



BELIZE

**SOCIAL SECURITY ACT
CHAPTER 44**

REVISED EDITION 2003
SHOWING THE SUBSIDIARY LAWS AS AT 31ST OCTOBER, 2003

This is a revised edition of the Subsidiary Laws, prepared by the Law Revision Commissioner under the authority of the Law Revision Act, Chapter 3 of the Substantive Laws of Belize, Revised Edition 2000.

ARRANGEMENT OF SUBSIDIARY LAWS



BELIZE

SOCIAL SECURITY ACT CHAPTER 44

REVISED EDITION 2003 SHOWING THE SUBSIDIARY LAWS AS AT 31ST OCTOBER, 2003

This is a revised edition of the Subsidiary Laws, prepared by the Law Revision Commissioner under the authority of the Law Revision Act, Chapter 3 of the Substantive Laws of Belize, Revised Edition 2000.

This edition contains a consolidation of the following laws-

Page

1.	SOCIAL SECURITY (CLASSIFICATION) REGULATIONS	4
2.	SOCIAL SECURITY (VOLUNTARY CONTRIBUTORS AND PERSONS ABROAD) REGULATIONS	10
3.	SOCIAL SECURITY (INSURING OF PERSONS OVER SIXTY-FIVE YEARS OF AGE) REGULATIONS	20
4.	SOCIAL SECURITY (INSURANCE STAMPS) REGULATIONS	23
5.	SOCIAL SECURITY (REGISTRATION OF EMPLOYERS AND EMPLOYED PERSONS) REGULATIONS	28

	Page
6. SOCIAL SECURITY (COLLECTION OF CONTRIBUTORS) REGULATIONS	39
7. SOCIAL SECURITY (CONTRIBUTIONS) REGULATIONS	58
8. SOCIAL SECURITY (BENEFIT) REGULATIONS	64
9. SOCIAL SECURITY (CLAIMS AND PAYMENTS) REGULATIONS	146
10. SOCIAL SECURITY (DETERMINATION OF CLAIMS AND QUESTIONS) REGULATIONS	166
10A. SOCIAL SECURITY (NON-CONTRIBUTORY PENSION FOR WOMEN 65 YEARS OR OVER) REGULATIONS	197
11. SOCIAL SECURITY (FINANCIAL AND ACCOUNTING) REGULATIONS	208
11A. SOCIAL SECURITY (SELF-EMPLOYED PERSONS) REGULATIONS.	232
12. SOCIAL SECURITY (GOVERNMENT EMPLOYEES) REGULATIONS	251
13. SOCIAL SECURITY (CARICOM AGREEMENT ON SOCIAL SECURITY) (ADAPTATION) ORDER	254
14. SOCIAL SECURITY (INTEREST ON CONTRIBUTIONS) REGULATIONS	295

CHAPTER 44

SOCIAL SECURITY (CLASSIFICATION) REGULATIONS

ARRANGEMENT OF REGULATIONS

1. Short title.
2. Interpretation.
3. Classification of insured persons.
4. Insurable employment.
5. Excepted employments.
6. Persons to be treated as employers.

FIRST SCHEDULE

SECOND SCHEDULE

CHAPTER 44

SOCIAL SECURITY
(CLASSIFICATION) REGULATIONS
(Section 3) (3))

89 of 1980.
55 of 2002.
Ch. 34.

[1st June, 1981]

1. These Regulations may be cited as the Short title.

SOCIAL SECURITY (CLASSIFICATION) REGULATIONS.

2. For the purposes of these Regulations, unless the context otherwise requires - Interpretation.

“Act” means the Social Security Act; CAP. 44.

“appointed day” means 1st June, 1981;

“Benefit Regulations” means the Social Security (Benefit) Regulations;

“Contributions Regulations” means the Social Security (Contributions) Regulations;

“Voluntary Contributors and Persons Abroad Regulations” means the Social Security (Voluntary Contributors and Persons Abroad) Regulations;

“retired person” means a person specified in Regulation 3 (2) of these Regulations.

All other words and expressions defined in the Act shall have the same meaning in these Regulations.

3. (1) Subject to the provisions of the Benefit Regulations, an Classification of insured persons.

THE SUBSIDIARY LAWS OF BELIZE

REVISED EDITION 2003

Printed by the Government Printer,
No. 1 Power Lane,
Belmopan, by the authority of
the Government of Belize.

employed person shall be insured -

- (a) for all purposes of the Act, if he is not a retired person;
- (b) only for the purposes of sections 12 and 17 of the Act (relating to benefit in respect of employment injury and prescribed diseases), if he is a retired person.

(2) For the purposes of paragraph (1) of this Regulation, a person is deemed to be a retired person if after attaining the age of sixty he has received retirement benefit in accordance with the Benefit Regulations or a refund of contribution under Regulation 9 of the Contributions Regulations (transitory provision for refund of contribution to certain insured persons).

(3) A person being a person ordinarily resident in Belize who -

- (a) is temporarily employed outside Belize in continuation of his insurable employment in Belize as an employed person; or
- (b) holds a valid certificate of voluntary insurance, shall be insured for the purposes of the Act as prescribed in the Voluntary Contributors and Persons Abroad Regulations.

Insurable
employment.

4. Part I of the First Schedule to the Act shall have effect with the addition thereto as paragraphs 5 and 6 the employments set out in the First Schedule to these Regulations.

Excepted
employments.

5. Part II of the First Schedule to the Act shall have effect with the addition thereto as paragraphs 12,13,14 and 15, respectively, the employments set out in the Second Schedule to these Regulations.

6. In relation to the employment of a person on a fishing vessel or boat as specified in paragraph 5 of Part I of the First Schedule to the Act, the owner (or the managing owner or manager, if there is more than one owner) of such vessel or boat shall be treated as the employer.

Persons to be treated as employers.

FIRST SCHEDULE

[Regulation 4]

INSURABLE EMPLOYMENT AS AN EMPLOYED PERSON

5. Employment of a person on board any fishing vessel or fishing boat in consideration of the payment of a fixed sum or a share in the earnings or otherwise.
6. Employment by any City Council or Town Council established by any law dealing with Local Government.

SECOND SCHEDULE

[Regulation 5]

EXCEPTED EMPLOYMENTS

12. Employment by a foreign Government of any person who is not a person who belongs to Belize within the meaning of the Immigration Act, and who in his official capacity is accorded diplomatic or equivalent status.

13. Employment otherwise than as a domestic worker of any person by an international Governmental organization recognized by the Government of Belize if such person -

(a) is not a person who belongs to Belize within the meaning of the Immigration Act; and

(b) but for such employment would not be ordinarily resident in Belize.

14. Employment of any person as a member of the armed forces of any country:

Provided that this paragraph does not apply to a person engaged in Belize to render service as an employed person in a civilian capacity for the purposes of such armed forces in Belize.

15. Employment in the private household of a person specified in paragraph 12 of this Part if such person -

(a) is a national of the country of which the employer is a national; and

(b) but for such employment would not be ordinarily resident in Belize.

CHAPTER 44**SOCIAL SECURITY (VOLUNTARY CONTRIBUTORS
AND PERSONS ABROAD) REGULATIONS****ARRANGEMENT OF REGULATIONS**

1. Short title.
 2. Interpretation.
 3. Conditions for voluntary insurance.
 4. Rate and payment of voluntary contribution.
 5. Cessation of validity of certificate of voluntary insurance.
 6. Employment outside Belize continuation of employment in Belize.
 7. Persons employed by an international governmental organization.
 8. Notification of employment outside Belize.
 9. Payment of certain benefits outside Belize.
 10. Offences.
-

CHAPTER 44

**SOCIAL SECURITY (VOLUNTARY CONTRIBUTORS AND
PERSONS ABROAD) REGULATIONS**

90 of 1980.

(Sections 3, 4 and 60)

[1st June, 1981]

1. These Regulations may be cited as the

Short title.

**SOCIAL SECURITY (VOLUNTARY CONTRIBUTORS AND
PERSONS ABROAD) REGULATIONS.**

2. For the purposes of these Regulations, unless the context otherwise requires -

Interpretation.

