Social Security

Claim for arrears of benefit/pension

Notes

To claim any arrears of Social Security benefits/pensions please complete this form in Capital Letters and in ink. If you need any help, telephone us on (01624) 685176. When complete, take or send this form together with any documents (see below) to the Pensions Team, Social Security Division, Markwell House, Market Street, Douglas, Isle of Man IM1 2RZ. You must do this within 12 months of the date of death or you will not be entitled to arrears of benefit.

You will need to send us the Death Certificate or Certificate of Registration of Death and any benefit cheques which relate to the deceased so that we can process your claim. If you cannot send us everything at once, do not worry, we will ask you to provide the other document(s) later.

Part 1	About the deceased						
PLEASE USE CAPITAL LETTER	?S						
Their surname							
Previous surnames (if any)							
Their forenames							
Their last private address							
	Postcode						
Their date of birth	DD MM YY Their date of death DD MM YY						
Their National Insurance (NI) number (if known)	Letters Numbers Letter						
Part 2 Abc	ut benefits and pensions the deceased was receiving						

Please tell us overleaf which benefits or pensions the deceased was receiving shortly before they died.



Yn Tashtey

				Reference	number				
Retirement Pension									
Nursing Care Contri	bution								
Income Support									
Attendance Allowan	се								
Disability Living Allo	wance								
Bereavement Suppo	ort Payment								
Industrial Injuries D	visablement Bei	nefit							
Other benefit (pleas	se state)								
Please enclose any	uncashed bene	fit cheque	es relating	to, or payable in r	respect of, th	e deceas	sed with	n this fo	orm.
Part 3	Abo	ut you a	nd your cl	aim for arrears	of benefit/	pensior	ו		
Your full name									
Your full address									
					Pos	stcode			
Your relationship to	the deceased								
Please answer the f	ollowing by ticl	king the a	ppropriate	boxes					
				on which may ha	ve been due	to the d	eceased	d name	d in
Part 1 of this fo	orm on the basi								
the executor			ne administ			t of kin			
I declare that to t true and complete				belief the inform	nation I ha	ve giver	n on th	is form	1 İS
Your signature					Date	DD		VI	ΥY
WARNING: TO (GIVE FALSE INI	ORMATI	on may re	SULT IN LEGAL A	ACTION BEIN		I AGAII	NST YO	 U
	How	v the Tre	asury coll	ects and uses ir	nformation				
When we collect inf and allowances, em We may get informa We may also share To find out more ab https://www.gov.im	ployment and ation about you information wit out how we us	training a u from oth th certain e informa	nd occupat ners for any other orga tion, contag	ional and persona of our purposes nisations if the lay ct any of our offic	if pension sc if the law all w allows us t es or visit ou	nemes. ows us to :o.	o do so		its
			For offi	ce use only					
	due from			to					
	weeks at	£		amount due	£				
Initials	Date			Initials		Date			