



# SOCIAL SECURITY BOARD CLAIM FOR MATERNITY GRANT

(Chapter 44, Laws of Belize)

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**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: \_\_\_\_\_

Date of Birth:  MM  DD  YYYY

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House No. & Street Address: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

District: \_\_\_\_\_

Tel/Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Date Claim Recd: \_\_\_\_\_  
Officer: \_\_\_\_\_  
Claim No: \_\_\_\_\_

### SOCIAL SECURITY NO.

\_\_\_\_\_

### EMPLOYMENT PARTICULARS

Current Job: \_\_\_\_\_

Current Employer Name: \_\_\_\_\_

Current Employer Business Address: \_\_\_\_\_

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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

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### 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: \_\_\_\_\_

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### 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

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.

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Decision: \_\_\_\_\_

Date: \_\_\_\_\_

Cheque No: \_\_\_\_\_

Date: \_\_\_\_\_

Officer Authorizing: \_\_\_\_\_

Reason for Disallowance: \_\_\_\_\_

### FOR OFFICIAL USE ONLY