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

1925. No. 160.

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 paragraphs (*a*), (*c*) and (*f*) of 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, &c.

1. These Regulations may be cited as the Contributory Pensions (Claims and Payments) Regulations (Northern Ireland), 1925, and shall come into operation on the 4th day of January, 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.

"The Ministry" means the Ministry of Labour.

"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 arragements made under Sec. 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 widow's pension or an orphan's 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.

(3) Every officer whom the Ministry may appoint for the purpose, in the case of widows' pensions, shall supply, and the Ministry, in the case of orphans' pensions, 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 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.

Pensions payable by pension orders.

5.—(1) 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 to be sent to the paying officer at the appropriate paying office a book of pension orders and shall cause to be sent to the pensioner written intimation of the appropriate paying office and a form of application for the issue of the book of pension orders, and the paying officer at the appropriate paying office shall on receiving the form of application duly filled up issue to the pensioner the book of pension orders.

(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 by the paying officer at the appropriate paying office of a fresh book of pension orders on the expiration of the previous book.

(5) 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.

Prescribed day for payment of widows' and orphans' pensions.

6. Tuesday shall be the prescribed day in the week for the purposes of the weekly payments on account of widows' pensions and orphans' pensions.

Pension Order Book to be delivered up on death of person entitled to pension and on marriage of widow.

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

Interim payments of pensions.

8. 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, documents, and assistance in connection with the claim as he is in a position to furnish, and that, subject to the production of further particulars or documents over which the claimant has no control, the claim appears to be valid, authorise 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

9.—(1) Where any person, being either 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 in such form as it may require or approve, 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 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.

10. 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 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.

11. 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*) in the case of the birth of a posthumous child, as respects a widow's pension payable under Section 18 or Section 19 of the Act; and

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

Schedule.

FORM OF APPLICATION FOR WIDOW'S PENSION.

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

Christian Names. *Surname*

Full Name of Applicant.....

Full Postal Address of Applicant.....

.....

PART 1.—PARTICULARS OF APPLICANT.

	Day.	Month.	Year.
(*a*) When were you born ?			

(*b*) Have you re-married since the death of your husband named below ?.....

(*c*) Are you in receipt of a pension from the Ministry of Pensions, Admiralty, War Office, Air Ministry or Board of Trade ?.....

(*d*) Have you received, or have you claimed, compensation under the Workmen's Compensation Act in respect of your husband's death ?.....

(*e*) Have you lived outside Northern Ireland since 4th January, 1924 ? ..... If so, give particulars.....

(*f*) If required, could you attend for interview between the hours of 9 and 5 at the nearest local office of the Ministry of Labour ?.....

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*) Give home address of husband at date of death.....

.....

(*c*) (i) Was he insured under the National Health Insurance Acts at the time of death ? If so, (ii) state name and address of the Society or Branch to which his stamped cards were sent or given and (iii) membership number in that Society or Branch.

(i)..... (ii).....

.....

(iii).....

(*d*) State your husband's occupation at the time of his death.....

.....

(*e*) Did your husband serve at any time in His Majesty's Forces ?.....

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

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

(iii) Period of Service.....

PART 3.—PARTICULARS OF LIVING CHILDREN UNDER 14 YEARS OF AGE (OR BETWEEN 14 AND 16 YEARS OF AGE IF UNDER FULL-TIME INSTRUCTION IN A DAY SCHOOL).

(*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 Northern Ireland since 4th January, 1924? (Yes or No.)
Surname	Christian Names	Day	Month	Year		

PART 4.—I HEREBY apply for a Widow's 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 above and that all the children named in Part 3 of this Form are my own $\frac{\text{and}}{\text{or}}$ my husband's. I declare that 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.

†This Certificate must be signed in the presence of the person who signs the Certificate in Part 6.

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

PART 5.—THE FOLLOWING CERTIFICATES, WHICHEVER ARE APPLICABLE, MUST BE OBTAINED IN RESPECT OF ALL THE CHILDREN WHOSE NAMES ARE ENTERED IN PART 3.