“Act” means the Social Security Act;

“appointed day” means 1st June, 1981;

“Benefit Regulations” means the Social Security (Benefit) Regulations;

“Collection of Contributions Regulations” means the Social Security (Collection of Contributions) Regulations;

“earnings” has the same meaning assigned to it by the Collection of Contributions Regulations;

“retired person” has the same meaning assigned to it by the Social Security (Classification) Regulations.

All other words and expressions defined in the Act shall have the same meaning in these Regulations.

Conditions for
voluntary
insurance.

3. (1) A person shall be entitled to apply to the Manager for a certificate of voluntary insurance and to pay contribution (hereafter referred to as “voluntary contribution”) if he satisfies the conditions specified in paragraph (2) of this Regulation.

(2) The conditions to be satisfied for a certificate of voluntary insurance are that the person concerned -

- (a) is under sixty-five years and is not a retired person; and
- (b) is ordinarily resident in Belize; and
- (c) except in the case of an application under paragraph (7) of Regulation 6, is not liable to pay contribution under the Act; and
- (d) has paid or have been paid in respect of him not less than one hundred and fifty contributions since the appointed day:

Provided that the condition in sub-paragraph (d) shall not apply in the case of an application for voluntary insurance under paragraph (5) or (7) of Regulation 6 or under Regulation 7.

(3) A person electing to pay voluntary contributions in accordance with these Regulations shall make an application to the Manager for a certificate of voluntary insurance on a form approved by the Board before the end of the twenty-sixth contribution week after ceasing at any time to be liable to pay contribution as an employed person.

(4) Where the conditions specified in paragraph (2) are satisfied the Manager shall issue a certificate of voluntary insurance to the person concerned (hereafter in these Regulations referred to as “voluntary

contributor”).

(5) A certificate of voluntary insurance shall entitle the voluntary contributor to pay contribution in respect of any week not earlier than thirteen contribution weeks prior to the date of application and of any week for which no contribution is otherwise payable by him or on his behalf for the week.

(6) Voluntary contributions shall be valid only for retirement benefit, funeral grant and survivors’ benefit.

4. (1) Subject to the provisions of paragraph (11) of Regulation 6 and of paragraph (2) of Regulation 7, the amount of weekly contribution payable by a voluntary contributor shall be equivalent to three and one fifth per cent of his average weekly insurable earnings on the date when he ceased to be liable to be insured.

Rate and payment
of voluntary
contribution.

(2) For the purpose of paragraph (1), the expression “average weekly insurable earnings” has the same meaning assigned to it by Regulation 26 of the Benefit Regulations and the amount thereof shall be determined by the Board.

(3) Voluntary contributions shall be payable -

- (a) in such manner as the Board may determine;
- (b) in respect of such period, being a period not longer than twenty-six contribution weeks, as the Board may determine and the payment thereof shall be due not later than fourteen days after the end of such period:

Provided that in a particular case where payment is not made by the due date the Board may extend the date by a period not longer than

four weeks if it is satisfied that there are extenuating circumstances.

Cessation of
validity certificate
of voluntary
insurance.

5. (1) A certificate of voluntary insurance issued under Regulation 3 shall cease to be valid -

- (a) on the date on which any of the conditions specified in paragraphs (a), (b) and (c) of Regulation 3 ceases to be satisfied; or
- (b) if the voluntary contributor concerned fails to pay contribution by the date as determined under Regulation 4.

(2) Where a certificate of voluntary insurance ceases to be valid in accordance with paragraph (1) the voluntary contributor concerned shall cease to be entitled to pay voluntary contributions until he has requalified therefor after fifty contributions have been paid in respect of him as an employed person and he makes an application for a certificate of voluntary insurance in accordance with paragraph (3) of Regulation 3.

Employment
outside Belize
continuation of
employment in
Belize.

6. (1) Subject to paragraph (3), where a person under sixty-five years is employed outside Belize in continuation of his employment in Belize as an employed person he shall be liable to be insured pursuant to section 3 of the Act in respect of his employment outside Belize if -

- (a) he is, but for such employment outside Belize, ordinarily resident in Belize; and
- (b) his employer has a place of business in Belize.

(2) For the purpose of paragraph (1), the employment of a person as an employed person outside Belize shall be treated as employment in continuation of employment in Belize if -

-
- (a) immediately before the commencement of employment outside Belize the person concerned is employed by the person employing him outside Belize; or
- (b) the contract of service in respect of employment outside Belize is entered into in Belize.
- (3) An employed person shall cease to be liable to be insured under paragraph (1) -
- (a) after the end of the period of twelve months starting on the date of commencement of such employment outside Belize:
- Provided that in a case specified in paragraph (a) for the purpose of reckoning the period of twelve months the appointed day shall be treated as the day of the commencement of employment; or
- (b) on the date on which his employment outside Belize ceases; or
- (c) on the date on which he attains sixty-five years; or
- (d) on the date on which any of the conditions specified in paragraph (1) ceases to be satisfied, whichever event occurs first.
- (4) The contribution payable in respect of an employed person who is liable to be insured in accordance with paragraph (1) shall be at the appropriate amount specified in the Collection of Contributions Regulations.
- (5) If the employment of a person specified in paragraph (1) continues after the completion of twelve months such person may elect to pay

voluntary contribution in accordance with Regulation 3 and make an application to the Manager for a certificate of voluntary insurance.

(6) Paragraph (1) of this Regulation shall apply to a person who immediately prior to the appointed day is employed outside Belize in employment which would have been treated as insurable employment pursuant to this Regulation had the employment outside Belize commenced on or after the appointed day:

Provided that where such person is liable to be insured as specified in paragraph (7) of his employment outside Belize commenced on a date more than twelve months prior to the appointed day, the provisions of this paragraph shall not apply.

(7) Subject to any agreement under section 61 of the Act (agreement providing for reciprocity in matters of social security), if a person who is an employed person in another country in continuation of his employment as an employed person in Belize before the end of the period of twelve months specified in paragraph (3) becomes liable to be insured in that other country under any law providing for benefit in the event of sickness and employment injury he may make an application to the Manager for a certificate of voluntary insurance under Regulation 3.

(8) Where a certificate of voluntary insurance is issued on an application under paragraph (7) liability of the person concerned for contribution under paragraph (1) shall automatically cease from the date of issue of the said certificate as long as such certificate remains valid.

(9) An application under paragraph (5) or (7) shall contain such particulars as the Manager may require.

(10) Without prejudice to the provisions of Regulation 5, a certificate of voluntary insurance issued in accordance with this Regulation shall cease to be valid on the day on which a person ceases to be an employed

person outside Belize in continuation of his employment in Belize.

(11) Where for the purpose of determining the amount of contribution payable in accordance with paragraph (1) of Regulation 4 by a person to whom a certificate of voluntary insurance is issued under paragraph (5) or (7) it is not possible to determine the average weekly insurable earnings in accordance with paragraph (2) of Regulation 4, the Board shall determine the weekly insurable earnings of such person by reference to the average weekly earnings paid or payable to such person in respect of his employment outside Belize:

Provided that the weekly insurable earnings so determined shall not exceed the weekly insurable earnings specified in the Schedule to the Collection of Contributions Regulations.

7. (1) A person who on or after the appointed day is employed outside Belize by an international governmental organization recognized by the Government of Belize shall be entitled to apply to the Manager for a certificate of voluntary insurance under Regulation 3 if he is -

Persons employed by an international governmental organization.

(a) a person who belongs to Belize within the meaning of the Immigration Act and but for such employment would be ordinarily resident in Belize; and

CAP. 156.

(b) under sixty-five years and is not a retired person.

(2) The provisions of paragraph (11) of Regulation 6 shall apply, *mutatis mutandis*, for the purpose of determining the weekly insurable earnings on the basis of which the rate of voluntary contribution specified in paragraph (1) of Regulation 4 shall be computed.

(3) Without prejudice to the provisions of Regulation 5, a certificate of voluntary insurance issued in accordance with this Regulation shall cease to be valid on the day on which the employment specified in paragraph (1) ceases.

MISCELLANEOUS

Notification of
employment
outside Belize.

8. (1) In the case of any employment outside Belize to which paragraph (1) of Regulation 6 applies the employer shall, not later than twenty-one days before the commencement of such employment outside Belize, give notification thereof in writing to the Manager:

Provided that in special circumstances the Board may allow a shorter period for such notification.

