PENSIONER'S LIFE DECLARATION FORM
To be completed by persons receiving a
Retirement ☐ Disablement ☐ Invalidity Pension ☐

SOCIAL SECURITY BOARD

SECTION 1: PENSIONER'S INFORMATION

Name of Pensioner_____
        (First)   *(Middle)*   *(Surname)*

Social Security Number _____**Phone/Cell Number**_____

Current living Address: _____
                House Number and Name of Street   *City/Town/Village/*   *District/ Country*

Email Address: _____

SECTION 2: PENSIONER'S DECLARATION

Mark an X in the box next to the statement that is applicable to you:

☐ *I am receiving a **RETIREMENT PENSION** and I am **OVER** 65 years of age.*

☐ *I am receiving a **DISABLEMENT PENSION**.*

☐ *I am receiving a **RETIREMENT PENSION** and I am **UNDER** 65 years of age. Please indicate whether you are employed: **YES**   **NO***

If YES, indicate period of employment_____ to_____
                                DD/MM/YY   *DD/MM/YY*

☐ *I am receiving **INVALIDITY PENSION**.   Please indicate whether you are employed: **YES**   **NO***

If YES, indicate period of employment _____to_____
                                DD/MM/YY   *DD/MM/YY*

SECTION 3: **Pension Declarations must be witnessed by a Justice of the Peace, Minister of Religion, Senior Human Development Officer, Senior Helpage Officer, Registered Medical Practitioner. Notary Public or Social Security Officer.** *For persons abroad, forms can be witnessed by an* **Ambassador,** *Consul General, Honorary Consul or other principal representative of Belize in a foreign country, Medical Practitioner or Notary Public in the residing country.*

I _____ *declare that* _____
        (Name of Witness)   *(Name of Pensioner)*

came before me this _____*day of* _____20_____ *and signed his/her name below attesting to the information he/she provided.*

Signature of Pensioner _____ *Date* _____
                                                    DD/MM/YY

Signature of Witness _____ *Date* _____
                                                    DD/MM/YY

Position_____

Witness Address _____
                House Number and Name of Street   *(City/Town/Village)*   *(District)*   *Country*

Email Address: _____

Official Stamp

---

*Note: Pensioner's Declarations are due in **June** and **December** yearly. Your Monthly pension will be temporarily suspended if you fail to submit your declaration in these months.*

WARNING: ANY PERSON WHO KNOWINGLY MAKES ANY FALSE REPRESENTATION FOR THE PURPOSE OF OBTAINING A BENEFIT COMMITS A CRIMINAL OFFENCE AND IS PUNISHABLE BY A FINE OR IMPRISONMENT.

OFFICIAL USE

BRANCH OFFICE	BENEFIT SERVICES, HQ
Date P6 Received: _____/_____/_____ *DD* *MM* *YY*	**Date P6 Received:** _____/_____/_____ *DD* *MM* *YY*
Receiving Officer_____	**Date Entered in PMIS:** _____/_____/_____ *DD* *MM* *YY*
	Data Entry Officer _____
Revised July 2020	**Date Verified in PMIS** _____/_____/_____ *DD* *MM* *YY*