



Pensions Office, St Mary's Walk, Stanley, Falkland Islands,
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Email pensionsclerk@sec.gov.fk
pensionsassistant@sec.gov.fk
Website: www.fig.gov.fk/pensions

Retirement Pensions— Assisted Contributions Claim Form

Please complete this form to apply for Assisted Contributions under Section 13 of the Retirement Pensions Ordinance 1997.

To be eligible your earnings during the period claimed must be below the weekly earnings limit, you are required to be ordinarily resident in the Falkland Islands and fulfil one of the criteria in Section 2.

Please ensure that additional information is provided when requested in Section 2.

Section 1 - Contact Details

Full Name			
Po Box			
Home Address			
Email Address			
Date of Birth		Telephone Number	
Pension ID			

Section 2 - Claim 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. <i>(Please arrange for completion of the Doctor's Certificate in section 4) Section 13(3)</i>	<input type="checkbox"/>
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. <i>(Please provide supporting evidence) Section 13(4)(a)</i>	<input type="checkbox"/>
C - I was entitled to family allowance for the period specified below. Section 13(2)(b)(i)	<input type="checkbox"/>
D - I can show to the Board that I was looking after another person who was entitled to attendance allowance <i>(Please provide a letter of support from Social Services confirming this) Section 13(2)(b)(ii)</i>	<input type="checkbox"/>
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. <i>(Please provide supporting evidence of attendance and/or completion of the course) Section 13(4)(b)</i>	<input type="checkbox"/>
F - I am self-employed and have worked _____ months. Please provide monthly breakdown of earnings.	<input type="checkbox"/>
G - I was in receipt of Income Support for the specified dates. <i>(Please provide a letter of support from Social Services confirming this) Section 13(4)(d)</i>	<input type="checkbox"/>

- You are required to provide evidence as noted above to show how you fulfil the criteria.
- By signing this form you authorise the Taxation Office and/or Social Services to inform the Pensions Office of any income you 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 declare your self-employed or partnership earnings with the Tax Office Annually.
- No Assisted Contributions shall be made in respect of any whole week commencing more than five years before the claim is made.

Section 3 - Claim Periods

Year	Weekly Earning Limit	Number of Contributions requested (weekly)	Claim from (date)	Claim to (date)
2016 (Example)	£215.00	5	30/05/2016	03/07/2016
2025	£367.60			
2024	£342.80			
2023	£309.20			
2022	£290.40			
2021	£285.20			

Section 4 - Doctors Certificate

<p>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 fromto.....)</p> <p>(please delete / complete as appropriate), by reason of ill-health.</p> <p>Signature of Doctor:</p> <p>Name of Doctor:</p> <p>Date:</p>	<div style="border: 1px solid black; height: 100px; margin-top: 50px; text-align: center; line-height: 100px;">KEMH Stamp</div>
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Claimant Signature

Date