



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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YY

ii. NO

2. I declare that I am employed:

i. YES  → If Yes, date of employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YY

ii. NO

**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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Position \_\_\_\_\_ Email Address \_\_\_\_\_  
DD MM YY

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