPOUSE OR CLAIMANT

FULL NAME

DATE OF BIRTH

Day | Month | Year

DATE OF MARRIAGE

Day | Month | Year

Residential Address (No. and Street, Apt., P.O. Box)

Particulars of children, step children or adopted children under 21 years for whom benefit is being claimed.

1) Full Name

DATE OF BIRTH

Day | Month | Year

Residential Address

2) Full Name

DATE OF BIRTH

Day | Month | Year

Residential Address

3) Full Name

DATE OF BIRTH

Day | Month | Year

Residential Address

Claimant's relationship to child/children

N.B. If benefit is being claimed for more than 3 children, the full name, address and date of birth may be inserted below or on a separate sheet of paper.

Verified by

.....

.....

.....

.....

SECTION 7 TO BE COMPLETED BY APPLICANTS FOR SURVIVORS' PENSION	FOR OFFICIAL USE ONLY
<p>Please supply the following particulars:</p> <p>1) Did the deceased leave a Will? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If "Yes", please give name and address of Executors:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>2) If there is no Will, have Letters of Administration been obtained or are being obtained?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3) If the answer to both questions (1) and (2) is "no", please give names and addresses of next of kin and relationship to the deceased.</p> <p>.....</p> <p>.....</p> <p>.....</p>	
SECTION 8 TO BE COMPLETED BY APPLICANTS FOR FUNERAL GRANT	FOR OFFICIAL USE ONLY
<p>Please supply the following particulars:-</p> <p>1) Have the funeral expenses been paid <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Did you pay them (or will you be paying them) yourself?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2) Name of person on whose National Insurance record the claim is based.</p> <p> Mr.</p> <p> Mrs.</p> <p> Miss</p>	

SECTION 9 TO BE COMPLETED BY ALL APPLICANTS

FOR OFFICIAL USE ONLY

DECLARATION AND CERTIFICATE

Claimant's Declaration and Signature

I declare that the foregoing statements given in this form are true to the best of my knowledge and belief in relation to the following benefit/ benefits.

Old Age Contributory

Invalidity Pension

Survivors' Pension

Funeral Grant

Signature or mark "X" of Claimant

Date

Day	Month	Year

Witness' Certificate and Signature

I hereby certify that:

* (a) The claimant signed the above declaration in my presence

OR

* (b) The claimant made the necessary mark "X" to the above declaration in my presence, having expressed himself or herself as having fully understood the contents of this claim and declaration.

Signature of Witness

Date

Day	Month	Year

Address Qualification or Occupation

WARNING: IT IS AN OFFENCE TO MAKE A FALSE STATEMENT OR FALSE REPRESENTATION FOR PURPOSES OF BENEFIT

*Delete whichever does not apply.

Canada / Barbados Agreement

Documents and/or information required to support your application [CAN-BAR 1] for a Barbadian Old Age and/or Invalidity Pension

Original or certified documents to be submitted:

- Birth certificate
- Marriage certificate (if applicable)

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.

Canada / Barbados Agreement

Documents and/or information required to support your application [CAN-BAR 1] for a Barbadian Survivors' Pension and/or Funeral Grant

Original or certified documents to be submitted:

- Birth certificate for you, the deceased and any children declared
- Marriage certificate (if applicable)
- Death certificate

Original documents to be submitted:

- Affidavit signed by two persons confirming cohabitation (required only if you and the deceased were not married to each other)
- Letter from school certifying attendance for children aged 16-21
- Receipt of fully paid funeral expenses or statement of funeral expenses and an undertaking to pay the said expenses (*only if you are applying for a funeral grant*)

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.