

Widow/er's Pension

Under the Social Security Agreement between
Malta and Canada



38, Ordnance Street, Valletta, VLT 1021

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* Indicates mandatory information

Application Received on __ / __ / ____

Personal Details

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

Maltese Social Security N°: _____
Surname: * _____
Maiden Surname: _____
(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) __ / __ / ____
Canadian Insurance 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 Service Canada pension) for services that your late spouse rendered to one or more of his/her former employers ³ (inside and outside Canada)? 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.

Canadian Residence

Information required to support an application for benefits under a social security agreement

Account Number: _____

CAG: _____

A. If born outside Canada provide:

Place of entry to Canada: _____

Date of entry to Canada: __ / __ / ____

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. List the places where you have lived in Canada from age 18 to present:

(if required, please provide additional information on a separate sheet of paper and attach to this form)

From Month / Year	To Month / Year	City, Town or Village	Country or District	Province or Country

C. List all absences from Canada of more than 90 days during the periods of residence you have listed above

(if required, please provide additional information on a separate sheet of paper and attach to this form)

Departed DD/MM/YYYY	Country or Countries Visited	Returned DD/MM/YYYY
-- / -- / ----		-- / -- / ----
-- / -- / ----		-- / -- / ----
-- / -- / ----		-- / -- / ----
-- / -- / ----		-- / -- / ----

D. List names, addresses and contact numbers of at least two persons not related to you by blood or marriage, who can confirm the facts of your residence as stated above.

(if required, please provide additional information on a separate sheet of paper and attach to this form)

Name and Surname	Address	Contact Number

E. List names, addresses and contact numbers of your employers in Canada.

(if required, please provide additional information on a separate sheet of paper and attach to this form)

Name and Surname	Address	Contact Number

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 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 Service Canada, to perform all the necessary investigations and to exchange any necessary information to determine the correct entitlement of this benefit.
- I bind myself to inform immediately the Department of Social Security Malta and Service Canada, of any changes in circumstance as indicated in this form. (e.g.: f I remarry, if I start working again, if I will stop taking care of my children, if my children are 21 years old.)
- I am aware that if in the future it transpires that I had no right for Widows 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.