Given under the Official Seal of the National Health Insurance Joint Committee this 30th day of November, in the year One thousand nine hundred and twenty-seven.

H. W. Vaughan Williams,
(L.S.) Secretary to the National Health Insurance Joint Committee.

Given under the Official Seal of the Ministry of Finance this 30th day of November, in the year One thousand nine hundred and twenty-seven.

G. C. Duggan,
(L.S.) Assistant Secretary to the Ministry of Finance.

Claims and Payment.

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.

1927. No. 115.

The National Health Insurance Joint Committee and the Ministry of Labour, acting jointly so far as regards Regulations which the said Joint Committee is empowered to make jointly with the said Ministry, and acting separately so far as regards Regulations which the said Joint Committee or Ministry are empowered to make alone, and in conjunction with the Ministry of Finance so far as regards Regulations which are required to be so made, in pursuance of the powers conferred on them by the proviso to sub-section (1) of Section 28, and 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 :—

Short title and commencement.

1 These Regulations may be cited as the Contributory Pensions (Claims and Payment) Regulations (Northern Ireland), 1927, and, save as otherwise expressly provided, shall be deemed to have come into operation on the 2nd day of July, 1926.

Interpretation.

2—(1) In these Regulations, unless the context otherwise requires :—

"The Act" means the Widows', Orphans' and Old Age Contributory Pensions Act (Northern Ireland), 1925 (15 & 16 Geo. 5, c. 23);

"The Ministry" means the Ministry of Labour;

"Post-70 Old Age Pension" means an old age pension under the Old Age Pensions Acts (Northern Ireland) 1908 to 1925, payable by virtue of the Act.

"Paying Officer" means such officer as may be appointed or designated by the Ministry of Labour for the purpose of paying pensions under the Act and includes any officer who may be authorised to act as paying officer in pursuance of arrangements made under Section 63 of the Government of Ireland Act, 1920, for the purpose of paying pensions on behalf of the Ministry of Labour.

(2) The Interpretation Act, 1921, applies to the interpretation of these Regulations as it applies to the interpretation of an Act of Parliament.

Manner of making claim.

3—(1) Every person who desires to make a claim for a pension 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 modifications as may be necessary in the case of an application for an old age pension or a post-70 old age pension by a woman who claims the pension by virtue of her husband's insurance or, in the case of an application for a post-70 old age pension, by a person already in receipt of an old age pension under the Old Age Pensions Acts (Northern Ireland) 1908 to 1925.

(3) Every officer whom the Ministry may appoint for the purpose shall supply on demand a form of application, gratis, to any person who desires to make a claim for a pension, except in the case of orphans' pensions and in the case of old age pensions or post-70 old age pensions where the claim is by a woman by virtue of her husband's insurance, and in such other special cases as the Ministry may direct, in which excepted cases the Ministry shall cause the form to be supplied, gratis, to the person desiring to make the claim.

(4) Every person making a claim for a pension shall furnish such certificates by employers and others and such 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.

Determination of claim and notice of award.

4—(1) The Ministry may, in giving its award or decision on any claim made to it under these Regulations, have regard to any such evidence or information as in its opinion is sufficient for the purpose.

(2) The Ministry shall cause due notice of its award or decision on a claim to be given in writing to the person making the claim.

Provisional allowance of claims.

5 If it appears to any person that although for the time being he is not entitled to an old age pension or a post-70 old age pension he will, nevertheless, become entitled to such a pension at some future time, he may make a claim at any time not more than four months before that future date; and if the Ministry is satisfied that a claimant is likely at any time within four months from the date on which the claim is being considered to be entitled to such a pension, it may allow the claim provisionally so as to take effect, subject to the provisions of the Act, on any future date not later than four months from the date of its decision :

Provided that in the case of old age pensions which are due to be paid as from 2nd of January, 1928, this Article shall apply as though nine months were substituted for four months.

Pensions payable by pension orders.

