



# CLAIM FOR MATERNITY GRANT BENEFIT (Chapter 44 of the Laws of Belize)

SOCIAL SECURITY BOARD

IMPORTANT NOTICE	FOR OFFICIAL USE ONLY	
Claims for Maternity Grant Benefit must be submitted to the Social Security Board within three months after date of confinement. For claims after three months, a late note should be attached to the claim stating reasons for lateness. Failure to submit a claim within six months after date of confinement shall result in loss of benefit.	Date Claim Received:	____/____/____ <small>DAY MONTH YEAR</small>
	Receiving Officer:	_____
	Date Claim Returned:	____/____/____ <small>DAY MONTH YEAR</small>
	Receiving Officer:	_____
	Claim Number:	_____

**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 AND/OR IMPRISONMENT.**

## PART I. PARTICULARS OF THE INSURED PERSON

To be filled out by the Insured Person

(a) Name of Insured Person: \_\_\_\_\_  
(Enter name as per Registration Card) FIRST MIDDLE SURNAME

(b) Social Security No: 

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 (c) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

(d) Address: \_\_\_\_\_  
HOUSE NO STREET CITY/VILLAGE DISTRICT

\_\_\_\_\_ E-MAIL \_\_\_\_\_ PHONE NUMBER

(e) Occupation/Job Title: \_\_\_\_\_

## PART II. EMPLOYMENT PARTICULARS

(f) I am employed by: \_\_\_\_\_

(g) If employed by the Government of Belize (GOB), indicate Ministry/Dept.: \_\_\_\_\_

(h) Business Address: \_\_\_\_\_  
NO STREET CITY/TOWN/VILLAGE DISTRICT

(i) If you are working less than one year with your current employer, please provide below the information of previous employer(s):

EMPLOYER/BUSINESS NAME	BUSINESS ADDRESS	PERIOD OF EMPLOYMENT	
		FROM <small>DD/MM/YY</small>	TO <small>DD/MM/YY</small>

## PART III. METHOD OF COLLECTION OF BENEFIT

(j) Deposited to a financial institution: \_\_\_\_\_ Location or Branch: \_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

(k) Account Number: \_\_\_\_\_ Name of Account Holder: \_\_\_\_\_

## PART IV. INSURED PERSON'S DECLARATION

(l) I hereby claim for Maternity Grant on my wife/common law's confinement.

(m) Name of Wife: \_\_\_\_\_  
FIRST MIDDLE SURNAME

(n) Social Security No: 

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 (o) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

(p) I attach of child:-  
(a) Birth Certificate; OR (b) Schedule I of Birth; OR (c) Still Born Certificate

(q) Date of Confinement \_\_\_\_/\_\_\_\_/\_\_\_\_ (r) My wife/common-law wife is employed  YES  NO  
DAY MONTH YEAR

(s) If yes, name of Employer: \_\_\_\_\_

(t) If no, last date worked \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

(u) I declare that the information given above is true to the best of my knowledge:

\_\_\_\_\_  
CLAIMANT'S FULL NAME (BLOCK LETTERS) SIGNATURE DAY MONTH YEAR

**NOTE:** If you are unable to sign this claim, it may be signed on your behalf by someone who should state that he or she has done so.