SOCIAL SECURITY BOARD

CLAIM FOR MATERNITY GRANT

(Chapter 44, Laws of Belize)

1

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.

FOR OFFICIAL USE ONLY	
Date Claim Recd:	
Officer:	
Claim No:	

SOCIAL SECURITY NO.								

2

Enter Name as per SS Registration Card

CLAIMANT'S PERSONAL INFORMATION

Name: ____________________

P.O. Box No: ____________________

Date of Birth: MM DD YYYY ____________________

House No. & Street Address: ____________________

City/Town/Village: ____________________

District: ____________________

Tel/Fax: ____________________

Email address: ____________________

3

EMPLOYMENT PARTICULARS

Current Job: ____________________

Current Employer Name: ____________________

Current Employer Business Address: ____________________

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

4

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: ____________________

5

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.

6

FOR OFFICIAL USE ONLY

Decision: ____________________ Date: ____________________

Cheque No: ____________________ Date: ____________________

Officer Authorizing: ____________________

Reason for Disallowance: ____________________