



SOCIAL SECURITY BOARD

(Chapter 44 Laws of Belize)

NOTICE OF *INACTIVE EMPLOYER/CLOSURE OF BUSINESS

(TO BE FILLED IN DUPLICATE)

Employer's Registration No.

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Business Name: _____

Business Address: _____

Employer's Name: _____

Employer's Address: _____

DATE OF CLOSURE/
INACTIVITY

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DATE ACTIVITY
TO START AGAIN

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NO. OF
EMPLOYEES

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I declare the above information true and correct and that all monies, contribution cards and other records due to the Social Security Board have been remitted.

SIGNATURE OF EMPLOYER OR
REPRESENTATIVE

DATE

PRINTED NAME OF REPRESENTATIVE
IF APPLICABLE

*INACTIVE: Temporary without employees _____

CLOSED: No longer in existence _____

REMARKS:

SIGNATURE OF BRANCH OFFICER

DATE

IN15 - Notice of Inactive Employer/Closure of Business

This form applies only to employers registered with Social Security. When a new business comes into existence and registers with Social Security, it is placed on a monitoring sheet. This sheet keeps a record of all employers registered within a specified zone or district. The Social Security Inspectors use this sheet to select certain employers so as to monitor and or inspect their records at any given time. Once an IN15 is filled out for a particular employer (organization or individual) and all pending payments are made, their name is taken off the monitoring sheet. This is done so that their name is not randomly selected to inspect as they have either closed or are temporarily out of business. It is advisable that each and every employer fill out this form when it becomes necessary.

1st Section: -BIODATA

This section requests the employer's registration number, which was issued when the employer first registered as an employer with Social Security. If there is a business name other than that of the employer, it must be stated along with the address of the worksite. An address for the employer must also be supplied.

2nd Section: - PARTICULARS OF INACTIVITY/CLOSURE

The information to be provided in this section includes the actual date of closure or inactivity of the business. This particular piece of information is very crucial since it will determine the amount to be paid or payable at the time contributions are due. Failure to submit the correct information on this section could eventually lead to court action, garnishment or distress i.e. if an employee would claim benefits and there is incorrect information on behalf of the employer. At the time of closure or inactivity, the employee's and the employer's contributions must be paid in full so as to avoid any delays in claims and payments to employees. Once the correct information is give, the employer or employer's representative must sign and date the form and give his or her remarks if necessary. An employee of Social Security must also sign and date the form at the same time the employer (representative) does.

An IN15 requires very simple and straightforward answers of the employer for the benefit of Social Security, the employer and the employee.