A.—CERTIFICATES FOR CHILDREN ATTENDING SCHOOL OR IN INSTITUTIONS.

To be signed by the Head Teacher of the School which the child is attending, or 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 :—

Name of Child.	Signature of Head Teacher of School or Superintendent of Institution.	Name of School or Institution.	Date
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

B.—CERTIFICATE FOR CHILDREN UNDER SCHOOL AGE, OR UNABLE TO ATTEND SCHOOL.

To be signed by the person who signs the certificate in Part 6 (below).

I CERTIFY that (insert names of children).....

.....

.....

.....

whose names and ages are stated in Part 3 are living at this date, and are, to the best of my knowledge and belief, the $\frac{\text{child}}{\text{children}}$ of the late.....

..... $\frac{\text{and}}{\text{or}}$ the applicant.

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

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

PART 6.—I (name).....
(*See also B above*)

of (address).....

(qualification) .....

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 4 was made in my presence this day by the applicant.

Signature..... Date.....

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

A Justice of the Peace, a Barrister or Solicitor, a Commissioner for Oaths, a Minister of Religion (stating Denomination and address of place of Worship), a Medical Practitioner, a Head Teacher of a Public Elementary or Secondary School (stating name and address of the school), a Police Officer not below the rank of Sergeant, the Clerk or any Member of a Local Authority, a Warden of a Settlement, or the Secretary of the deceased husband's Trade Union, Registered Friendly Society or Approved Society.

PART 7.—FOR COMPLETION BY APPLICANT.

Write below the Paying Office at which you wish the Pension to be paid.	Write in the space below your usual signature.
Address of Paying 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.**	

Christian Names. *Surname.*

Full Name of Guardian or person having charge of the Orphan(s) .....

Full Postal Address of Guardian or person having charge of the Orphan(s) .....

.....

Occupation.....

PART 1.—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 Northern Ireland since 4th January, 1924? (Yes or No.)
Surname	Christian Names	Day	Month	Year		

PART 2.—PARTICULARS OF DECEASED PARENTS OF CHILD(REN) NAMED IN PART 1 ABOVE.

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

(*b*) Give home address of father at date of death.....

.....

(*c*) (i) Was he insured under the National Health Insurance Acts at the time of death? If so, (ii) state name and address of the Society or Branch to which his stamped cards were sent or given, and (iii) membership number in that Society or Branch. (i)..... (ii).....

.....

..... (iii).....

(*d*) State the father's occupation at the time of his death.....

(*e*) Did the father serve at any time in His Majesty's Forces?.....

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

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

(iii) Period of Service.....

*(*f*) Give home address of mother at date of death.....

.....

*Only to be filled up if the Father died before the Mother.

*(*g*) (i) Was she insured under the National Health Insurance Acts at the time of her death ? If so, (ii) state name and address of the Society or Branch to which her stamped cards were sent or given, and (iii) membership number in that Society or Branch. (i)..... (ii).....

.....

..... (iii).....

*(*h*) State the mother's occupation at the time of her death.....

PART 3.

(*a*) Is a pension being paid in respect of the child(ren) named in Part 1 above by the Ministry of Pensions, Admiralty, War Office, Air Ministry, or Board of Trade ? .....

(*b*) Has compensation been received or claimed under the Workmen's Compensation Act in respect of the death of either parent of the child(ren) ? .....

PART 4.—I HEREBY apply for an Orphan's Pension under the Widows', Orphans' and Old Age Contributory Pensions Act (Northern Ireland), 1925, in respect of the child(ren) named in Part 1 above. I declare that I am the $\frac{\text{Guardian}}{\text{person having charge}}$ of the child(ren), and that the child(ren), $\frac{\text{is}}{\text{are}}$ the child(ren) of*.....and*.....

