



SOCIAL SECURITY BOARD CLAIM FOR MATERNITY BENEFIT

(Chapter 44, Laws of Belize)

1 **WARNING:** Any person who knowingly makes a false statement or false representation for the purpose of obtaining benefits commits an offence punishable by fine or by imprisonment or both. The claimant is also liable to repay any sum received on a false basis.

Enter Name as per SS Registration Card

CLAIMANT'S PERSONAL INFORMATION

Name: _____

P.O. Box No: _____

House No. & Street

2 Address: _____

City/Town/Village: _____

District: _____

Tel/Fax: _____

Email address: _____

FOR OFFICIAL USE ONLY	
Date Claim Recd:	_____
Officer:	_____
Claim No:	_____

SOCIAL SECURITY NO.

MM	DD	YYYY
_____	_____	_____

EMPLOYMENT PARTICULARS

Current Job: _____

Current Employer Name: _____

Current Employer Business Address: _____

3 If you are working less than one year with your current employer please provide below the names, address and period worked with any previous employer(s).

Previous Employer Name	Address	Date Started	Date Ended

METHOD OF BENEFIT PAYMENT

4 Deposit to a bank or credit union:

To be picked up:

Name of Bank: _____

Location of Branch: _____

Account Number: _____

Name of Account Holder: _____

INSURED PERSON DECLARATION

I hereby claim Maternity Benefit from: MM DD YYYY

to: MM DD YYYY

I attach (a) Medical Certificate of Expected Date of Delivery

OR (b) Certificate showing Date of Delivery

5 signed by: _____

Name of Medical Practitioner

I hereby declare that I do not intend to work during the period for which I have claimed benefit.

I have read (been read) and understand the warning statement.

SIGNATURE OF CLAIMANT: _____

DATE: _____

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