



SOCIAL SECURITY BOARD

PENSIONER'S LIFE DECLARATION FORM

To be completed by persons receiving a

Retirement Disablement Invalidity Pension

SECTION 1: PENSIONER'S INFORMATION

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

Social Security Number _____ Phone/Cell Number _____

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

Email Address: _____

SECTION 2: PENSIONER'S DECLARATION

Mark an X in the box next to the statement that is applicable to you:

I am receiving a **RETIREMENT PENSION** and I am **OVER** 65 years of age.

I am receiving a **DISABLEMENT PENSION**.

I am receiving a **RETIREMENT PENSION** and I am **UNDER** 65 years of age. Please indicate whether you are employed: **YES** **NO**

If **YES**, indicate period of employment _____ to _____
DD/MM/YY DD/MM/YY

I am receiving **INVALIDITY PENSION**. Please indicate whether you are employed: **YES** **NO**

If **YES**, indicate period of employment _____ to _____
DD/MM/YY DD/MM/YY

SECTION 3: Pension Declarations must be witnessed by a Justice of the Peace, Minister of Religion, Senior Human Development Officer, Senior Helpline 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 _____

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

Email Address: _____



Note: Pensioner's Declarations are due in June and December yearly. Your Monthly pension will be temporarily suspended if you fail to submit your declaration in these months.

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

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

Receiving Officer _____

Revised July 2020

BENEFIT SERVICES, HQ

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

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

Data Entry Officer _____

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