



SOCIAL SECURITY BOARD

CLAIM FOR RETIREMENT BENEFIT (Chapter 44, Laws of Belize)

IMPORTANT NOTICE	FOR OFFICIAL USE ONLY	
Claims for Retirement Benefit must be submitted to the Social Security Board within thirteen weeks from the date immediately after retiring from employment or proves that he/she is no longer substantially employed. Claims submitted <u>after</u> thirteen weeks must be accompanied by a note stating reason for lateness.	Date Claim Received:	_____ / _____ / _____ <small style="text-align: center;">DAY MONTH YEAR</small>
	Receiving Officer:	_____
	Date Claim Returned:	_____ / _____ / _____ <small style="text-align: center;">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

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

(b) Social Security No:

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(c) Date of Birth: _____ (d) Current Age: _____
DAY MONTH YEAR

(e) Address: _____
HOUSE NO. STREET CITY/TOWN/VILLAGE DISTRICT

_____ _____
E-MAIL ADDRESS PHONE NUMBER

Part II. INSURED PERSON'S DECLARATION

Complete the section that applies to you

(a) I am receiving a benefit: Yes No If Yes, please state Benefit Type: _____

(b) I am currently employed: If employed, please state Weekly Salary: _____

Current Employer: _____

Business Address: _____
HOUSE NO. STREET CITY/TOWN/VILLAGE DISTRICT

_____ _____
E-MAIL ADDRESS PHONE NUMBER

(c) I am NOT employed: Last Date of Employment: _____
DAY MONTH YEAR

(d) I authorize the Social Security Board to deposit any benefit due to me to the following financial institution:

Name of Financial Institution: _____

Branch Location: _____

Account Number: _____ (please attach proof of account number)

Part II. INSURED PERSON'S DECLARATION Continued. . .

(e) I declare that the information given is true to the best of my knowledge.

SIGNATURE

CLAIMANT'S FULL NAME IN PRINT

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.

DOCUMENTS TO BE PROVIDED

- (i) Employment History *(This form is available at any Social Security Branch Office)*
- (ii) Valid Social Security Card
- (iii) Birth Certificate OR Valid Passport
- (iv) Copy of Account Number

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Decision on Retirement Benefit Claim

State Benefit Type: Retirement Pension Pension Start Date: _____ / _____ / _____
DAY MONTH YEAR

Weekly Pension Rate: \$ _____ Cheque Number: _____

OR

Retirement Grant
Amount of Grant: \$ _____ Cheque Number: _____

If disallowed, state the reasons for disallowance: _____

Amount of Deductions: \$ _____

Please indicate reasons for deductions, if any: _____

Claim Processing

Processing Clerk: _____ NAME IN PRINT _____ SIGNATURE _____ DAY / MONTH / YEAR

Verifier (FCC): _____ NAME IN PRINT _____ SIGNATURE _____ DAY / MONTH / YEAR

Authorizer (AA/ADMIN): _____ NAME IN PRINT _____ SIGNATURE _____ DAY / MONTH / YEAR

Relevant Notes: _____

