

Widow/er's Pension

Under the Social Security Agreement between Malta and New Zealand



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* Indicates mandatory information

Application Received on __ / __ / ____

Personal Details

Maltese Identity Card N°: * _____
Name: * _____
Date of Birth: (DD/MM/YYYY) __ / __ / ____
New Zealand Client N°: (if known) _____

Maltese Social Security N°: _____
Surname: * _____
Maiden Surname or Aliases: _____
(in case of married female)

Civil Status at the time of the Demise *

Single Married Cohabitation Separated maintaining Spouse / Partner
 Civil Union Widow/er Divorced Separated not maintaining Spouse / Partner

Date of change in Civil Status (DD/MM/YYYY): __ / __ / ____

Contact Details *

Address

House Name / Number: _____
Street: _____
Contact Number: _____

Locality: _____
Post Code: _____
Email: _____

Spouse / Partner

The details requested are those of the other person forming part of this family unit

Maltese Identity Card N°: * _____
Name: * _____
Date of Birth: (DD/MM/YYYY) __ / __ / ____
Date of Death: (DD/MM/YYYY) __ / __ / ____
New Zealand Client N°: (if known) _____

Maltese Social Security N°: _____
Surname: * _____
Maiden Surname: _____
(in case of married female)

Did the spouse's death occur due to an accident / disease on work? Yes No

If spouses are legally separated, attach a legal copy of Court's Order

Children's Information

Please provide details for children under 21 years of age. For children aged between 16 and 21, please state whether they are receiving any income such as allowances, stipends, salaries, etc.

If expecting a child, attach medical certificate and indicate anticipated date of birth

Name and Surname	Date of Birth	Do you have Custody?		Income	
		Yes	No	Yes	No
	-- / -- / ----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-- / -- / ----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-- / -- / ----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-- / -- / ----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Late Spouse / Partner Income Details

To be filled if not in receipt of a Pension from Malta prior to death.

Last employment in Malta:

Employer / Company ¹	Grade / Designation	Year	Weekly Income ²

Pension Details

Are you receiving or expecting to receive a pension (other than the Foreign Institution pension) for services that your late spouse rendered to one or more of his/her former employers ³ (inside and outside New Zealand)? If YES please enter the information and comply with the instructions shown hereunder. Yes No

If Yes: From Where and Effective Date Where: _____ Date: -- / -- / ----

Kindly attach documentation showing the amount as on the first payment date of pension you are receiving or expecting to receive.

Late Spouse /Partner Working Life Residence in New Zealand

This section only needs to be completed if your late partner was not already in receipt of a Maltese Age pension

WORKING LIFE means: for men, between his 16th and 65th birthdays; for women, between her 16th and age pension age.

A. First arrival in New Zealand:

If born in New Zealand go to Question B

Date of Arrival: -- / -- / ---- Place of Arrival: _____
Name on Arrival: _____ Name of Ship: _____
Airline Flight Number (if known): _____

¹ If available, please attach any relevant documentation, e.g. letter of appointment / contract, termination of employment certificate, letter of reference by employer, statement of payee earnings, emoluments record.

² If you do not remember the basic salary leave empty

³ E.g.: A private pension, superannuation fund, retirement savings account, etc.

B. Had your late spouse / partner been absent from New Zealand during their working life for any period greater than 12 months since they first arrived in New Zealand?

Yes

No

If Yes, list all absences of more than 12 months below

Departure Date	Name of Ship/Flight Number	Return Date	Name of Ship/Flight Number	Reason for Absence
-- / -- / ----		-- / -- / ----		
-- / -- / ----		-- / -- / ----		
-- / -- / ----		-- / -- / ----		
-- / -- / ----		-- / -- / ----		

C. Do you have any documents which confirm your late spouse / partner residence in New Zealand during working life?

Yes

No

If Yes, please bring documents to your local Work and Income Office in New Zealand.

Note: Suitable documents are: group certificates; education certificates; reference from employer showing periods of employment; marriage certificate, birth certificate; birth certificate of any of your children born in New Zealand, naturalisation certificate; passport; any other document which may help to confirm your residence in New Zealand during your working life.

D. Please give details of persons who are not related to you and can confirm all or some of your late spouse / partner residence in New Zealand during your working life. (e.g. employers, neighbours, co-workers etc.)

Name and Surname	Address	Contact Number	Known for Period	
			From	To
			-- / -- / ----	-- / -- / ----
			-- / -- / ----	-- / -- / ----
			-- / -- / ----	-- / -- / ----
			-- / -- / ----	-- / -- / ----

E. Please list all important personal events that occurred during your late spouse / partner residence in New Zealand. This will help us verify your residence in New Zealand (e.g. name, place and date of birth of children; name, address and dates of employment; details of schools that children attended; names, addresses of property owned)

Declaration

- I declare, that all information given is to my knowledge true, complete and correct. I understand that if the information given is false, I will be penalised as stipulated by Law and may also lose the right for all or part of the benefit as stipulated by the Maltese Social Security Act (Cap. 318.)
- I authorise the Department of Social Security Malta and the Ministry of Social Development New Zealand, to perform all the necessary investigations and to exchange any necessary information to determine the correct entitlement of this benefit.
- I agree to inform immediately the Department of Social Security Malta and Foreign Institution New Zealand, of any changes in circumstance as indicated in this form. (e.g. if I remarry, if I start working again, if I stop taking care of children, if my children are 21 years old.)
- I am aware that if in the future it transpires that I had no right to a Survivor's Pension, I will have to refund to the Department of Social Security Malta, such monies for which I was not entitled.

Name and Surname

Identity Card Number

Signature

Date

Data Protection Declaration:

The Department of Social Security collects all relevant personal information to provide its services to individuals who qualify for assistance, allowance or non-contributory pensions in accordance with the Social Security Act ([Cap. 318.](#)). The Department may verify the information submitted by you in line with article 133 (b) of the Social Security Act to ensure its accuracy in relation to the claim. Personal data may be disclosed to departments / third parties, who may also have access to your data as authorised by law. Personal information may also be exchanged with benefits institutions of other countries to combat and deter fraud, as provided for in international treaties or bilateral agreements to which Malta is a party. You will be informed in due course of the result of your claim after it has been assessed.

Pursuant to the General Data Protection Regulation ([EU 2016/679 \(GDPR\)](#)) and the Data Protection Act ([Cap. 586.](#)), we have a legal duty to respect and protect any personal information we collect from you and we will abide by such duty. We take all safeguards necessary to prevent unauthorised access and we do not pass on your details collected from you as a visitor and/or user, to any third party unless you give us your consent to do so or as authorised by law. You may request in writing to access information held about you, and eventually to rectify, and where applicable to erase incorrect information. Such a request is to be addressed to "The Data Controller", Department of Social Security, 38, Ordnance Street, Valletta VLT 1021 or by email to dpsocialsecurity.dss@gov.mt and appropriate action would be taken at the earliest possible time. In making such a request, kindly quote your identity card number, social security number, your name and address and other relevant documentation to identify your case.