.....both of whom are dead. I declare that all the information which I have given in this application is true. I declare that I am not disqualified, nor $\frac{\text{is}}{\text{are any of}}$ the child(ren) disqualified, for any of the reasons stated on this Form,‡ which I have read.

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

*Insert full names of both parents.

†This Certificate must be signed in the presence of the person who signs the Certificate in Part 6.

PART 5.—THE FOLLOWING CERTIFICATES, WHICHEVER ARE APPLICABLE, MUST BE OBTAINED IN RESPECT OF ALL THE CHILDREN WHOSE NAMES ARE ENTERED IN PART 1.

A.—CERTIFICATE FOR CHILDREN ATTENDING SCHOOL OR IN INSTITUTIONS.

To be signed by the Head Teacher of the School which the child is attending, or 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 1 $\frac{\text{is}}{\text{are}}$ living and $\frac{\text{has}}{\text{have}}$ been seen by me this day and that any

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

child(ren) between the ages of 14 and 16 $\frac{\text{is}}{\text{are}}$ under full-time instruction :—

Name of Child.	Signature of Head Teacher of School or Superintendent of Institution.	Name of School or Institution	Date.
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

B.—CERTIFICATE FOR CHILDREN UNDER SCHOOL AGE, OR UNABLE TO ATTEND SCHOOL.

To be signed by the person who signs the certificate in Part 6 (below).

I CERTIFY that (insert name(s) of child(ren)).....

.....

.....

whose name(s) and age(s) are stated in Part 1 $\frac{\text{is}}{\text{are}}$ living at this date, and $\frac{\text{is}}{\text{are}}$ to the best of my knowledge and belief, the $\frac{\text{child}}{\text{children}}$ of the late (insert names of parents).....

.....

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

PART 6.—I (name).....of (address) (*See also B above*)

.....

(qualification) .....

certify that the applicant is known to me personally to be the guardian or the person having charge of the child(ren) named above, that the particulars stated in Parts 1, 2 and 3 of the application are true to the best of my knowledge and belief, and that the signature (or mark) in Part 4 was made in my presence this day by the applicant.

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

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

A Justice of the Peace, a Barrister or Solicitor, a Commissioner for Oaths, a Minister of Religion (stating Denomination and address of place of Worship), a Medical Practitioner, a Head Teacher of a Public Elementary or Secondary School (stating name and address of the school), a Police Officer not below the rank of Sergeant, the Clerk or any Member of a Local Authority, a Warden of a Settlement, or the Secretary of the deceased's father's or mother's Trade Union, Registered Friendly Society, or Approved Society.

PART 7.—FOR COMPLETION BY APPLICANT.

Write below the name of the Paying Office at which you wish the Pension to be paid.	Write in the space below your usual signature.
Address of Paying Office.....	
.....	
Name of Town (or Village and County)	

Given under the Official Seal of the National Health Insurance Joint Committee this 21st day of December, One thousand nine hundred and twenty-five.

(L.S.) *W. F. Wackrill,*
Secretary to the National Health Insurance Joint Committee.

Given under the Official Seal of the Ministry of Labour this 21st day of December, One thousand nine hundred and twenty-five.

(L.S.) *H. Conacher,*
Secretary to the Ministry of Labour.

Given under the Official Seal of the Ministry of Finance this 21st day of December, One thousand nine hundred and twenty-five.

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

Birth and Marriage Certificates.

MADE BY THE MINISTRY OF FINANCE FOR NORTHERN IRELAND UNDER SUB-SECTION (3) OF SECTION 31 OF THE WIDOWS,' ORPHANS' AND OLD AGE CONTRIBUTORY PENSIONS ACT (NORTHERN IRELAND), 1925.

1925. No. 109.

In pursuance of the powers conferred upon it by sub-section (3) of Section 31 of the Widows,' Orphans' and Old Age Contributory Pensions Act (Northern Ireland), 1925, and of sub-section (1) of Section 101 and Section 129 of the National Health Insurance