



SOCIAL SECURITY BOARD

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

IMPORTANT NOTICE	FOR OFFICIAL USE ONLY
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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 **after** thirteen weeks must be accompanied by a note stating reason for lateness.

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
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(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: _____ DAY MONTH YEAR (d) Current Age: _____

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

_____ E-MAIL ADDRESS _____ PHONE NUMBER

Part II. INSURED PERSON'S DECLARATION
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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: _____