6—(1) Subject as hereinafter provided, pensions shall be paid by means of pension orders payable in each case to the person to whom the pension is payable under the Act (in this Article referred to as " the pensioner ") at such place as the Ministry, after consultation with the pensioner, may from time to time determine, the place at which the pension is payable in the particular case being in this Article referred to as " the appropriate paying office."

(2) In every case in which there is an award or decision under which a pension is payable, the Ministry shall cause arrangements to be made whereby, on furnishing such evidence of identity and such other particulars as may be required the pensioner may obtain through the appropriate paying office or otherwise a book of pension orders, and the Ministry shall cause to be sent to the pensioner written intimation of the appropriate paying office and of the arrangements so far as affecting the pensioner.

(3) On or before the issue to a pensioner of a fresh book of pension orders the pensioner shall furnish in writing a statement, in such form as the Ministry may require, with respect to the pension continuing to be payable to him.

(4) The Ministry shall cause arrangements to be made for the issue to every pensioner either by the paying officer at the appropriate paying office or otherwise of a fresh book of pension orders on the expiration of the previous book.

(5) In the case of an award or decision under which a post-70 old age pension is payable the foregoing provisions of this Article shall apply subject to such modification as the Ministry may determine.

(6) Notwithstanding anything in this Article the Ministry may in any particular case arrange for the payment of the pension otherwise than by means of pension orders through the paying office.

Prescribed days for payment of pensions.

7 The prescribed day in the week for the purposes of the weekly payments on account of pension shall be as follows :—

(i) in the case of widows' pensions and orphans' pensions, Tuesday,

(ii) in the case of old age pensions, Thursday, and

(iii) in the case of post-70 old age pensions, Friday.

Delivery up of Pension Order Book on termination of pension.

8 Upon the death of a person entitled to a pension any person having possession or thereafter obtaining possession of the pension order book, and on the marriage of a widow entitled to a widow's pension the widow, shall deliver to the Ministry the pension order book then current.

Interim payments of pensions.

9 Where a claim for a pension has been duly made and the claim or any question in connection therewith has not been finally determined, the Ministry may, if satisfied that the claimant has furnished all such particulars in connection with the claim as he is in a position to furnish, and has produced all particulars and documents in connection therewith which are in his possession or the possession of which he would be able readily to secure, and that, subject to the production of further particulars or documents, the claim appears to be valid, authorize payment of a sum by way of pension for such period or periods, not exceeding in all six weeks, as the Ministry may from time to time determine.

Persons suffering from incapacity.

10—(1) Where any person, being either a person to whom a pension is payable or a person who is alleged to be entitled to a pension or a person by whom or on whose behalf a claim has been made, is by reason of any mental or other incapacity unable to act and no committee or quasi-committee of his estate has been appointed, the Ministry may, upon written application being made to it, appoint a person to exercise on behalf of the person unable to act any right to which that person may be entitled under the Act and to receive on behalf and for the benefit of that person any sums which may become payable to that person by way of a pension :

Provided that—

(*a*) no person under 18 years of age shall be capable of being appointed to act under this Article ; and

(*b*) the Ministry may at any time in its absolute discretion revoke any appointment made under this Article ; and

(*c*) any person appointed under this Article may, on giving the Ministry one month's notice of his intention so to do, resign his office.

(2) Anything required by these Regulations to be done by or to any such person as aforesaid who is by reason of any mental or other incapacity unable to act, may be done by or to the committee or quasi-committee of his estate, if any, or by or to the person appointed under this Article to act on his behalf.

Failure of widow to claim additional allowance.

11 Where a widow fails to make a claim for an additional allowance in respect of a child in charge of some person other than the widow, a claim for the additional allowance may be made under these Regulations by the person having the charge of the child and the Ministry may direct, after consultation with the Ministry of Home Affairs, that any additional allowance payable under such a claim shall be paid to that person for the benefit of the child so long as that person has the charge of the child.

