SZV
Social & Health Insurances

Number ww:

Widow/Widower Pension Requestform

Described in Federal Ordinance widow(er) and orphans' pension.

Received <date D/M/Y> / /

1. Personal information

Maiden name: .....

Family name: .....

First name: .....

Nationality & ID number .....

Gende (M/F) .....

Date of birth (D/M/Y) ..... / /

Date, year and place of marriage (D/M/Y) ..... / /

Address: .....

Phone number: .....

Email address: .....

Name and first name former partner .....

Date of birth former partner (D/M/Y) ..... / /

When and where did your former partner 'pass away? (D/M/Y) ..... / /

Marital status when your partner died: .....

2. Please mention where and when you lived in the Netherlands Antilles?
   Please indicate which countries

	D/M/Y		D/M/Y		
Start date		End date		Residence	
Start date		End date		Residence	
Start date		End date		Residence	
Start date		End date		Residence	
Start date		End date		Residence	
Start date		End date		Residence	
Start date		End date		Residence	

3. Did your former partner **reside** on Sint Maarten when he/she passed away? .....
4. Was the deceased person entitled to receive Old Age Pension? .....
5. Are you entitled to receive Old Age Pension? .....
6. Do you receive care or cure in an establishment? .....
   a. If yes, in which establishment (name/place)? .....
   b. Who is paying for the nursing costs? .....

7. How would you like to receive your widow/widower pension?
   Name (organization) .....
   Bank: .....
   Account number: .....
   Routing number: .....
   IBAN or BIC code: .....
   Swift code: .....

* To a delegate:
Name delegate: .....
Address delegate: .....

8. Have you previously submitted an application to SZV to obtain widow/widower pension? .....

The applicant certifies that the above questions are answered truthfully.

..... 20

Signature* .....

* By signing this agreement, you give SZV permission to contact other public institutions in order to check personal information relevant for Widow/widower pension.

Please send the Widow/widowerpension request form to:
Division Pensions SZV, Harbour View, Sparrow Road #4, Philipsburg St. Maarten. If you want to know which documents to submit with this request, please look at our website www.uszv.org for 'requirements application Widow(er) and orphans' pension.

You can also send your scanned Widow/widower request form by email. Please send it to: benefits@uszv.org.
Note: The original widow/widower' request form (incl. additional documents) must always be submitted as soon as possible!

TO BE FILLED IN BY THE CENSUS OFFICE

1. Are all questions answered correctly? If no, please complete all questions correctly	.....

Special notes

Signature:

Verification date (d/m/y) .....

The chief Census Office : .....