(2) Notification under paragraph (1), which shall be made on the appropriate form if so required by the Board, shall contain any particulars which the Board may determine including -

- (a) insurance number if any, full name and home address of the person to be employed outside Belize;
- (b) the country where employment in Belize is to continue and the nature of employment;
- (c) the earnings which the person concerned shall receive in respect of his employment outside Belize; and
- (d) the expected duration of employment outside Belize.

(3) The Manager shall determine whether the person concerned shall be liable to be insured as an employed person in respect of his employment outside Belize and shall, as soon as practicable, notify the employer accordingly.

9. (1) Notwithstanding the provisions of Regulation 64 of the Benefit Regulations (concerning payment of benefit outside Belize), a person who is insured in accordance with paragraph (1) of Regulation 6 of these Regulations and who satisfies the relevant conditions specified in Parts I and II of the Benefit Regulations shall, subject to paragraph (2) of this Regulation, be entitled to receive in the case of -

Payment of certain benefits outside Belize. 82 of 1980.

- (a) incapacity for work, sickness benefit;
- (b) maternity, maternity benefit;
- (c) incapacity for work resulting from an accident, injury benefit;
- (d) permanent loss of faculty resulting from an accident, disablement benefit where the degree of disablement can be provisionally assessed to the satisfaction of the Board in the country where the insured person is employed.

(2) In paragraph (1), “accident”, “loss of faculty” and “disablement” have the same meaning assigned to them by the Benefit Regulations.

10. Where an employer fails or neglects to pay within the prescribed time any contribution which he is liable under these Regulations to pay or to give the notification required under Regulation 8 he shall be liable on summary conviction to a fine not exceeding one hundred dollars for each such offence, or where the offence consists of continuing any such contravention or failure after conviction thereof to a fine of one hundred dollars together with a further one hundred dollars for each day on which it is so continued.

Offences.

CHAPTER 44

**SOCIAL SECURITY (INSURING OF PERSONS
OVER SIXTY-FIVE YEARS OF AGE) ORDER**

ARRANGEMENT OF PARAGRAPHS

1. Short title.
2. Conditions of insurance.

CHAPTER 44**SOCIAL SECURITY (INSURING OF PERSONS
OVER SIXTY-FIVE YEARS OF AGE) ORDER***(Section 3(1))*42 of 1988.
129 of 2000.
Ch. 34.*[7th May, 1988]*

1. This Order may be cited as the

Short title.

**SOCIAL SECURITY (INSURING OF PERSONS OVER
SIXTY-FIVE YEARS OF AGE) ORDER.**

2. In exercise of the powers conferred upon me by the proviso to sub-section (1) of section 3 of the Social Security Act I, Manuel Esquivel, Prime Minister and Minister responsible for Social Security, do hereby prescribe that the persons of and above the age of sixty-five years in any of the employments specified in the First Schedule to the Social Security Act shall be insurable on the following conditions:

Conditions of
insurance.

- (a) the insurance shall only be against employment injury and against the diseases as prescribed in the Third Schedule to the Social Security (Benefit) Regulations;
- (b) the rate of contribution shall be \$2.60 per week or part of a week;
- (c) the contribution shall be payable by the employer only;
- (d) the rate of benefit shall be based on the actual earnings of the insured person:

Third Schedule.

129 of 2000. Provided that the maximum insurable earnings shall not be more than
\$320 per week;

(e) the contribution shall be made by direct payment.

CHAPTER 44

SOCIAL SECURITY (INSURANCE STAMPS) REGULATIONS

ARRANGEMENT OF REGULATIONS

1. Short title.
2. Interpretation.
3. Purchase of insurance stamps.
4. Replacement of insurance stamps rendered unfit for use.
5. Repayment of value of unused insurance stamps on delivery thereof to Manager.
6. Search Warrants.
7. Procedure where stamps are seized.
8. Defacement of insurance stamps.
9. Hawking of insurance stamps.
10. Offences.

CHAPTER 4484 of 1980.
Ch. 34.**SOCIAL SECURITY (INSURANCE STAMPS) REGULATIONS**
(Section 9 and 10)[19th May, 1981]

Short title.

1. These Regulations may be cited as the

**SOCIAL SECURITY (INSURANCE STAMPS)
REGULATIONS.**

Interpretation.

2. For the purposes of these Regulations, unless the context otherwise requires -

“Act” means the Social Security Act;

“appointed day” means 19th May, 1981;

“appropriate form” means a form approved by the Manager to be used for a specific purpose or purposes under the Act.

All other words and expressions defined in the Act shall have the same meaning in these Regulations.

Purchase of
insurance stamps.

3. (1) Insurance stamps may only be purchased from any office of the Board or if the Board so directs, from any Post Office, and it shall be lawful for any person employed by the Board or employed at a Post Office and duly authorised for the purpose to sell insurance stamps.

- (2) No person -

- (a) shall sell any insurance stamps unless he is authorised to do so under paragraph (1) of this

Regulation;

- (b) shall sell any insurance stamp for a price which differs from the value stated thereon.

(3) The Manager may require any person seeking to purchase insurance stamps to make an application therefor on the appropriate form.

4. (1) Where any insurance stamp has been in advertently rendered unfit for use and an application is made to the Manager within one year after the stamp was rendered unfit for use, the Manager may, on the surrender of the stamp give in *lieu* thereof a clean and proper stamp of the same value or, if practicable, such number of clean and proper stamps of a less value as will secure that the aggregate of those values corresponds to the value of the surrendered stamp.

Replacement of insurance stamps rendered unfit for use.

(2) All stamps surrendered under paragraph (1) of this Regulation shall be destroyed in the presence of an officer designated by the Manager.

5. Where any person has any unused insurance stamp which has not been spoiled or rendered unfit or useless for the purpose intended but for which he has no immediate use, the Manager may, if he thinks fit, repay to him the value of the stamp in money upon his delivering up the stamp and proving to the Manager's satisfaction that it was purchased by him from a person authorised to sell insurance stamps under these Regulations within two years before the application for repayment and with a bona fide intention to use it.

Repayment of value of unused insurance stamps on delivery thereof to Manager.

6. (1) Any Justice of the Peace before whom an information on oath is laid that reasonable suspicion exists that an offence against the Act has been committed with respect to any label, stamp or device issued under the Act, may issue his warrant for the search of any building or place belonging to, or occupied by, or under the control of the suspected person, and such search may be effected accordingly, and any document or thing there found which appears to be or may be material evidence, and any label stamp or device there found may

Search Warrants.

be seized, and shall be detained and dealt with as an exhibit in proceedings.

(2) Any person found in possession or control of any such label, stamp or device or in occupation of any building or other premises in which any such label, stamp or device is found shall be arrested and produced before a magistrate.

(3) If on the trial of any person who is brought before a Magistrate pursuant to paragraph, (2) of this Regulation that person does not satisfactorily account for the possession of any insurance stamps which were found in his possession or custody or, if he was not in actual physical possession, for his presence in such building or premises he shall be guilty of an offence and liable to punishment under section 53 (5) of the Act, and if the Magistrate is of the opinion that such stamps were not purchased by the person from some person duly authorised to sell insurance stamps, the stamps shall, subject to paragraph (4) of this Regulation, be forfeited and delivered to the Board.

(4) If at any time within six months after the date on which any insurance stamps are delivered to the Board pursuant to paragraph (3) of this Regulation, any person satisfies the Board that such stamps or any of them were stolen or otherwise fraudulently obtained from him and that the same were purchased by him from some person duly authorised to sell insurance stamps, the Board may cause such stamps or other insurance stamps of the same value to be delivered to him.

Procedure where
stamps are seized.

7. Where any insurance stamps are seized under a warrant, the person authorised by the warrant shall, if required, give to the person in whose possession or custody the stamps are found an acknowledgement of the number, particulars and amount of the stamps, and permit the stamps to be marked before the removal thereof.

Defacement of
insurance stamps.

8. (1) Except as provided under the Act and in paragraph (2) of this Regulation, any person who by any writing, or other means whatsoever, in any manner defaces any insurance stamp before it is used shall be guilty of an

offence and shall be liable on summary conviction to a fine not exceeding one hundred dollars.

(2) Any person may, if authorised in writing by the Manager and subject to any conditions which the Manager may stipulate, write upon or otherwise appropriate an insurance stamp for the purpose of identification thereof before it is used.