Prescribed cases where pensions payable in respect of late claims.

12—(1) Where it is shown that failure to make a claim within the time specified in sub-section (1) of Section 28 of the Act was due to circumstances over which the claimant had no control the pension shall commence to accrue on the date on which the claimant became entitled thereto in the following cases :—

(*a*) where the person in respect of whose insurance the pension becomes payable died outside the British Islands (including the Irish Free State) ;

(*b*) where the failure to make the claim within the time aforesaid was due to—

(i) the inability of the claimant to obtain the appropriate form of application from an officer appointed by the Ministry under paragraph (3) of Article 3 of these Regulations ; or

(ii) the person entitled to the pension being unable to act or to instruct any person to act on his behalf by reason of bodily or mental incapacity ;

(*c*) where a claim to a service dependants pension was made by the claimant within one month of the death of the person in respect of whose insurance the pension under the Act becomes payable which pension under the Act or some part of such pension would not have been payable had the service dependants pension been payable ;

(*d*) in the case of an orphan's pension which becomes payable in respect of a child on the death of a widow who was entitled to a widow's pension as part of which an additional allowance was payable in respect of that child ; and

(*e*) where the person in respect of whose insurance the pension becomes payable disappeared more than one month prior to the date on which the claim is made and his death is presumed to have taken place on or about the date on which he disappeared.

(2) The provisions of this Article shall be deemed to have had effect as from the 4th day of January, 1926.

Repeal.

13 The Contributory Pension (Claims and Payment) Regulations (Northern Ireland) 1925, and the Contributory Pensions (Claims and Payments) Amendment Regulations (Northern Ireland), 1926, are hereby repealed without prejudice to anything done thereunder.

SCHEDULE.

FORM OF APPLICATION FOR WIDOWS' PENSION.

Date of receipt.	WIDOWS', ORPHANS' AND OLD AGE CONTRIBUTORY PENSIONS ACT (NORTHERN IRELAND), 1925.	
.....	**APPLICATION FOR WIDOW'S PENSION.**	

PART 1.—PARTICULARS OF APPLICANT.

Christian Names *Surname*

(*a*) State your full name.....

(*b*) State your address in full.....

.....

(*c*) State the date of your birth.....

(*d*) State the date of your marriage to your late husband. .....

(*e*) If your late husband died before 4th January, 1926, state whether you have lived outside Northern Ireland and Great Britain at any time since 4/1/24. .....

(*f*) Is any Service Dependant's Pension or Allowance being paid by, or claimed from the Ministry of Pensions, Admiralty, War Office, Air Ministry, or Board of Trade for the benefit of yourself or any of the children named in Part 3 of this form ? .....

(*g*) Have you received, or are you entitled to claim, compensation under the Workmen's Compensation Act in respect of your late husband ? .....

(*h*) If you are a member of an Approved Society, state—

(i) the name of the Society and Branch. (i).....

(ii) your membership number. (ii).....

PART 2.—PARTICULARS OF DECEASED HUSBAND.

(*a*)

Full Name of Husband.		Date of Birth.			Date of Death.		
Surname.	Christian Names.	Day.	Month.	Year.	Day.	Month.	Year.

(*b*) State the home address of your husband at the time of his death.....

.....

(*c*) If your husband died on or after 4th January, 1926, state—

(i) whether he lived outside Northern Ireland and Great Britain at any time during the two years prior to his death, and .....

(ii) whether his last employment was in Northern Ireland and Great Britain. .....

(*d*) What was his occupation at date of death ? .....

(*e*) (i) Was he insured under the National Health Insurance Act at date of death ? (i).....

(ii) If so, state the name of the Approved Society (and Branch) of which he was a member, and (ii).....
..... Branch .....

(iii) his membership number. (iii).....

(These particulars will be obtained from your husband's Contribution Card, or Record Card).

