

## Claims and Payments.

MADE BY THE NATIONAL HEALTH INSURANCE JOINT COMMITTEE,  
AND THE MINISTRY OF LABOUR, IN CONJUNCTION WITH THE  
MINISTRY OF FINANCE UNDER THE WIDOWS', ORPHANS'  
AND OLD AGE CONTRIBUTORY PENSIONS ACT (NORTHERN  
IRELAND), 1925.

1926. No. 105.

The National Health Insurance Joint Committee and the Ministry of Labour, acting jointly and in conjunction with the Ministry of Finance in pursuance of the powers conferred on them by sub-section (1) of Section 30 of the Widows', Orphans' and Old Age Contributory Pensions Act (Northern Ireland), 1925, and by the Contributory Pensions (Joint Committee) Regulations (Northern Ireland), 1925, and of all other powers enabling them in that behalf hereby make the following Regulations:—

1. These Regulations may be cited as the Contributory Pensions (Claims and Payments) Amendment Regulations (Northern Ireland), 1926, and shall be read as one with the Contributory Pensions (Claims and Payments) Regulations (Northern Ireland), 1925 (hereinafter called "the principal regulations"), and these regulations and the principal regulations may be cited as the Contributory Pensions (Claims and Payments) Regulations (Northern Ireland), 1925 and 1926.

2.—(1) Every person who desires to make a claim by virtue of the Act for an old age pension under the Old Age Pensions Acts (Northern Ireland), 1908 to 1925, shall fill up a form of application for the pension and deliver or send the form when filled up to the Ministry or to such officer or person as the Ministry may appoint for the purpose.

(2) The application shall be in the appropriate form set out in the Schedule to these Regulations, or in such other form substantially to the like effect as the Ministry may determine, with such modification as may be necessary in the case of a person already in receipt of an old age pension under the Old Age Pension Acts (Northern Ireland), 1908 to 1925, who claims a pension under the Act, or of a woman who claims a pension by virtue of her husband's insurance.

(3) Every officer whom the Ministry may appoint for the purpose shall supply, and where the circumstances so require the Ministry shall cause to be supplied, on demand a form of application gratis to any person who desires to make a claim for a pension.

(4) Every person making a claim for a pension shall furnish such certificates and other documents and information as the

Ministry may require in connection therewith, and shall for that purpose attend at such office or place as the Ministry may require.

3. The following paragraph shall be added to Article 5 of the principal regulations :—

“(6) Notwithstanding anything in this Article, the Ministry may arrange in the case of Old Age Pensions for the delivery to the pensioner personally of the book of pension orders at a place other than the appropriate paying office.”

4. Friday shall be the prescribed day of the week for the purpose of the weekly payments on account of old age pensions under the Old Age Pensions Acts (Northern Ireland), 1908 to 1925.

5. These regulations shall have effect as from the 2nd July, 1926.

SCHEDULE.

FORM OF APPLICATION FOR OLD AGE PENSION.

OLD AGE PENSIONS ACTS (NORTHERN IRELAND), 1908 TO 1925.  
WIDOWS', ORPHANS' AND OLD AGE CONTRIBUTORY PENSIONS ACT, 1925.

- (1) Full name of claimant .. .. . \_\_\_\_\_
- (2) Home address .. .. . \_\_\_\_\_
- (3) Sex .. .. . \_\_\_\_\_
- (4) State whether single or married, widow or widower .. .. . \_\_\_\_\_
- (5) Date of birth .. .. . \_\_\_\_\_
- (6) Place where born.
  - Street or road .. .. . \_\_\_\_\_
  - Town or parish .. .. . \_\_\_\_\_
  - County .. .. . \_\_\_\_\_
  - Father's full name and Surname .. .. . \_\_\_\_\_
  - Father's occupation .. .. . \_\_\_\_\_
  - Mother's full name and Surname .. .. . \_\_\_\_\_
  - Mother's maiden name .. .. . \_\_\_\_\_
- (7) Are you insured under the National Health Insurance Act? .. .. . \_\_\_\_\_
- (8) If so, please state :—
  - (a) Name of Approved Society (or Deposit Contributors' Fund, or Navy and Army Insurance Fund) .. .. . \_\_\_\_\_
  - (b) Name and number of branch (if any) .. .. . \_\_\_\_\_