9. (1) No person, whether he be authorised or not to sell such stamps shall hawk or carry about for sale or exchange any insurance stamp.

Hawking of
insurance stamps.

(2) All insurance stamps which are found in the possession of a person who is convicted of an offence under paragraph (1) of this Regulation shall be forfeited, and shall be delivered to the Board to be disposed of as the Board thinks fit.

(3) Any member of the Police Department may arrest any person found committing an offence against this Regulation and take him before a Magistrate having jurisdiction in the area where the offence is committed, and the Magistrate shall hear and determine the matter.

10. If any person contravenes or fails to comply with any of these Regulations he shall be liable on summary conviction to a fine not exceeding one hundred dollars for each such offence or where the offence consists of continuing any such contravention or failure after conviction thereof to a fine of one hundred dollars together with a further one hundred dollars for each day on which it is so continued.

Offences.

CHAPTER 44**SOCIAL SECURITY (REGISTRATION OF
EMPLOYERS AND EMPLOYED PERSONS) REGULATIONS****ARRANGEMENT OF REGULATIONS**

1. Short title.
2. Interpretation.
3. Registration of employers.
4. Registration of employed persons, etc.
5. Issue of registration card.
6. Custody of the registration card and obligations of insured persons.
7. Issue of direct payment card or contribution card.
8. Notification of employment of a person after appointed day.
9. Form and currency of direct payment card.
10. Custody of direct payment card.
11. Disposal of direct payment card.
12. Exchange of direct payment card.
13. Form and currency of contribution card.
14. Custody of contribution card and obligations of employer.
15. Loss or defacement of a contribution card.
16. Disposal of a contribution card.
17. Exchange of a contribution card.
18. Unlawful possession of a registration card, a direct payment card or a contribution card.
19. Offences.

CHAPTER 44**SOCIAL SECURITY (REGISTRATION OF EMPLOYERS
AND EMPLOYED PERSONS) REGULATIONS***(Section 10)*79 of 1980.
130 of 2000.
Ch. 34.*[23rd March, 1981]*

1. These Regulations may be cited as the Short title.

**SOCIAL SECURITY (REGISTRATION OF EMPLOYERS
AND EMPLOYED PERSONS) REGULATIONS.**

2. For the purposes of these Regulations, unless the context otherwise requires - Interpretation.

“Act” means the Social Security Act;

“appointed day” means 23rd March, 1981;

“Collection of Contributions Regulations” mean the Social Security (Collection of Contributions) Regulations;

“direct payment card” means a card issued under Regulation 9 for the purpose of recording thereon contributions paid or due to be paid in respect of an insured person;

“inspector” means an officer of the Board designated as such in accordance with section 40 of the Act;

“registration card” means the Social Security Registration Card issued under the Act to a person registered as an insured person;

“Stamp” means an insurance stamp issued by the Board under the Social

Security (Insurance Stamps) Regulations.

All other words and expressions defined in the Act shall have the same meaning in these Regulations.

Registration of
employers.

3. (1) Every employer who on the appointed day has in his employment any employed person shall, within fourteen days after the appointed day, present to the Manager an application for registration as an employer on the appropriate form.

(2) After the appointed day, every person who becomes an employer shall within seven days of employing his first employed person present to the Manager on the appropriate form an application for registration as an employer.

(3) The Manager may in special circumstances extend the time specified in paragraphs (1) and (2).

(4) Where the Manager is satisfied that a person is an employer for the purposes of the Act such person shall be so registered and shall be allotted a registration number.

(5) The registration number allotted under paragraph (4) shall be communicated to the employer who shall enter the number on all documents prepared or completed by him for the purposes of the Act and on all correspondence with the Board.

(6) Without prejudice to paragraphs (1) and (2) the Manager may at any time after the appointed day require any person to register as an employer within a specified period if the Manager is satisfied that such person is an employer for the purposes of the Act.

4. (1) On being registered under the Act, an employer shall within fourteen days after such registration, present to the Manager a list of all his employees.

Registration of
employed
persons, etc.
130 of 2000.

(2) Subject to sub-regulation (8) of this Regulation, an employer shall not employ a person who has not been registered under the Act and who does not possess a registration number.

(3) Every person shall be responsible for providing accurate and complete information as required by the Board.

(4) The Board shall register all Belizeans, registered aliens, holders of work permits, and their dependents.

(5) The mother of every child born in Belize shall register such child with the Board, within thirty days after birth, to obtain in respect of that child, a registration card.

(6) Every insured person shall register his unemployed spouse and dependent children (if any), with the Board, and obtain registration cards in respect of such spouse and dependent children.

(7) The following documents shall be accepted for registration purposes under this Regulation:

- (a) for Belizean citizens, birth certificates or other legal documents issued by the Registrar-General;
- (b) for foreign nationals, birth certificates and valid work permits;
- (c) for permanent residents of Belize, birth certificates and their permanent resident cards.

(8) Every employed person shall furnish to his employer upon request, such personal particulars as the employer may require for the purposes of the Act, and the employed person shall be responsible for the correctness of the particulars furnished and shall if required, sign the appropriate form in the place provided for that purpose.

(9) Employers shall employ only those persons in possession of valid registration cards indicating that such cards are valid for employment.

Issue of
registration card.
130 of 2000.

5. (1) A registration card shall be free of charge upon its first issue and shall be in such form as the Board may decide and shall remain the property of the Board.

(2) Every registration card shall bear unamended the full name and registration number of the insured person together with such other details as may be indicated thereon.

Custody of the
registration card
and obligations of
insured persons.
130 of 2000.

6. (1) Any person who is registered pursuant to Regulation 4 above and to whom a registration card is issued shall be responsible for the safe custody of that card and shall carry that card on his person at all times:

Provided that where a registration card is issued to a dependent child below the age of eighteen years, the parent or guardian of such child shall be responsible for complying with the requirements of subregulation (1) above.

(2) Every insured person shall, on commencing employment with a new employer and on such other occasions as his employer may require, produce the registration card to the employer.

(3) An insured person shall produce the registration card for inspection at any reasonable time when required to do so by an inspector, and if so required shall deliver such card to the inspector who may retain such card if he considers it necessary for the purposes of the Act:

Provided that the inspector shall immediately give a receipt for any such card retained by him.

(4) If any registration card is destroyed or lost or is defaced in any material particular the insured person concerned shall forthwith report the matter to the Manager giving him full particulars and the Manager after making appropriate investigations may replace the card subject to such conditions as he may decide.

(5) On the death of an insured person, any person having in his possession the registration card of the deceased insured person shall forthwith deliver it to the Manager.

7. Upon registration of a person under Regulation 4, the Manager shall issue to the employer a direct payment card or a contribution card in accordance with the provisions of the Collection of Contributions Regulations.

Issue of direct payment card or contribution card. 80 of 1980.

8. (1) An employer who employs a person after the appointed day shall, within four days after the commencement of such employment, give notification thereof with appropriate particulars to the Manager:

Notification of employment of a person after appointed day.

Provided that no such notification shall be required where -

(a) in accordance with the Collection of Contributions Regulations, contributions in respect of the employed person are payable by means of a stamp; and

(b) the employed person concerned presents to the employer a current contribution card.

9. (1) A direct payment card shall be issued without charge and in such form as the Board may decide and shall remain the property of the Board.

Form and currency of direct payment card.

(2) A direct payment card shall be current for a period of one year or such other period as the Board may determine.

Custody of direct
payment card.

10. (1) An employer having in his possession the direct payment card of an employee shall be responsible for its custody as long as he continues to employ such person or until such card is returned or delivered to the Manager or to an inspector in accordance with these Regulations.

(2) An employer having in his custody the direct payment card of an employee shall produce such card for inspection at any reasonable time when required to do so by an inspector, and if so required he shall deliver the said card to an inspector who may, if he thinks fit for the purposes of the Act, retain the card and in that case he shall immediately give a receipt for the card so retained.

(3) Every employer having in his custody the direct payment card of an employed person shall give such person reasonable opportunity to have access to the said card during or immediately after working hours for the purpose of inspecting it, if the employed person so wishes:

Provided that no employed person shall be entitled by virtue of this paragraph to inspect his direct payment card more often than once in any month or at such other time as may be appointed by his employer for the purpose.