(*f*) Did your husband serve at any time in H.M. Forces ?.....

If so, state (i) His Regiment, Ship, etc.....

(ii) His last Army or Official Number.....

(iii) Period of Service. From.....To.....

(iv) Rank at date of discharge.....

PART 3.—PARTICULARS OF ALL LIVING CHILDREN OF YOURSELF AND/OR YOUR HUSBAND OR OF A FORMER WIFE OF YOUR HUSBAND WHO ARE *under* 14 YEARS OF AGE (OR BETWEEN 14 AND 16 YEARS OF AGE IF UNDER FULL-TIME INSTRUCTION IN A DAY SCHOOL).

Name of each Child.		Date of Birth.			Full address at which each child is now living.
Surname	Full Christian Names	Day.	Month.	Year.	

PART 4.—THE FOLLOWING CERTIFICATES MUST BE OBTAINED FROM THE HEAD TEACHER OF THE SCHOOL WHICH ANY OF THE CHILDREN NAMED IN PART 3 OF THIS FORM IS ATTENDING, OR FROM THE SUPERINTENDENT OF THE INSTITUTION OF WHICH THE CHILD IS AN INMATE.

I CERTIFY that the undermentioned child(ren) whose name(s) and age(s) are stated in Part 3 $\frac{\text{is}}{\text{are}}$ living and $\frac{\text{has}}{\text{have}}$ been seen by me this day and the child(ren) over 14 $\frac{\text{is}}{\text{are}}$ under full-time instruction in a Day School :—

Full name of child.	Signature of *Head Teacher* of School or *Superintendent* of Institution.	Name of School or Institution. If the Institution is a Poor Law Institution the name of the Local Authority should be stated.	Date.

Note.—If on account of school holidays the Head Teacher's certificate cannot be obtained, the application should not be delayed, but the circumstances should be explained.

PART 5.—CERTIFIED APPLICATION FOR A WIDOW'S PENSION.

(*a*) This Application and Declaration must be signed and dated by the Applicant in the presence of the person who signs Part 5 (*b*) below.

I HEREBY apply for a Widows' Pension and such Children's Allowances as I am entitled to under the Widows', Orphans' and Old Age Contributory Pensions Act (Northern Ireland) 1925. I declare that I am the widow of the man named in Part 2 of this Form and that all the children named in Part 3 of this Form are my own $\frac{\text{and}}{\text{or}}$ my husband's, or of a former wife of my husband, and that there are no other living children, either my own or my husband's or of any former wife of my husband, within the specified ages.

I declare that to the best of my knowledge and belief all the information which I have given in this application is true. I declare that I am not disqualified, nor are any of the children named above disqualified, for any of the reasons stated on this form* which I have read.

Signature (or Mark)*.....Date.....192....

(*b*) This Certificate and Declaration must be signed and dated in the presence of the Applicant. The person signing this part of the form must possess one of the qualifications shown in the margin and must so describe himself in the space provided under his signature.

I certify that the applicant is known to me personally, that the particulars stated in the above application are true to the best of my knowledge and belief, and that the signature (or mark) in Part 5 (*a*) was made in my presence, this day by the applicant, and I certify that the child(ren) whose name(s) and date(s) of birth are stated in Part 3 of this form $\frac{\text{is}}{\text{are}}$ living at this date and $\frac{\text{is}}{\text{are}}$ to the best of my knowledge and belief the child(ren) of the late.....

.....and/or of the applicant.

Signature ..... Date.....192.....

Full Address .....

.....

Qualification.....

.....

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

1. A Justice of the Peace.
2. A Barrister 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 Resident Officiating Church Army Officer.
9. A Captain (or officer of higher rank) of the Salvation Army.
10. The Secretary of the deceased husband's Trade Union, Registered Friendly or Approved Society, or a Registered Branch of such Trade Union or Friendly Society.

*These Reasons will be set out on page 1 of the Form as issued to applicants.

