



ANTIGUA & BARBUDA SOCIAL SECURITY BOARD

Survivor's Benefit Requirements

Widow born in Antigua & Barbuda

Death Certificate and Identification (ID) for the deceased

Valid Passport and Registered Marriage Certificate **or**

Valid Government issued identification (ID), Birth Certificate and Marriage Certificate

Banking information: name of bank or credit union account number and name on account

Widow not born in Antigua & Barbuda

Death Certificate and Identification (ID) for the deceased

Valid Passport and Registered Marriage Certificate

Banking information: name of bank or credit union account number and name on account

NB. In addition to the Survivor's Application Form the widow must also submit the appropriate life certificate based on where she resides.

Surviving child/children

Death Certificate and Identification (ID) for the deceased

Birth Certificate and Baptismal Certificate for the surviving child/children

Letter / School Form from the school that the child/children attend

Valid Passport **or** Valid Government issued identification (ID) for the parent or legal guardian making application

If legal guardian necessary, registered legal documents are required

Banking information: name of bank or credit union account number and name on account

Please note that all original or notarized documents are required in order for the application to be processed. Application must be received within one (1) year from the date of death of the insured person.

For further information please contact

Tel: (268) 736-3000/1/2/3

Fax (268) 481-3090

customerserv@socialsecurity.gov.ag

socsec@socialsecurity.gov.ag



ANTIGUA & BARBUDA SOCIAL SECURITY
CLAIM FOR SURVIVORS BENEFIT

PARTICULARS OF DECEASED INSURED PERSON: **SOCIAL SECURITY NUMBER:** _____

NAME: _____
(Surname) (Other Names)

LAST ADDRESS: _____ DATE OF BIRTH: _____
_____ DATE OF DEATH: _____

NAME OF LAST EMPLOYER _____

Was the deceased in receipt of a Benefit from Social Security? Yes ☐ No ☐ _____
(Type of Benefit)

Did the deceased worked in any Caricom Territory or Canada? Yes ☐ No ☐

If yes please provide information below:

YEARS OF EMPLOYMENT		NAME OF EMPLOYERS	COUNTRY
From	To		

PARTICULARS OF CLAIMANT WHO IS THE WIDOW, INVALID WIDOWER OR COMMON-LAW SPOUSE

NAME: _____ RELATION: _____
(Surname) (Other Names)

ADDRESS: _____ DATE OF BIRTH: _____
_____ SOCIAL SECURITY # _____

DATE OF MARRIAGE _____ EMAIL: _____ TEL. # () _____

At the time of death were you living with the deceased? Yes ☐ No ☐ if yes how long _____

Are you receiving any benefit from Social Security? Yes ☐ No ☐ SS# _____
(Type of Benefit)

If claimant is common law spouse, she must produce documentary evidence (3letters) to support this.

Warning: *Anyone who knowingly makes any false representation for the purpose of receiving benefit is guilty of an offence which is punishable by law.*

Please make Benefit Payable to:

Name: _____ A/C Type _____ A/C# _____

Name of Bank: _____ Address: _____

If payee is different to the applicant, please complete the following:

Name: _____ Telephone # () _____

Address _____

NOTE: *Any payment received and or cashed after the date of death must be reimbursed to the Social Security Office before the benefit can be processed. ALL original documents or notarized copies are required in order for the application to be processed. The application must be received with ALL the required documents within one (1) year from the date of death of the insured person.*

(Signature of Claimant) (Date)

(Signature of Interviewer) (Date)

FOR CHILDREN AND OVERSEAS APPLICANTS PLEASE SEE OVER-LEAF

PARTICULARS OF CHILDREN UP TO AGE 16 OR AGE 18 AND STILL ATTENDING SCHOOL

NAME CHILD/CHILDREN	SEX	NAME OF PARENT/GUARDIAN	DATE OF BIRTH PARTICULARS					
			D	M	Y	BIRTH CERTIFICATE		COUNTRY OF BIRTH
						PAGE	NO	

Name of claimant: Relationship to child:

Address: Telephone # ()

Email:

Please make Benefit Payable to:

Name: A/C Type A/C#

Name of Bank: Address:

If payee is different to the applicant, please complete the following:

Name: Telephone # ()

Address: Relationship to Claimant:

(Signature of Claimant) (Date)

(Signature of Interviewer) (Date)

If payment is not payable to a bank in Antigua and Barbuda, the following information is required:

Wire Transfer Information	
Bank Name:	Bank Address:
Bank Routing Number:	Bank Swift Code:
Name on Account:	Account Number:
Payee Physical Address:	

Signature of Applicant

Date

Signature of Notary

Date



Notary Stamp or Seal

OFFICAL USE:



ANTIGUA & BARBUDA SOCIAL SECURITY BOARD

LONG STREET, P.O. Box 1125

ST. JOHN'S ANTIGUA

TEL: (268) 736-3000/1/2/3

FAX (268) 481-3090

E-mail: customerserv@socialsecurity.gov.ag

OVERSEAS LIFE CERTIFICATE

FULL NAME of PENSIONER: _____

Social Security # Pension #

Type of Pension: Age Invalidity Survivors

Signature of Pensioner _____

Date: _____

Life Certificate form

TO BE CERTIFIED BY ONE OF THE PERSONS ON THE OVER-LEAF



TO BE CERTIFIED BY ANY OF THE FOLLOWING PERSONS BY TICKING SPECIFIED PROFESSION:

Notary Public ☐ Justice of the Peace ☐ Anu & Bar. High Commission Offices ☐ Caricom Social Security Sys. ☐

I, the undersigned, hereby certify that: _____

Whose signature is affixed on the over-leaf was alive on the _____ day of _____ 20____

Print Name

OFFICIAL STAMP

Signature

Profession

Date



ANTIGUA & BARBUDA SOCIAL SECURITY BOARD
HEAD OFFICE
ST. JOHN'S ANTIGUA

P.O. BOX 1125

Email: customerserv@socialsecurity.gov.ag

TELEPHONE: 268-736-3000

FAX: 268-481-3090

SCHOOL ATTENDANCE CERTIFICATION

(ONLY FOR USE IN SCHOOLS OUTSIDE OF ANTIGUA & BARBUDA)

NAME OF SCHOOL: _____

ADDRESS: _____

I hereby certify that _____ has been a student of the
(Name of Student)

the above named school for the period _____ to _____.

Name of Principal _____

Signature: _____

Date: _____

(AFFIX SCHOOL STAMP OR SEAL HERE)

TO BE COMPLETED BY PARENT/GUARDIAN

SS# of the deceased parent: _____ PNO: _____

For official use only

Entered by: _____ Date: _____