(4) If a direct payment card, while in the custody of an employer, is lost, destroyed, defaced in any material particular or because of change of name or otherwise ceases to represent the identity of the employed person to whom it relates, the employer shall forthwith apply to the Manager for the issue to him of a replacement card and for this purpose the employer and the insured person to whom the card relates shall furnish to the Manager such information and supporting evidence as the Manager may require:

Provided that if the Manager considers the supporting evidence, if

any, to be insufficient, he may, after appropriate investigation, reconstruct the card on a basis not exceeding the maximum contribution normally payable in respect of employed persons engaged on similar or comparable work.

(5) Subject to paragraph (5) of Regulation 4, an employer shall be responsible for the correctness of all details entered on the direct payment card throughout the period during which it is in his custody.

11. (1) Subject to paragraph (3), where the employment of an insured person is terminated during the currency of that person's direct payment card the employer having the custody of such card shall deliver it to the Manager within seven days after the termination of the employment:

Disposal of direct payment card.

Provided that where such employment is terminated by the employed person without prior notice or intimation to his employer, the said period of seven days shall be extended to fourteen days.

(2) For the purpose of paragraph (1) the employment of a person shall be considered to have been terminated on the day on which it comes to an end, whether the employment is to be resumed at a later date or not, and in the case of termination by the employed person without prior notice the day of termination of employment shall be the last day on which the employed person attends for work, whether such termination is in accordance with the provisions of any law or contract of service or not.

(3) The Manager may require any employer to return the direct payment card of an insured person in the circumstances mentioned in paragraph (1) at any other time as the Manager may deem necessary for the efficient administration of the Act.

(4) On the death of an employed person, the employer or any other person having possession or thereafter obtaining possession of the direct payment card of the deceased person, shall forthwith deliver it to the Manager.

Exchange of direct
payment card.

12. (1) Subject to paragraphs (2) and (3), every direct payment card which ceases to be current shall be exchanged by the Manager and for this purpose the employer shall deliver it to the Manager within ten days after the date on which the card ceases to be current or within such period as the Manager may determine.

(2) For the purposes of paragraph (1) every employer having in his possession a direct payment card shall within four weeks before the date on which the card ceases to be current require the insured person to whom it relates to sign the card.

(3) An employed person required to sign a direct payment card under paragraph (2) shall sign the card and insert his present address in the respective places provided for those purposes on the card.

(4) The Manager may in his discretion exchange a current direct payment card for the purposes of the Act at any other time and in any manner as he may deem necessary.

Form and currency
of contribution card.

13. (1) A contribution card issued under Regulation 7 shall be in such form as the Board may decide and issued without charge and shall remain the property of the Board.

(2) A contribution card shall be current for a period of one year or such other period as the Board may determine.

Custody of
contribution card
and obligations of
employer.

14. (1) An employer on receiving a contribution card from an insured person employed by him or from the Manager shall be responsible for the custody of the card for as long as the insured person is employed by him or until the card is delivered by the employer to the Manager or to an inspector, or to the insured person himself in accordance with these Regulations.

(2) The provisions of paragraphs (2) and (3) of Regulation 10 shall apply to a contribution card in the same way as they apply to a direct

payment card.

15. (1) Where a contribution card is lost, destroyed or defaced in any material particular while in the custody of the employer or the insured person such employer or person shall forthwith report the loss, destruction or defacement to the Manager.

Loss or defacement of a contribution card.

(2) On receiving a report under paragraph (1) the Manager shall cause all necessary investigations to be made regarding the report and shall replace the contribution card, subject to such conditions as to any insurance stamps allegedly affixed thereon, as he may decide for the replacement of the card, having regard to the result of the investigations.

16. (1) Where the employment of an insured person is terminated during the currency of that person's contribution card the employer shall upon such termination deliver the card personally to the insured person:

Disposal of a contribution card.

Provided that if the employment is terminated by the insured person without having given prior notice to the employer, the employer shall deliver the card to the Manager at an office of the Board within ten days after the termination of the employment and the Manager shall issue a receipt for such card.

(2) On the death of an insured person an employer or any other person having possession or thereafter obtaining possession of the contribution card of the deceased person, shall forthwith deliver the card to the Manager.

17. (1) When the currency of a contribution card ceases, an employer or insured person having such card in his possession shall deliver it to the Manager within ten days after the date on which the card ceases to be current or within such other period as the Manager may determine.

Exchange of a contribution card.

(2) Before a contribution card is delivered to the Manager under paragraph (1), the insured person to whom it relates shall sign the card and insert his present address in the places provided for those purposes on the

card.

(3) Notwithstanding any other provision in these Regulations, the Manager may in his discretion exchange a current contribution card for the purposes of the Act at any other time and in any manner as he may deem necessary.

Unlawful
possession of a
registration card,
a direct payment
card or a
contribution card.

18. (1) Except as provided in these Regulations or with the written permission of the Manager no person shall keep in his possession a registration card, a direct payment card or a contribution card which relates to another person.

Offences.

19. (1) Any person who contravenes or fails to comply with any of these Regulations shall be guilty of an offence and shall be liable, on summary conviction, to a fine not exceeding one hundred dollars.

(2) Where the offence is of a continuing nature upon conviction a person shall, in addition to the fine imposed under paragraph (1), be liable to a penalty of one hundred dollars for every day, or part thereof, for which the offence continues.

CHAPTER 44

**SOCIAL SECURITY (COLLECTION OF
CONTRIBUTIONS) REGULATIONS**

ARRANGEMENT OF REGULATIONS

1. Short title.
2. Interpretation.
3. Liability to pay contribution.
4. Exemption from liability to pay contribution in certain circumstances.
5. Manner of payment of contribution.
6. Rate of contribution.
7. Earnings.
8. Contributions in respect of earnings not paid at weekly intervals.
9. Tax free earnings.
10. Time for payment of contribution by the employer.
11. Recovery by employer of contribution paid on behalf of employed person.
12. Periodical statements by employers.
13. Failure by employer to pay contributions.
- 13:01 Garnishment of debts.
14. Register to be kept by employer.
15. Inspection of employer's records.
16. Death of employer.
17. Succession of employer.
18. Employment by two or more employers.
19. Employed person working under general control of a person not his immediate employer.
20. Interest on unpaid or late contributions.
21. Assignment etc. of a contribution card to be void.
22. Offences.

SCHEDULE

CHAPTER 44**SOCIAL SECURITY (COLLECTION OF
CONTRIBUTIONS) REGULATIONS***(Section 10)**[1st June, 1981]*

80 of 1980.
92 of 1994.
88 of 1998.
103 of 1998.
132 of 2000.
88 of 2003.
Ch. 34.
Short title.

1. These Regulations maybe cited as the

**SOCIAL SECURITY (COLLECTION OF
CONTRIBUTIONS) REGULATIONS.**

Interpretation.

2. For the purposes of these Regulations, unless the context otherwise requires -

“Act” means the Social Security Act;

“appointed day” means 1st June, 1981;

“Benefit Regulations” means the Social Security (Benefit) Regulations;

“Classification Regulations” means the Social Security (Classification) Regulations;

“Contributions Regulations” means the Social Security (Contributions) Regulations;

“Contribution year” means the period of fifty-two or fifty-three weeks beginning with the first Monday in any calendar year after the year 1981 and ending on the Sunday immediately before the first Monday of the succeeding calendar year, but in relation to 1981, it shall mean such periods as the Minister may determine by Order published in the *Gazette*;

“direct payment card” has the meaning assigned to it in Regulation 2 of the Registration of Employers and Employed Persons Regulations;

“earnings” means, in relation to an employed person, wages and other remuneration specified in Regulation 7;

“inspector” means an officer of the Board designated as such in accordance with section 40 of the Act;

“Registration of Employers and Employed Persons Regulations” means the Social Security (Registration of Employers and Employed Persons) Regulations;

“Retired person” has the same meaning assigned to it in Regulation 2 of the Classification Regulations.

All other words and expressions defined in the Act shall have the same meaning in these Regulations.

3. Subject to these Regulations, a contribution shall be payable in respect of a person over fourteen years and under sixty-five years for each contribution week during the whole or any part of which such person is employed in insurable employment:

Liability to pay contribution.

Provided that where an employed person attains the age of sixty-five years on a Monday, there shall be no liability for contribution for that week.