PART 6.—FOR COMPLETION BY APPLICANT.

Write below the name and address of the Post Office at which you wish the Pension to be paid.

Name of Post Office.....

Address of Post Office.....

.....

Name of Town (or Village and County).....

FORM OF APPLICATION FOR ORPHAN'S PENSION.

Date of receipt.

.....

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

APPLICATION FOR ORPHAN'S PENSION.

PART 1.—PARTICULARS OF APPLICANT (THAT IS, THE GUARDIAN OR PERSON HAVING CHARGE OF ORPHAN).

Christian Names *Surname*

(*a*) State your full name.....

(*b*) State your address in full.....

.....

(*c*) State your occupation.....

PART 2.—PARTICULARS OF LIVING CHILD(REN) UNDER 14 YEARS OF AGE (OR BETWEEN 14 AND 16 YEARS OF AGE IF UNDER FULL-TIME INSTRUCTION IN A DAY SCHOOL) FOR WHOM AN ORPHAN'S PENSION IS CLAIMED.

(*If this space is not sufficient use a separate sheet.*)

Full name of each Child.		Date of Birth.			State where each Child is now living.	Has the Child lived outside Great Britain since 4th January, 1924? (Yes or No.)
Surname.	Christian Names.	Day.	Month.	Year.		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						

PART 3.—PARTICULARS OF DECEASED PARENTS OF CHILD(REN) NAMED IN PART 2 ABOVE.

(*a*) Full Name of Father and Mother.		Date of Birth.			Date of Death.		
Surname.	Christian Names.	Day.	Month	Year.	Day.	Month.	Year.
(Father)							
(Mother)							

(*b*) State the home address of the father at the time of his death.....

.....

(*c*) If the father died on or after 4th January, 1926, state—

(i) whether he lived outside Northern Ireland and Great Britain at any time during the two years prior to his death, and .....

(ii) whether his last employment was in Northern Ireland and Great Britain. .....

(*d*) What was his occupation at date of death ? .....

(*e*) (i) Was he insured under the National Health Insurance Act at date of death ? (i).....

(ii) If so, state the name of the Approved Society (and Branch) of which he was a member, and (ii)..... ..... Branch .....

(iii) his membership number. (iii).....

(These particulars will be obtained from his Contribution Card or Record Card.)

(*f*) Did the father serve at any time in H.M. Forces ? .....

If so, state—

(i) the name of his Regiment, Ship, etc. (i).....

(ii) his last Army or Official Number. (ii).....

(iii) period of service. (iii) From..... To.....

(iv) rank at date of discharge. (iv) .....

(*g*) State the home address of the MOTHER at the time of her death. .....

.....

(*h*) If the mother died on or after 4th January, 1926, state—

(i) whether she lived outside Northern Ireland and Great Britain at any time during the two years prior to her death, and .....

(ii) whether her last employment was in Northern Ireland and Great Britain. .....

(*j*) What was her occupation at date of death ? .....

(*k*) (i) Was she insured under the National Health Insurance Act at date of death ? (i).....

(ii) If so, state the name of the Approved Society (and Branch), of which she was a member, and (ii)..... ..... Branch .....

(iii) her membership number. (iii) .....

(These particulars will be obtained from her Contribution Card or Record Card.)

PART 4.—THE FOLLOWING CERTIFICATES MUST BE OBTAINED FROM THE HEAD TEACHER OF THE SCHOOL WHICH ANY OF THE CHILDREN NAMED IN PART 2 OF THIS FORM IS ATTENDING, OR FROM THE SUPERINTENDENT OF THE INSTITUTION OF WHICH THE CHILD IS AN INMATE.

