



SOCIAL SECURITY BOARD

PENSIONER'S LIFE DECLARATION FORM

To be completed by **Widow (er), Children, Parents/Guardians Receiving:**
(Select the pension that is applicable to you)

SURVIVORS PENSION **OR** **DEATH PENSION**

SECTION 1: WIDOW (ER), PARENTS or GUARDIAN'S Information:

Name of Pensioner: _____
(First) (Middle) (Surname)

Social Security Number: _____ Phone/Cell Number _____

Current living Address: _____
House Number & Name of Street (City/Town/Village/District) Country

Email Address: _____

SECTION 2: DECEASED INSURED PERSON'S INFORMATION

Name of Deceased Insured Person _____
(First) (Middle) (Surname)

Social Security Number _____

SECTION 3: WIDOW(ER) DECLARATION - Mark an X in the box next to the statement that is applicable to you

1. I declare that I am currently in a com mon-law union/ re-married:

a. Yes If Yes, date of marriage/common-law union ____ / ____ / ____
DD MM YY
b. No

2. I declare that I have had children **after** the death of my spouse: Yes No

3. I also declare that I am _____ years old.

SECTION 4: PARENTS & GUARDIANS

I declare that the following children are in my custody:

_____ Age _____ Age
_____ Age _____ Age
_____ Age _____ Age
_____ Age _____ Age
_____ Age _____ Age

I also declare that the children listed above who are **18 to 21 years** are still receiving full-time education:

Yes No → If No, last date of enrollment ____ / ____ / ____
DD MM YY

SECTION 5: PARENTS DECLARATION - Mark an X in the box next to the statement that is applicable to you.

1. I declare that I am in a common-law union/ re-married:

i. YES → If Yes, date of marriage/common-law union _____ / _____ / _____
 ii. NO DD MM YY

2. I declare that I am employed:

i. YES → If Yes, date of employment _____ / _____ / _____
 ii. NO DD MM YY

SECTION 6: In Country Pension Declarations must be witnessed by a Justice of the Peace, Minister of Religion, Senior Human Development Officer, Senior Helpage Officer, Registered Medical Practitioner, Notary Public or Social Security Officer. For persons abroad, forms can be witnessed by an Ambassador, Consul General, Honorary Consul or other principal representative of Belize in a foreign country, Medical Practitioner or Notary Public in the residing country.

I _____ declare that _____
 (Name of Witness) (Name of Pensioner)

came before me this _____ day of _____ 20_____ and signed his/her name below attesting to the information he/she provided.

Signature of Pensioner _____ Date _____ / _____ / _____
DD MM YY

Signature of Witness _____ Date _____ / _____ / _____
DD MM YY

Position _____ Email Address _____

Witness Address _____
 House Number and Name of Street (City/Town/Village) Country



Important Notice: Pensioner's Declarations are due in **June and December** yearly. Your monthly pension will be temporarily suspended if you fail to submit your declaration on these dates. Proof of Education for children between the ages of 18 – 21 years old is due in January and September.

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 OR IMPRISONMENT.

OFFICIAL USE

BRANCH OFFICE

NATIONAL CENTRAL OPERATIONS

Date P6 Received: _____ / _____ / _____
DD MM YY

Date P6 Received: _____ / _____ / _____
DD MM YY

Receiving Officer: _____

Date Entered in PMIS: _____ / _____ / _____
DD MM YY

Data Entry Officer: _____

Date Verified in PMIS _____ / _____ / _____
DD MM YY