4. (1) An employed person and his employer shall be exempt from liability to pay contribution for any contribution week -

Exemption from liability to pay contribution in certain circumstances.

(a) in which no work is done by the employed person and in respect of which he receives no earnings; or

(b) in respect of which the employed person is entitled to a credited contribution under the Benefit

Regulations.

(2) Nothing in paragraph (1) shall be deemed to affect the liability of an employed person and his employer to pay a contribution for any contribution week in which the employed person is on leave if a contribution is normally payable with respect to the employment of such person.

Manner of
payment of
contribution.

5. (1) Except as provided in this Regulation, the prescribed amount of total contribution payable in respect of an employed person shall be paid by means of -

- (a) insurance stamps of the proper value affixed on a contribution card; or
- (b) direct payment.

(2) For the purpose of paragraph (1), “direct payment” means payment of the contribution in cash at the prescribed time and in such manner and under such arrangements as the Board may direct or authorise in accordance with these Regulations.

(3) In relation to any employer or employed person or to any group or class of employers or employed persons the Board shall determine whether the total contribution shall be paid by means of insurance stamps or by direct payment.

(4) Where an employer required to pay contribution by means of insurance stamps requests the Board to pay contribution by other means, the Board may authorise a special arrangement for the payment of contribution subject to such conditions as it may consider necessary to impose, including the payment of a specified fee which in the opinion of the Board, represents the greater expense in administration, if any, involved by such arrangement.

(5) An employer required to pay contribution by means of an

insurance stamp shall, immediately after affixing the stamp to a contribution card, cancel the stamp by writing in ink or stamping with a metallic die with black indelible ink across the face of the stamp, and not otherwise, the date upon which it is affixed, but save as expressly provided in these or any other Regulations under the Act or as specially authorised by the Board, no other writing or mark and no perforation shall at any time be made on or in, affixed to, or impressed on, a stamp.

6. (1) The weekly insurable earnings of an employed person, other than a retired person, the amount of contribution payable by such person and the amount of contribution payable by the employer, shall be the amounts set out in columns 2, 3 and 4 respectively, in the Schedule hereto corresponding to the actual weekly earnings of the employed person specified in column (1) thereof. Rate of contribution.

Provided that the maximum insurable earnings of an employed person shall be three hundred and twenty dollars per week. 132 of 2000.

- (2) The amount of weekly contribution payable in respect of a retired person insured only for the purposes of sections 12 and 17 of the Act (benefit in respect of employment injury and prescribed diseases) in accordance with the Classification Regulations shall be two dollars and sixty cents: 132 of 2000.

Provided that the said contribution shall be payable exclusively by the employer.

7. (1) For the purposes of these Regulations, the earnings of an employed person shall be the gross earnings received by such person from his employer including: Earnings.

- (a) overtime payments;
- (b) cost of living bonus;

- (c) family allowances or payments in respect of dependants;
- (d) supplements or rewards for long service, industry or efficiency;
- (e) production bonus or incentive pay, service charges;
- (f) commission on profits or sales;
- (g) gratuities paid by the employer other than those paid once a year;
- (h) money or other remuneration paid in consideration of dirty, obnoxious or dangerous conditions or similar payments;
- (i) payment on account of night or shift work;
- (j) amounts deducted from earnings under any law or contract of service in respect of free meals provided by the employer;
- (k) any liabilities of the employed person (including tax) paid on his behalf by the employer; and
- (l) holiday pay or other amounts set aside out of the employed person's earnings throughout the year or part of the year to be paid out to him periodically or as a lump sum:

Provided that -

- (i) in the case of payments specified under

sub-paragraphs (a) to (j) inclusive of this paragraph, the amounts so paid shall, if they are not paid together with the earnings for the period for which they were due, be included in the wages for the period in or immediately after which they are paid;

- (ii) in the case of payments specified under sub-paragraphs (k) and (l) of this paragraph the amounts paid or set aside shall be included in the related earnings of the appropriate periods for which contributions would have been payable had the amounts not been so set aside.

(2) Where the earnings of an employed person are not fixed on a time basis, the total amount of his earnings in a specific period for which a contribution or contributions are payable shall be taken into account for the purpose of contribution.

(3) Where a person employed in insurable employment does not receive from his employer any pecuniary remuneration, the Board may determine for the purposes of the Act the amount of contribution payable on the basis of earnings normally derived from employment of the same type and in similar circumstances.

(4) With a view to securing that liability for the payment contributions is not avoided or reduced by an employer using any pay practice which is abnormal for the employment, the Manager whether or not an application has been made to him in that regard, may if he thinks fit, determine any question in relation to the payment of contributions where any such practice has been or is being followed in like manner as if the employer concerned had not followed such abnormal practice but had followed a practice normal for the employment in question.

Contributions in respect of earnings not paid at weekly intervals.

8. (1) Where earnings are paid to an employed person for a period longer than a contribution week, the number of weeks of contribution in each of which such person is employed shall be equal to the number of Mondays in that period:

Provided that the amount of earnings for such period shall be converted to weekly basis in such manner as the Board shall direct.

(2) In cases to which paragraph (1) applies, if the contribution is required or authorised to be made by direct payment the amount of weekly contribution payable shall be computed as directed by the Board.

Tax free earnings.

9. Where the employer makes a payment to or for the benefit of an employed person in respect of such person's income tax, the amount of the earnings of that person for the purposes of these Regulations shall be deemed to be such a sum as will include the amount of the payment made by the employer in respect of the employed person's tax.

Time for payment of contribution by the employer.

10. (1) Subject to paragraph (3), an employer liable to pay contribution in respect of an employed person shall pay the total contribution at the following times -

- (a) where he pays earnings to the employed person, before paying the earnings in respect of the period for which contribution is payable;
- (b) where he does not pay earnings, on the last day of employment in each contribution week;
- (c) where he pays earnings for a period in advance, he shall pay contribution in advance for that period.

(2) At the time when the contribution in respect of an employed person falls due in accordance with paragraph (1) the employer shall record

on the direct payment card of such person the particulars required by the Board including the earnings and amount of contribution.

(3) An employer required or authorised to make contribution by direct payment shall pay to the Board not later than fourteen days after the end of each calendar month the total contribution due in respect of each person employed by him during that month:

Provided that in any particular case or class of cases the Board may require or authorise the payment of the total contribution due at such shorter or longer intervals as it may determine.

(4) Any employer making contribution by direct payment may be required by the Board on the occasion of each payment of contribution -

- (a) to produce the direct payment card of each employed person in respect of whom a contribution is paid;
- (b) to furnish a statement of contribution in the form required or approved by the Board.

(5) For the purpose of preventing loss of income to the Fund, any employer or class of employers paying contribution in respect of employed persons by direct payment may be required by the Board to make a deposit on account of contribution due:

Provided that such deposit shall always be required whenever payment of contribution at intervals longer than one calendar month is authorised by the Board under paragraph (3).

(6) The provisions of paragraph (4) of Regulation 5 and of paragraph (5) of this Regulation and any arrangement approved by the Board thereunder, shall apply to any person affected by the arrangement, and any

contravention of or failure to comply with any requirement of such arrangement shall be deemed to be a contravention of or failure to comply with these Regulations.

(7) Without prejudice to the provisions of paragraph (1), where an employer is required to pay contribution in respect of a person employed by him by means of insurance stamps, he shall pay contributions due in respect of such person -

- (a) within ten days of termination of employment where the employment is terminated by the insured person without any notice or intimation to the employer, and forthwith on the termination of the employment where the employment is terminated in any other manner;
- (b) within five days after the expiration of the currency of the contribution card.

(8) Where an employer is required to pay contributions by direct payment in respect of a person whose employment is terminated and in respect of whom contributions are still due he shall pay all the contributions still outstanding within fourteen days after the end of the month in which the employment is terminated.

(9) For the purposes of paragraphs (7) and (8), the date of termination of employment is the day on which the employment actually comes to an end, whether such termination is in accordance with the terms of the contract of service or not, and whether or not the employment is to be resumed at a later date.

(10) Notwithstanding anything contained in this Regulation, where an employed person applies for benefit the employer shall pay all contributions due in respect of that person within forty-eight hours after being requested to

do so by the Board or by that person.

