

SOCIAL SECURITY BOARD

CLAIM FOR FUNERAL GRANT

(Chapter 44, Laws of Belize)

IMPORTANT NOTICE

Claims for Funeral Grant must be submitted to the Social Security Board within <u>six months</u> from the date of death of the deceased person. Claims submitted <u>after</u> six months must be accompanied by a note stating reason for lateness. *Claims received after twelve months are not payable.

FOR OFFICIAL USE ONLY			
Date Claim Received:	//		
Receiving Officer:			
Date Claim Returned:	/		
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 DECEASED PERSON (a) Name of Deceased Person: (Enter name as per Registration Card) **(b)** Social Security No: (d) Date of Death: _ (e) Occupation: _ (f) Certified Cause of Death: (i) (g) Name of Last Employer/Business Name: ___ E-MAIL ADDRESS i) Was the deceased receiving a benefit? \square Yes \square No If Yes, please state Benefit Type: _____ (j) Was the death of the deceased caused by an accident at work? Yes No PART II. PARTICULARS OF THE CLAIMANT (a) Name: _____(Enter name as per Registration Card) (c) Date of Birth: ____/____/_MONTH **(b)** Social Security No: (d) Address: ___ HOUSE NO. CITY/TOWN/VILLAGE DISTRICT E-MAIL ADDRESS PHONE NUMBER (e) I claim Funeral Grant in respect of: (a) Spouse (b) Dependent Child (c) Deceased Insured Person **(f)** I have paid for the funeral expenses **OR** I am liable to pay for the funeral expenses \square .

PART III. DOCUMENTS T	O BE PROVIDED		
Note: (a - d) applies to all claim	s for Funeral Grant in addition to (e	e - g) or (h & i), whiche	ver applies
(c) Original Invoice or Pro-Forma(d) Social Security Registration Ca	cal expenses in the applicant's name what in the applicant's name who is liable the ard of the Deceased Person (if available)	to pay for the expenses, a	•
FOR DEPENDENT CHILDREN			
(f) Proof of Education (a letter fro	t Child (if a Registration Card is not a om the school) if Dependent Child is o sued by the Ministry of Health at publication.	over 16 years and receivi	ng full time education
(h) Original Marriage Certificate;			
	the Peace for common-law union atte	sting to the relationship	
I declare that the information given	ven above is true to the best of my kn	nowledge.	
SIGNATURE	CLAIMANT'S FULL NAME IN F	PRINT DA	///////
	this claim, it may be signed on your l		
	FOR OFFICIAL USE (ONLY	
	Decision on Funeral Gran	t Claim	
If disallowed, state the reasons for	disallowance:	Disallowed	
Amount of Grant: \$	Cheque Number:	Da	ate://
	Receipt Number:		
	ions from grant, if any:		
	Claim Processing		
Processing Officer:	NAME IN PRINT	SIGNATURE	/
Authorizer (AA/ADMIN):	NAME IN PRINT	SIGNATURE	/
Relevant Notes:			