

## **Claim for States pension**

In accordance with the Agreement between

the States of Guernsey and the Government of the Republic of Latvia on Social Security

Pensions & Allowances helpline number:-	+44 (0) 1481 222506
Completed forms should be returned to:-	Social Security
	Edward T Wheadon House
	Le Truchot
	St Peter Port, Guernsey
	GY1 3WH
Email	pensionsallowances@gov.gg

## Part 1: To be completed by all claimants

Please note, this claim form **must be returned** within 3 months of reaching pension age. If returned after this date, it will be treated as a late claim, which may result in loss of benefit.

Personal Details							
Social Security Number							
First names(s)							
Surname							
Date of birth	Day	Month	Year				
Please confirm that your bi	Please confirm that your birth certificate is enclosed? Yes No						
Address							
Post code							
Telephone number							
Email address							

FOR OFFICE USE ONLY		Letters/Documents date sent
Prepared	Approved	

# Part 2: To be completed by women who were married, divorced or widowed at 31/12/2003

Marriage Details	;						
-			Ν	1arried Divorced	<i>۱</i> b	Widowed	
Marital status at 3	L/12/200	3					
Details of the man	you wer	e marrie	d to / d	livorced from / wido	owed b	y at 31/1	2/2003
Full name							
Date of birth	Day	Month	Year	Date of marriage	Day	Month	Year
If you are still married t certificate.	o the man	named ab	oove and	he is under pension age	, please	enclose his	birth
Place of marriage							
Please confirm tha	t your ma	arriage c	ertifica	te is enclosed?	Yes		10
-		-		ed from / widowed	by at 3		
contributions to G	iernsey S	Social Se	curity?		Yes		No
Date of Divorce (if applicable)	Day	Month	Year				
	r pension e	entitlemen	it may be	ase forward your divorce increased using your fo	rmer hu	sband's cor	
Current Marital Sta	tus		N	1arried Divorced	l V	Widowed	

## Part 3: To be completed if your original certificates are not enclosed and you were born or married in Guernsey or Alderney

Certificate Verification	
Please read number 7 of the enclo people completing Part 2 above.	sed notes. A marriage certificate is only required for
Father's full name	
Mother's full name	
Mother's name before marriage	

Have you ever live	d or worked o	outside of	Guernsey?	Yes		No	
If 'Yes' please com	plete the det	ails below					
				contribu	ou paid utions to ountry?	Are you a pensio this co	on from
Country	From	То	Insurance Number	Yes	No	Yes	No

## Part 5: To be completed by all claimants

## **Payment details**

States pension is paid into a bank account. Please provide your Guernsey or UK account details below. If you want to be paid into a Latvian or overseas bank account please complete the international payment mandate form instead.

Branch Sort Code Account Number	
Account Number	
Account holder/s name/s	

## Part 6: To be completed by all claimants

### Declaration

I understand that to give false information or to make a false claim renders me liable for prosecution.

I claim States pension. I declare that to the best of my knowledge and belief all statements made on this form are true and complete. I undertake to notify Social Security of any changes in my circumstances.

I authorise Social Security to furnish to the State Social Insurance Agency of Latvia all the information documents which relate or could relate to this application. I understand that such information may be shared digitally or in hard copy.

Signature	Date	

Documents enclosed?	Yes	No
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**Please note**. This claim form must be returned within 3 months of reaching pension age. If returned after this date, it will be treated as late, which may result in loss of benefit.

#### How we collect and use information

The Committee *for* Employment & Social Security will process any personal data which you provide, via this form, in accordance with the Data protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at <u>www.gov.gg/dp</u> or alternatively you may call 01481 222500 and request a paper copy.

Please return the completed form to the address on the front page

## If you need more information or have any questions, please contact us:

Phone: +44 (0)1481 222506

Email: pensionsallowances@gov.gg

Website: www.gov.gg/statespension