(11) Where the date of payment of a contribution under this Regulation falls on a weekend or a public or bank holiday, the date of payment shall be the next working day after such weekend or holiday and such payment shall not incur any interest. 88 of 2003.

11. (1) An employer shall not be entitled to recover any contribution paid by him or to be paid by him on behalf of an employed person otherwise than by deduction in accordance with this Regulation. Recovery by employer of contribution paid on behalf of employed persons.

(2) An employer liable to pay contribution on behalf of a person employed by him shall deduct such contribution before paying to the employed person the earnings in respect of the period for which contribution is payable:

Provided that where two or more payments of earnings fall to be aggregated, the employer may deduct the amount of the contribution based thereon which is payable by the employed person either wholly from one of the said payments or partly from one and partly from the other or any one or more of the others.

(3) Where earnings are paid to an employed person in advance for any period, the employer shall deduct the employed person's contribution in advance for that period before the payment of the earnings.

(4) The amount of contribution paid or to be paid by an employer on behalf of a person employed by him shall not be deducted from any earnings other than those as are paid wholly or partly in respect of the period for which contribution is payable, or may become payable, as the case may be.

(5) No deduction shall be made by an employer from the earnings of a person employed by him in respect of any contribution not yet paid except where it is not payable until after the date when the said earnings are paid.

(6) Where an employed person does not receive from his employer any pecuniary remuneration in respect of insurable employment the employer shall be liable to pay the contribution payable both by himself and the employed person and shall not be entitled to recover any part thereof from the employed person.

(7) If by reason of any error made in good faith an employer on making any payment of earnings to a person employed by him fails to deduct therefrom the full amount of contributions which he may deduct, he may, after prior notification to the employed person, recover the amount that falls to be so recovered by deduction from any subsequent payment of earnings to that person during the same contribution year:

Provided that –

- (i) the amount that may be deducted from any payment or from any payment which falls to be aggregated shall be in addition to but shall not exceed the amount deductible therefrom under other provisions of these Regulations;
- (ii) an additional amount which may be deducted by virtue of this paragraph shall be treated as an amount deductible under this Regulation only in so far as the additional amount that had to be so recovered has been so treated.

Periodical
statements by
employers.

12. (1) Every employer required or authorised to pay contribution by direct payment -

88 of 1998.

- (a) shall, within fourteen days after the end of each month, render to the Board in such form as the

Board may approve a statement in respect of each person employed by him during that period showing such particulars in respect of each employed person as may be required by the Board:

Provided that the Board may require such statements at other intervals which shall not be longer than six months;

- (b) shall, within fourteen days after the end of December of every year return to the Board all direct payment cards held by him in accordance with these Regulations, together with a statement containing a list of the said cards, in such form and containing such particulars as may be required by the Board.
- (c) shall issue a receipt or payslip to employees every pay day showing all sums deducted by the employer from the employee's salary for social security contributions.

13. (1) Where an employer fails to pay contributions in accordance with these Regulations, or the Manager has reason to believe that such employer has not paid the full amount of contributions due, the Manager may require the employer concerned to furnish in respect of any period information, including a statement of individual earnings paid to employed persons, as the Manager may consider necessary to determine the amount of contribution due.

Failure by employer to pay contributions.

(2) Where it is established under paragraph (1) that an employer has failed to pay contributions in accordance with these Regulations, the Manager shall issue a certificate setting out -

- (a) the amount of contributions which the employer is liable to pay to the Board for the said years, months

or weeks in accordance with the documents examined and other evidence; and

- (b) any amount of contributions which have not been paid to the Board.

(3) A certificate issued by the Manager under paragraph (2) specifying the amount of contributions which have not been paid to the Board shall be prima facie evidence in any court that the sum mentioned in the certificate is unpaid and due to the Fund, and any document purporting to be such a certificate shall be deemed in any court to be such a certificate until the contrary is proved.

Garnishment of
debts.
92 of 1994.

13:01 (1) When the Manager has knowledge or suspects that a person is or is about to become indebted to or is otherwise liable to make payment to a person who has failed to pay social security contributions due under the Act or the Regulations made thereunder, the Manager may by registered letter or by letter served personally, require such first-mentioned person to pay the monies otherwise payable to such second-mentioned person in whole or in part to the Manager on account of the liability of the second-mentioned person to make a payment due under the Act or Regulations made thereunder.

92 of 1994.

(2) The receipt issued by the Manager for the monies paid as required under these Regulations, shall be to the extent of payment a good and sufficient discharge of the original debt or other liability.

92 of 1994.

(3) Any person who has made any payment by way of satisfaction, in whole or in part, of any debt or other liability due to another person has failed to comply with any requirement of the Manager under this Regulation, is liable to pay to the Social Security Board an amount equal to the amount paid by way of such satisfaction or the amount which he was required to pay to the Manager, whichever is less.

92 of 1994.

(4) Notwithstanding sub-regulation (1) above, where the person

who is or is about to become so indebted or otherwise liable carries on business under name or style other than his own name, the registered or other letter containing the Manager's requirement may be addressed in the name or style under which he carries on business and in the case of personal service shall be deemed to have been served if it is left with an adult person at the place of business of the addressee.

(5) Notwithstanding sub-regulation (1) above where the persons who are or are about to become so indebted or otherwise liable to carry on business as a partnership, the registered or other letter containing the Manager's requirement may be addressed in the partnership name and in the case of personal service shall be deemed to have been served if it has been served on anyone of the partners or has been left with an adult person employed at the place of business of the partnership. 92 of 1994.

(6) For the purpose of this sub-regulation, "Manager" includes any officer or other person from time to time authorised by the Manager to act pursuant thereto. 92 of 1994.

14. Every employer shall keep a register showing in respect of each person employed by him - Register to be kept by employer.

- (a) the full name, address and social security number;
- (b) the dates of the commencement and termination of employment;
- (c) the date and amount of each payment of earnings; and
- (d) the amount of weekly contribution deducted from earnings at each payment.

15. Every employer whenever called upon to do so by an inspector or Inspection of employer's records.

other authorised officer of the Board shall produce to such inspector or other officer for inspection at the employer's premises -

- (a) all wage sheets, and other documents and records whatsoever of the wages of his employees in respect of the weeks, months or years specified by such inspector or other officer in relation to the deduction or payment of contributions in respect of such wages; or
- (b) such of the said wages sheets or other documents and records as may be specified by the inspector or other officer.

Death of employer. 16. In the event of death of an employer -

- (a) anything which such employer would have been liable to do under these Regulations shall be done by his personal representative;
- (b) who paid earnings on behalf of another person, the things required to be done by such employer under these Regulations shall be done by the person succeeding him, or if no person succeeds him, by the person on whose behalf he had paid earnings.

Succession of employer. 17. Where an employer is succeeded by another employer, in relation to any matter arising after the succession, the succeeding employer shall be responsible for doing anything which the previous employer would have been liable to do under these Regulations if the succession had not taken place:

Provided that the succeeding employer shall not be liable for the payment of any contribution which was deductible from wages paid to any

employed person before the succession unless it was also deductible from earnings paid to such person after the succession took place or for the payment of any corresponding employer's contribution.

18. (1) Where a person is employed in insurable employment by two or more employers in a contribution week the Board may determine the manner in which each of the employers concerned shall pay the contribution.

Employment by two or more employers.

(2) Where an employed person has two or more contributions deducted from his earnings for the same contribution week and the sum total of those contributions exceed the maximum contribution payable under these Regulations, that person is entitled, on making an application to the Board, to have the excess of his contributions refunded.

(3) The Board shall not entertain an application pursuant to paragraph (2) unless it is made within twelve months after the end of the contribution year for which the contributions were paid.

19. (1) Where an employed person works under the general control and management of a person who is not his immediate employer, that person (hereafter in this Regulation referred to as the "principal employer") shall be deemed to be the employer for the purposes of the Act, and the immediate employer shall furnish the principal employer with such particulars of the employed person's earnings as may be necessary to enable the principal employer to comply with the provisions of the Act.

Employed person working under general control of a person not his immediate employer.

(2) If the employed person's earnings are actually paid to him by the immediate employer -

(a) the immediate employer shall notify the principal employer of the earnings to be paid and the immediate employer shall be notified by the principal employer of the amount of contributions which may be deducted when such earnings are paid to the

employed person, and the immediate employer may deduct the amount so notified to him; and

- (b) the principal employer may make a corresponding deduction on making to the immediate employer the payment out of which the said earnings will be paid.