I CERTIFY that the undermentioned child(ren) whose name(s) and age(s) are stated in Part 2—$\frac{\text{is}}{\text{are}}$ living and $\frac{\text{has}}{\text{have}}$ been seen by me this day and the child(ren) over 14 $\frac{\text{is}}{\text{are}}$ under full-time instruction in a Day School :—

Full name of Child.	Signature of Head Teacher of School or Superintendent of Institution.	Name of School or Institution. (If the Institution is a Poor Law Institution the name of the Local Authority should be stated)	Date.

PART 5.

(*a*) Is any Service Dependants' Pension or Allowance being paid by, or claimed from, the Ministry of Pensions, Admiralty, War Office, Air Ministry, or Board of Trade, for the benefit of any of the children named in Part 2 of this Form ? .....

(*b*) Have any of the children named in Part 2 of this Form received, or are they entitled to claim, compensation under the Workmen's Compensation Act in respect of either parent ? .....

PART 6.—CERTIFIED APPLICATION FOR AN ORPHAN'S PENSION.

This Certificate must be signed and dated by the applicant in the presence of the person who signs the Certificate in Part 6 (*b*) below.

(*a*) I HEREBY apply for an Orphan's Pension under the Widows', Orphans' and Old Age Contributory Pensions Act, 1925, in respect of the child(ren) named in Part 2 above. I declare that I am the $\frac{\text{Guardian}}{\text{person having charge}}$ of the child(ren), and that $\frac{\text{he is}}{\text{they are}}$ the child(ren) of.....

and.....both of whom are dead. I declare that to the best of my knowledge and belief all the information which I have given in this application is true. I declare that none of the children is disqualified for any of the reasons stated on this Form,† which I have read.

Signature (or Mark)..... Date.....192....

(*b*) This Certificate and Declaration must be signed and dated in the presence of the Applicant. The person signing this part of the form must possess one of the qualifications shown in the margin and must so describe himself in the space provided under his signature.

I certify that the applicant is known to me personally, that the particulars stated in the above application are true to the best of my knowledge and belief, and that the signature (or mark) in Part 6 (*a*) was made in my presence, this day by the applicant, and I certify that the child(ren) whose name(s) and date(s) of birth are stated in Part 2 of this form $\frac{\text{is}}{\text{are}}$ living at this date and $\frac{\text{is}}{\text{are}}$ to the best of my knowledge and belief the child(ren) of the late .....

and.....

Signature..... Date.....192....

Full Address.....

.....

Qualification.....

.....

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

1. A Justice of the Peace.
2. A Barrister 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 deceased father's or mother's Trade Union, Registered Friendly or Approved Society, or a Registered Branch of such Trade Union or Friendly Society.

†These Reasons will be set out on page 1 of the Form as issued to applicants.

PART 7.—FOR COMPLETION BY APPLICANT.

Write below the name and address of the Post Office at which you wish the Pension to be paid.

Name of Post Office.....

Address of Post Office.....

.....

Name of Town (or Village and County) .....

FORM OF APPLICATION FOR OLD AGE PENSION UNDER THE OLD AGE PENSIONS ACTS (NORTHERN IRELAND), 1908 TO 1925, PAYABLE BY VIRTUE OF THE ACT.

(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 now, or were you when you reached the age of 70, 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 any other information which you can give about your National Health Insurance .. ..

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

If so, state where and for how long .. .. ..

(10) State the name and address of present employer, or if you are not now employed, 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? ..

(*a*) If so, state the date on which, and the place at which, the claim was made, and with what result .. .. ..

(*b*) If you have previously been granted an Old Age Pension, state why payment ceased .. ..

(13) State the full address of the Post 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 (or mark) in Part 14 of this form was made by the claimant this day in my presence.

Signature of Certifier.....

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.

TO BE FILLED UP BY A MARRIED WOMAN OR A WIDOW WHO WISHES TO CLAIM AN OLD AGE PENSION UNDER THE OLD AGE PENSIONS ACTS (NORTHERN IRELAND), 1908 TO 1925, PAYABLE BY VIRTUE OF THE ACT, IN THE RIGHT OF HER HUSBAND'S INSURANCE.

