



**FALKLAND ISLANDS GOVERNMENT  
RETIREMENT PENSIONS ORDINANCE 1996**

**Application for Assisted Contributions**

**Name:**

**Pension ID:**

**Address:**

**Telephone:**

**Date of Birth:**

I wish to apply for Assisted Contributions to be made on my behalf because my earnings were less than the weekly earnings limit (see reverse) for each week in the period specified below, I am ordinarily resident in the Falkland Islands and I fulfil one or more of the following criteria: (please tick the appropriate box below)

- a) I was unable to work by reason of ill-health, and was not in receipt of any remuneration for the period specified below, and that, in the week preceding the week in which I became unable to work by reason of ill-health, I was an employee or a self-employed person and a contributor under the Retirement Pensions Ordinance. (Please arrange for completion of the Doctor's Certificate on the reverse) (Section 13(3))
- b) I was neither an employee nor self-employed, but can show to the Board that I was actively seeking employment during the period specified below. (Please provide supporting evidence) (Section 13(4)(a))
- c) I was entitled to family allowance for the period specified below. (Section 13(2)(b)(i))
- d) I can show to the Board that I was looking after another person who was entitled to attendance allowance (Please provide a letter of support from Social Services confirming this) (Section 13(2)(b)(ii))
- e) I can show to the Board that I was following a prescribed course of education or training and I was aged 21 years or over for the whole of the period specified below. (Please provide supporting evidence of acceptance, attendance and completion of the course) (Section 13(4)(b))
- f) I am self-employed and have worked  months since the 1<sup>st</sup> of July last year. Please provide monthly breakdown of earnings. (from July 2015)
- g) I have been in receipt of Welfare since the 1<sup>st</sup> of July 2015

**Notes:**

- ◆ **You are required to provide evidence as noted above to show why you are not employed and why assistance is being sought.**
- ◆ **By signing this form I authorise the Taxation Office and/or Social Services to inform the Pensions Office of any income I received during the claim period specified below, and that the Pensions Office may ask for further information if required.**
- ◆ **To be defined as Self-employed you must be a Registered Business with the Tax Office.**
- ◆ **No Assisted Contributions shall be made in respect of any whole week commencing more than five years before the claim is made.**

Number of Assisted Contributions requested ..... weeks for the period from  
..... to ..... inclusive.

I certify that the statements made above are true to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Weekly Earning Limit for each year

2012	£ 180.00
2013	£ 180.00
2014	£ 180.00
2015	£ 180.00
2016	£ 215.00
2017	£ 232.00
2018	£ 263.20
2019	£266.80

**Doctor's Certificate**

I hereby certify that .....(name of claimant) has been seen by  
me and was unable to work (for the period specified above / for the period from  
.....to.....)  
(please delete / complete as appropriate), by reason of ill-health.

Signature of Doctor: .....

Name of Doctor: .....

Date: .....

