

SOCIAL SECURITY ACT (Chapter 44, Laws of Belize)

MONTHLY STATEMENT OF CONTRIBUTION BY DIRECT PAYMENT

(to be completed in triplicate)



SOCIAL SECURITY BOARD

EMPLOYER

EMPLOYER REG. NO:

ADDRESS

PHONE NO:

A CONTRIBUTION WEEK IS FROM MONDAY TO SUNDAY

MONTH / YEAR

EMPLOYEES' SOCIAL SECURITY NUMBER	NAME OF EMPLOYEES		ACTUAL MONTHLY TOTAL EARNINGS	\$\$\$ CONTRIBUTION PAYMENT FOR:					TOTAL PAID CONTRIBUTIONS		DATE OF TERMINATION (If applicable)	SCHEDULE OF CONTRIBUTIONS				
	SURNAME	FIRST NAME		WEEK	WEEK	WEEK	WEEK	WEEK	\$\$\$.00		WEEKLY EARNINGS	EMPLOYEES	EMPLOYER	TOTAL	
				1	2	3	4	5								
													\$70.00 - \$109.99	\$1.35	\$5.85	\$7.20
													\$110.00 - \$139.99	\$1.95	\$8.45	\$10.40
													\$140.00 - \$179.99	\$3.15	\$9.65	\$12.80
													\$180.00 - \$219.99	\$4.75	\$11.25	\$16.00
													\$220.00 - \$259.99	\$6.35	\$12.85	\$19.20
													\$260.00 - \$299.99	\$7.95	\$14.45	\$22.40
													\$300.00 & OVER	\$9.55	\$16.05	\$25.60
													**	\$0.00	\$2.60	\$2.60
													** (a) APPLIES TO PERSONS (60 - 64 YRS) WHO HAVE RECEIVED A RETIREMENT BENEFIT AND: (b) ALL PERSONS 65 YRS AND OLDER			
												OFFICIAL USE ONLY				
												DISTRICT CODE: _____				
												CURRENT CONT: _____				
												ARREARS: _____				
												SURCHARGE: _____				
												TOTAL: _____				
												RECEIPT NO.: _____				
												DATE: _____				
												CASHIER: _____				
GRAND TOTAL																

NOTES TO EMPLOYER

- * INCOMPLETE STATEMENTS SHALL NOT TO BE ACCEPTED.
- * INTEREST WILL BE LEVIED FOR LATE PAYMENT AT \$1.00 PER EMPLOYEE PER WEEK (OR PART THEREOF).
- * IT IS AN OFFENCE TO MAKE A FALSE STATEMENT.

EMPLOYER'S SIGNATURE

DATE

OFFICIAL STAMP

PAYMENT OF CONTRIBUTIONS AND COMPLETED STATEMENTS ARE TO BE SUBMITTED NO LATER THAN THE 14TH OF EACH MONTH FOR THE PREVIOUS MONTH. WHEN THE 14TH FALLS ON A WEEKEND OR ON A PUBLIC AND HOLIDAY, THE DEADLINE FOR PAYMENT IS ON THE FIRST WORKING DAY FOLLOWING THE 14TH, AFTER WHICH TIME THE PENALTY FEE IS APPLIED.

SOCIAL SECURITY

SCHEDULE OF CONTRIBUTIONS

Regulation 6 (1)

WEEKLY CONTRIBUTIONS PAYABLE BY EMPLOYED PERSONS AND EMPLOYERS

	ACTUAL WEEKLY EARNINGS	WEEKLY INSURABLE EARNINGS	AMOUNT OF WEEKLY CONTRIBUTIONS			RATE OF CONTRIBUTION	
			Employer	Employed Person	Total Contribution	Employer	Employee
1	Under 70.00	55.00	3.57	0.83	4.40	6.50%	1.50%
2	70.00 to 109.99	90.00	5.85	1.35	7.20	6.50%	1.50%
3	110.00 to 139.99	130.00	8.45	1.95	10.40	6.50%	1.50%
4	140.00 to 179.99	160.00	9.65	3.15	12.80	6.03%	1.97%
5	180.00 to 219.99	200.00	11.25	4.75	16.00	5.63%	2.38%
6	220.00 to 259.99	240.00	12.85	6.35	19.20	5.35%	2.65%
7	260.00 to 299.99	280.00	14.45	7.95	22.40	5.16%	2.84%
8	300.00 and over	320.00	16.05	9.55	25.60	5.02%	2.98%
9	**		2.60	0.00	2.60		

** (a) APPLIES TO EMPLOYED PERSONS (60 - 64 YRS) WHO HAVE RECEIVED A RETIREMENT BENEFIT AND:

(b) ALL EMPLOYED PERSONS 65 YRS AND OLDER