- (c) Membership number .. \_\_\_\_\_
- (d) Address to which stamped contribution cards were sent \_\_\_\_\_
- (e) If you cannot fully answer these questions, state here the name and address of your Insurance Agent or any other information which you can give about your National Health Insurance .. .. . \_\_\_\_\_

(9) Have you lived anywhere out of England, Scotland, Wales or Northern Ireland during the last two years? .. \_\_\_\_\_

If so, state where and for how long \_\_\_\_\_

(10) State the name and address of your last employer and the date of leaving his service .. .. . \_\_\_\_\_

- (11) If you are a married man, state :
  - (a) Your wife's full name .. \_\_\_\_\_
  - (b) Her present age .. \_\_\_\_\_

(12) Have you previously made a claim for an Old Age Pension? .. \_\_\_\_\_  
 If so, state the date on which, and the place at which, the claim was made, and with what result .. \_\_\_\_\_

(13) State the full address of the Paying Office at which you desire that a pension, if awarded, should be payable \_\_\_\_\_

(14) I declare that all the above statements are true to the best of my knowledge and belief ; that I am not, so far as I know, disqualified from receiving a pension ; and that I am not in receipt of a pension under the Old Age Pensions Acts (Northern Ireland), 1908-1925. ..

Signature (or mark) \_\_\_\_\_

Date \_\_\_\_\_

I (name) \_\_\_\_\_  
 of (address) \_\_\_\_\_  
 (qualification) \_\_\_\_\_

certify that the claimant is known to me personally ; that all the statements in this claim are true to the best of my knowledge and belief ; and that the claimant has to my knowledge been resident in Great Britain for the last two years. The Signature to this form was made by the claimant this day in my presence.

Signature \_\_\_\_\_

Date \_\_\_\_\_

This certificate must be signed by one of the following :—

- (1) A Justice of the Peace.
- (2) A Barrister, Advocate or Solicitor.
- (3) A Minister of Religion (stating Denomination and address of place of worship).
- (4) A Medical Practitioner.
- (5) A Head Teacher of a Public Elementary or Secondary School (stating name and address of the school).

- (6) A Police Officer not below the rank of Sergeant.  
 (7) The Clerk or any member of a Local Authority.  
 (8) A Captain (or officer of higher rank) of the Salvation Army.  
 (9) A resident Officiating Church Army Officer.  
 (10) The Secretary of the applicant's Trade Union, Registered Friendly or Approved Society, or a Registered Branch of such Trade Union or Friendly Society.

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Given under the Official Seal of the National Health Insurance Joint Committee this 29th day of July, One thousand nine hundred and twenty-six.

(L.S.)

*W. F. Wackrill,*

Secretary to the National Health Insurance Joint Committee.

Given under the Official Seal of the Ministry of Labour this 29th day of July, One thousand nine hundred and twenty-six.

(L.S.)

*H. Conacher,*

Secretary to the Ministry of Labour.

Given under the Official Seal of the Ministry of Finance, this 29th day of July, One thousand nine hundred and twenty-six.

(L.S.)

*G. C. Duggan,*

Assistant Secretary to the Ministry of Finance.

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## Deaths and Marriages, Notification of.

MADE BY THE REGISTRAR-GENERAL, UNDER SUB-SECTION (1) OF SECTION 31 OF THE WIDOWS', ORPHANS' AND OLD AGE CONTRIBUTORY PENSIONS ACT (NORTHERN IRELAND), 1925.  
 1926. No. 29.

The Registrar-General for Northern Ireland, in pursuance of sub-section (1) of Section 31 of the Widows', Orphans' and Old Age Contributory Pensions Act (Northern Ireland), 1925, and with the approbation of the Governor of Northern Ireland, hereby makes the following Regulations:—

1. These Regulations may be cited as the Contributory Pensions (Notification of Deaths and Marriages) Regulations (Northern Ireland), 1926.