



GOVERNMENT OF BERMUDA
Ministry of Finance

Department of Social Insurance

**PENSIONS & GRATUITIES (WAR SERVICE) ACT 1947
APPLICATION FOR PENSION BENEFIT AND MEDICAL ASSISTANCE**

Full Name (as it appears on birth certificate /passport)	
Address	
Telephone	
Email	
Date & Place of Birth	
Husband/Wife/Dependant	
Health Insurance Provider and Policy Number	
Primary Care Physician	
Pharmacy	
Regiment/Unit/Ship Served With During the War	
Period of Service	
Evidence of Service (x appropriate box)	
<input type="checkbox"/> Discharge Certificate <input type="checkbox"/> Service Record <input type="checkbox"/> Affidavit	

I DECLARE to the best of my knowledge and belief all statements on this form are true and correct.

[Signature and Date boxes]

Applicants Signature

Date

FOR OFFICE USE

Interviewing Officers Comments

[Horizontal lines for comments]