Full name (of woman).....

Address.....

Date of birth.....

Husband's full name.....

Husband's address.....

Date of Husband's birth.....

Has your husband claimed an Old Age Pension ?.....

If husband is dead, state date of his death.....

I wish to claim an Old Age Pension in the right of my husband's insurance, and apply for a special claim form.

Signature.....

Date.....192.....

FORM OF APPLICATION FOR OLD AGE PENSION BETWEEN THE AGES OF 65 AND 70.

Date of receipt.	WIDOWS', ORPHANS' AND OLD AGE CONTRIBUTORY PENSIONS ACT (NORTHERN IRELAND), 1925. CONTRIBUTORY OLD AGE PENSION FOR PERSONS BETWEEN THE AGES OF 65 AND 70. **CLAIM FORM,** *for a person who on the 2nd January, 1928, will be of the age of 65 but under the age of 70.*	Claim No. O.A.P.....

PART I.

(*Insured Persons only*).

(1) Full name of claimant..... .....

(2) Address ....
Give full postal 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 and the Contributory Pensions Act?.....

(8) 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.....

(9) What is your present occupation ?.....

(10) What is the name and address of your present employer ?.....

(11) If you are not now employed, state :—

(*a*) The name and address of your last employer .....

(*b*) The date on which you left his employment.....

(*c*) Why you have not been employed since that date :—

(i) Have you been seeking work and unable to get it ? .....

(ii) Have you been unable to work ? .....

(iii) Have you given up work ? .....

(iv) Have you taken up work on your own account ? .....

(*d*) Particulars of your Unemployment Insurance Book (give Exchange and Number) .....

(12) Have you lived anywhere out of Northern Ireland, England, Scotland or Wales since 2nd January, 1926 ? .....

If so, state where, and for how long .....

(13) If you are a widow, are you receiving a widow's pension under the Widows', Orphans' and Old Age Contributory Pensions Act? .....

(14) Are you, or is any member of your household, receiving a Service Dependant's Pension or Allowance from the Ministry of Pensions, Admiralty, War Office, Air Ministry or Board of Trade? .....

(15) If the answer to Question 14 is "Yes," state :—

(*a*) The name of the person who is receiving the pension ....

(*b*) The name of the person for whose death the pension is being paid or claimed..... .....

(*c*) The relationship of the deceased person to you (son, step-son, etc.) ....

(*d*) Particulars of the deceased person's service in His Majesty's Forces .....
Date of Enlistment.....
Army or Official No.....
Regiment, Ship, etc.....
Date of Discharge.....
Date of Death.....

(*e*) Weekly amount of the pension or allowance ....

(*f*) Number of Identity Certificate or Ring Paper ....

(16) Write below the name and address of the Post Office at which you wish the Pension to be paid.

Name of Post Office.....

Address of Post Office.....

.....

Name of Town (or Village and County).....

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(17) I declare that the above statements are true to the best of my knowledge and belief, and that I am not, so far as I know, disqualified for receiving a pension for any of the reasons stated on page 4 of this form, which I have read.

Signature (or mark) of claimant.....

Date.....

NOTE.—This must be signed and dated in the presence of a qualified person—See Part III on opposite page.

The claimant must write his or her signature also in each of these spaces :—

Signature.	*Signature.*

PART II.

Claim by the wife of an insured man in right of her husband's insurance.

(18) Full name of wife.....

Address.....

(19) Date of birth.....

(20) Place where born :—

Street or road.....

Town or parish.....

Father's full name and surname.....

Father's occupation.....

Mother's full name and surname.....

Mother's maiden name.....

(21) State :—

(*a*) The date of your marriage.....

(*b*) The place of your marriage :—

Name of Town or Village and County.....

Name of Church or Register Office.....

(22) Are you receiving a Service Dependant's Pension or Allowance from the Ministry of Pensions, Admiralty, War Office, Air Ministry or Board of Trade ?.....

