



SOCIAL SECURITY BOARD CLAIM FOR MATERNITY GRANT

(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.

FOR OFFICIAL USE ONLY	
Date Claim Recd:	<input type="text"/>
Officer:	<input type="text"/>
Claim No:	<input type="text"/>

Enter Name as per SS Registration Card

CLAIMANT'S PERSONAL INFORMATION

SOCIAL SECURITY NO.	
<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	Date of Birth: <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY
P.O. Box No: <input type="text"/>	
House No. & Street <input type="text"/>	
Address: <input type="text"/>	
City/Town/Village: <input type="text"/>	
District: <input type="text"/>	
Tel/Fax: <input type="text"/>	
Email address: <input type="text"/>	

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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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4 **METHOD OF BENEFIT PAYMENT**

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 for Maternity Grant on my wife's confinement.

I attach (a) Certificate of Birth

OR (b) Schedule 1 of my child

My wife / common-law wife is employed: YES NO

5 Name of Wife:

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.

FOR OFFICIAL USE ONLY	
Decision: <input type="text"/>	Date: <input type="text"/>
Cheque No: <input type="text"/>	Date: <input type="text"/>
Officer Authorizing: <input type="text"/>	
Reason for Disallowance: <input type="text"/>	

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