



GOVERNMENT OF BERMUDA
Ministry of Finance

Department of Social Insurance

APPLICATION FOR A NON-CONTRIBUTORY OLD AGE PENSION

Please use **BLOCK CAPITALS** when filling out this form.
BE SURE TO ANSWER ALL QUESTIONS.

When completed, this Form should be taken or sent to:

DEPARTMENT OF SOCIAL INSURANCE
Ground Floor
Government Administration Building
30 Parliament Street, Hamilton HM 12
Bermuda

FOR OFFICIAL USE	
Insurance No.:	
Claim No.:	Weekly \$ Monthly \$
Date of Receipt:	
Approved/Disapproved By and Date:	

CONTRIBUTORY PENSIONS ACT, 1970

1. A person shall be entitled to a non-contributory old age pension if he/she –
(a) is over pension age (i.e. over age 65), and
(b) satisfies the relevant residential qualification.

AN APPLICATION SHOULD BE MADE WITHIN 13 WEEKS FROM THE DATE A PERSON BECOMES ELIGIBLE FOR THE BENEFIT. DELAY IN CLAIMING MAY RESULT IN LOSS OF BENEFIT.

SURNAME (Block capitals)		Mr. Mrs. <i>(circle one)</i> Miss												
Maiden name (or other surname at date of birth) if relevant														
Other names														
Permanent address													
Telephone Number/Email Address													
Bank Name													
Bank Address													
Account Number													
Occupation													
Name and address of Employer, if any													
Name of husband or wife													
Date and place of birth. Please submit your birth certificate/passport or a certified copy of it with this form. It will be returned as soon as it has been examined by the Department.	<table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td>Place</td> </tr> <tr> <td colspan="4">FOR OFFICIAL USE</td> </tr> <tr> <td>Birth Certificate/Passport No.</td> <td>Verified by</td> <td colspan="2">Date</td> </tr> </table>	Day	Month	Year	Place	FOR OFFICIAL USE				Birth Certificate/Passport No.	Verified by	Date		
Day	Month	Year	Place											
FOR OFFICIAL USE														
Birth Certificate/Passport No.	Verified by	Date												
Do you possess Bermudian status? (Yes or No)														
If you possess Bermudian status, state how acquired, i.e. whether by birth, by marriage or otherwise and date acquired, submitting documentary evidence.		<table border="1"> <tr> <th colspan="2">FOR OFFICIAL USE</th> </tr> <tr> <td>Marriage Cert. No.</td> <td>(Place)</td> </tr> <tr> <td>Status Cert. No.</td> <td></td> </tr> <tr> <td>Verified by</td> <td>Date</td> </tr> </table>	FOR OFFICIAL USE		Marriage Cert. No.	(Place)	Status Cert. No.		Verified by	Date				
FOR OFFICIAL USE														
Marriage Cert. No.	(Place)													
Status Cert. No.														
Verified by	Date													
Have you been ordinarily resident in Bermuda for at least 10 years within the 20 years prior to this application? (Yes/No) Please submit documentary evidence.		<table border="1"> <tr> <th colspan="2">FOR OFFICIAL USE</th> </tr> <tr> <td>Document:</td> <td></td> </tr> <tr> <td>Verified by</td> <td>Date</td> </tr> </table>	FOR OFFICIAL USE		Document:		Verified by	Date						
FOR OFFICIAL USE														
Document:														
Verified by	Date													
Are you receiving a social security pension from another country? (Yes/No) If yes, please include the amount and submit documentary evidence.		<table border="1"> <tr> <td>Amount: \$</td> <td></td> </tr> <tr> <td>Country:</td> <td></td> </tr> </table>	Amount: \$		Country:									
Amount: \$														
Country:														
Does your income* from all sources exceed \$4,000 a year? (Yes or No) (*Income means all income (excluding the non-contributory pension) such as receipts from investments, rents, other pensions, etc.)														

(see over ...)

WARNING – Any person who, for the purpose of obtaining any benefit or other payment under the Contributory Pensions Act, 1970, whether for himself or for some other person, or for any other purpose connected with the Act, knowingly makes any false statement or false representation, or produces or furnishes, or causes or knowingly allows to be produced or furnished, any document or information which he knows to be false in a material particular, is liable on summary conviction to a fine or imprisonment.

In certain circumstances a person is disqualified from receiving a non-contributory pension:–

1. While he or she is undergoing imprisonment or detention in legal custody,
2. While he or she is not ordinarily resident in Bermuda, or
3. For any period(s) of absence from these Islands lasting more than three (3) months in any contribution year.

DECLARATION

(To be completed by all applicants)

WITNESS TO SIGNATURE

This Declaration was signed or marked by the applicant in my presence.

Signature

Address

.....

Occupation

(The applicant's signature (or mark) must be witnessed by a householder who is not a relative, or by any officer of the Social Department.)

I Declare that to the best of my knowledge and belief all the statements on this form are true.

.....
(Applicant's usual signature, or mark if unable to write)

Date 20
(The applicant must sign or mark this form himself or herself unless he or she is incapable of doing so through bodily or mental infirmity. In such a case, the Social Insurance Department should be consulted.)

IMPORTANT

The applicant, in addition to signing the above Declaration, should sign again in the space to the right.



This additional signature is required for record purposes.

IMPORTANT

DO NOT USE BLOCK CAPITALS
Usual Signature (in ink)

.....

Claim No.