(23) If the answer to Question 22 is "Yes," state :—

(*a*) The name of the person for whose death pension is being paid.....

(*b*) The relationship of the deceased person to you (son, step-son, etc.).....

(*c*) Particulars of the deceased person's service in His Majesty's Forces.....
Date of Enlistment.....
Army or Official No.....
Regiment, Ship, etc.....
Date of Discharge.....
Date of Death.....

(*d*) Weekly amount of your pension or allowance.....

(*e*) Number of Identity Certificate or Ring Paper.....

(24) Are you yourself an insured person ?.....

(25) Write below the name and address of the Post Office at which you wish the Pension to be paid.

Name of Post Office.....

Address of Post Office.....

.....

Name of Town (or Village and County).....

(26) I declare that I am the wife of the person named in Part I of this Form; that all the above statements are true to the best of my knowledge and belief; and that I am not, so far as I know, disqualified for receiving a pension for any of the reasons stated on this form‡, which I have read.

Signature (or mark) of wife.....

Date.....

NOTE.—This must be signed and dated in the presence of a qualified person. (See Part III below).

PART III.

To be signed by a person having one of the qualifications shown in the margin.

I (*name*).....

of (*address*).....

(*qualification*).....

certify that the claimant(s) $\frac{\text{is}}{\text{are}}$ known to me personally; that all the statements in the foregoing claim(s) are true to the best of my knowledge and belief; and that the person named in Part I of the Form has to my knowledge been resident in Northern Ireland or Great Britain for the last two years. The signature(s) (or mark(s)) to this form $\frac{\text{was}}{\text{were}}$ made or acknowledged by the claimant(s) this day in my presence.

Signature of Certifier.....

Date.....

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

1. A Justice of the Peace.
2. A Barrister 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 Resident Officiating Church Army Officer.
9. A Captain (or officer of higher rank) of the Salvation Army.
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.

The WIFE of the insured person must write her signature also in each of these spaces:

Signature.	*Signature.*

‡These Reasons will be set out on page 4 of the Form as issued to claimants.

Given under the Official Seal of the National Health Insurance Joint Committee this 3rd day of September, One thousand nine hundred and twenty-seven.

H. W. Vaughan Williams,
Secretary to the National Health Insurance Joint Committee.

Given under the Official Seal of the Ministry of Labour this 3rd day of September, One thousand nine hundred and twenty-seven.

John S. Godden,
Assistant Secretary to the Ministry of Labour.

Given under the Official Seal of the Ministry of Finance this 3rd day of September, One thousand nine hundred and twenty-seven.

G. C. Duggan,
Assistant Secretary to the Ministry of Finance.

Residential Qualifications.

MADE BY THE NATIONAL HEALTH INSURANCE JOINT COMMITTEE AND THE MINISTRY OF LABOUR, ACTING JOINTLY IN CONJUNCTION WITH THE MINISTRY OF FINANCE, UNDER SECTION 23 (1) OF THE WIDOWS', ORPHANS' AND OLD AGE CONTRIBUTORY PENSIONS ACT (NORTHERN IRELAND), 1925.

1927. No. 117.

The National Health Insurance Joint Committee, and the Ministry of Labour, acting jointly and in conjunction with the Ministry of Finance, in exercise of the powers conferred on them by subsection (1) of Section 23 of the Widows' Orphans' and Old Age Contributory Pensions Act, (Northern Ireland) 1925, and of all other powers enabling them in that behalf hereby make the following Regulations :—

1—(1) These Regulations may be cited as the Contributory Pensions (Residential Qualifications) Amendment Regulations (Northern Ireland), 1927, and shall be read as one with the Contributory Pensions (Residential Qualifications) Regulations (Northern Ireland), 1925 (hereinafter referred to as the " principal Regulations "),

(2) These regulations shall be deemed to have had effect as from the 4th January, 1926.