Interest on unpaid or late contributions.

20. Without prejudice to any penalties under the Act, where an employer fails to pay within the prescribed time any sum in respect of contribution payable by him in respect of an employed person under these Regulations, he shall pay interest at the rate of ten per cent per annum or twenty cents for each week, whichever is higher, from the date on which the said sum or the first part thereof fell due.

Assignment etc. of a contribution card to be void.

21. No person shall sell, transfer, assign or charge, or agree to assign or charge, any contribution card, and any sale, transfer assignment or charge of any contribution card shall be void and of no effect.

Offences.
103 of 1999.

22. (1) Where any person contravenes the provisions of these Regulations he shall in the absence of any other punishment in the Act for that offence, be liable on summary conviction to a fine not exceeding one hundred dollars for every such offence.

103 of 1999.

(2) Where the offence referred to in subregulation (1) above is of a continuing nature, a person shall upon conviction, in addition to the fine imposed in that subregulation, be liable to a fine of one hundred dollars for every day or part thereof for which the offence continues.

SCHEDULE

88 of 2003.

[Regulation 6 (1)]**Rates of Weekly Contribution Payable By Employed Person and Employer**

	ACTUAL WEEKLY EARNINGS	WEEKLY INSURABLE EARNINGS	AMOUNT OF WEEKLY CONTRIBUTIONS			RATE OF CONTRIBUTION	
			Employer	Employed Person	Total Contribution	Employer	Employee
	Column (1)	Column (2)	Column (3)	Column (4)	Column (5)	Column (6)	Column (7)
1	Under 70.00	55.00	3.57	0.83	4.40	6.50%	1.50%
2	70.00 to 109.99	90.00	5.85	1.35	7.20	6.50%	1.50%
3	110.00 to 139.99	130.00	8.45	1.95	10.40	6.50%	1.50%
4	140.00 to 179.99	160.00	9.65	3.15	12.80	6.03%	1.97%
5	180.00 to 219.99	200.00	11.25	4.75	16.00	5.63%	2.38%
6	220.00 to 259.99	240.00	12.85	6.35	19.20	5.35%	2.65%
7	260.00 to 299.99	280.00	14.45	7.95	22.40	5.16%	2.84%
8	300.00 and over	320.00	16.05	9.55	25.60	5.02%	2.98%

CHAPTER 44**SOCIAL SECURITY (CONTRIBUTIONS) REGULATIONS****ARRANGEMENT OF REGULATIONS**

1. Short title.
2. Interpretation.
3. Treatment of contributions paid in error.
4. Return of contributions paid in error.
5. Treatment for purpose of any benefit, of late or unpaid contributions without connivance etc. of employed person.
6. Treatment for the purpose of any benefit, of contributions paid late through ignorance or error.
7. Treatment of late paid contributions for purpose of retirement of invalidity benefit.
8. Treatment of late paid contributions for purpose of funeral grant.
9. Transitory provision for refund of contributions to certain insured persons.

CHAPTER 44

SOCIAL SECURITY (CONTRIBUTIONS) REGULATIONS

85 of 1980.

(Section 10)

[1st June, 1981]

1. These Regulations may be cited as the Short title.

SOCIAL SECURITY (CONTRIBUTIONS) REGULATIONS.

2. For the purposes of these Regulations, unless the context otherwise requires - Interpretation.

“Act” means the Social Security Act;

“appointed day” means 1st June, 1981;

“Collection of Contributions Regulations” mean the Social Security (Collection of Contributions) Regulations;

“contribution year” has the same meaning assigned to it by the Collection of Contributions Regulations;

“due date” means, in relation to any contribution, the date on which that contribution was due to be paid in accordance with the Collection of Contributions Regulations;

All other words and expressions defined in the Act shall have the same meaning in these Regulations.

3. Where contributions are paid which are of the wrong class or at the wrong rate, the Manager may treat them as paid on account of the contributions properly payable, subject to any adjustment he may deem necessary. Treatment of contributions paid in error.

Return of
contributions paid
in error.

4. (1) Subject to the provisions of Regulation 3 and of this Regulation, any contributions paid by a person or his employer under the erroneous belief that the contributions were payable by such person or in respect of him by his employer, shall be returned by the Board to that person or to his employer, as the case may require, if application to that effect is made in writing to the Board within the appropriate time specified in paragraph (4) of this Regulation.

(2) In calculating the amount of any repayment to be made under this Regulation to such a person or an employer, there shall be deducted-

- (a) in the case of employer's contributions and contributions as an insured person, the amount of any contributions paid under erroneous belief as aforesaid which, under the provisions of Regulation 3, have been treated as paid on account of other contributions; and
- (b) in the case of contributions as an insured person, the amount, if any, paid to that person (and to any other person on the basis of the erroneous belief) by way of benefit which would not have been paid had the contributions (in respect of which an application for their return is duly made in accordance with paragraph (4)) not been paid in the first instance:

Provided that if the amount of benefit mentioned in this subparagraph exceeds the amount of contribution to be refunded to the insured person under paragraph (1), such excess shall be deducted from any amount of contribution refundable to the employer under the said paragraph.

(3) Contributions erroneously paid by an employer on behalf of

any person and not recovered from that person may be repaid to the employer instead of to that person, but if so recovered may be repaid to that person, or with his consent in writing, to his employer.

(4) A person desiring to apply for the return of any contribution or part of a contribution paid under erroneous belief as aforesaid shall make the application in such form and in such manner as the Board may from time to time determine, and any such application shall be made within two years from the end of the contribution year during which the contribution was paid or such longer time as the Board may allow if it is satisfied that the person concerned had good cause for not applying within those two years.

5. (1) Without prejudice to any action under section 57 of the Act, where a contribution payable by an employer in respect of or on behalf of an employed person is paid after the due date or is not paid, and the delay or failure in making payment thereof is shown to the satisfaction of the Board not to have been with the connivance or consent of, or attributable to any negligence on the part of the employed person, the contribution shall, for the purpose of any right to benefit, be treated as paid on the due date.

Treatment for purpose of any benefit, of late or unpaid contribution without connivance etc. of employed person.

(2) The provisions of Regulations 7 and 8 shall, in their application to a contribution payable by an employer on behalf of an employed person, have effect subject to the provisions of this Regulation.

6. In the case of a contribution paid after the due date where -

- (a) the contribution is paid after the time when it would, under the following provisions of these Regulations have been treated as paid for the purposes of the right to a benefit; and
- (b) the failure to pay the contribution before that time is shown to the satisfaction of the Board to be attributable to ignorance or error on the part of the

Treatment for the purpose of any benefit, of contributions paid late through ignorance or error.

insured person which was not due to any failure on his part to exercise due care and diligence;

the Board may direct that for the purposes of Regulation 7 or 8 the contribution shall be treated as having been paid on such earlier date as it may consider appropriate in the circumstances and those provisions shall have effect subject to any such direction.

Treatment of late paid contribution for purpose of retirement of invalidity benefit.

7. For the purpose of any right to retirement benefit or invalidity benefit, a contribution paid after the due date shall be treated in the following manner-

- (a) if paid before the expiration of fifty-two weeks next following the end of the contribution year in which it became payable, as paid on the due date;
- (b) if paid at any other time, as not paid.

Treatment of late paid contributions for purpose of funeral grant.

8. For the purpose of any right to a funeral grant, a contribution paid after the due date shall be treated as not paid if the contribution is paid after the date of the death of the person in respect of whom the grant is claimed.

Transitory provision for refund of contributions to certain insured persons.

9. (1) Where an insured person -

- (a) attains the age of sixty years within a period not exceeding twenty-five contribution weeks after the appointed day and after that age no further contributions are paid in respect of him; or
- (b) attains the age of sixty-five years within a period not exceeding twenty-five contribution weeks after the appointed day;

he shall be entitled to a refund of the employed person's part of the total contribution paid during the said period in respect of him by his employer.

(2) An application for a refund pursuant to paragraph (1) shall be made in writing to the Board in such manner as it may require within the period of fifty-two weeks from the end of the contribution week in which the insured person attained sixty or sixty-five years, as the case may be, or such longer period as the Board may allow if it is satisfied that the person concerned had good cause for not submitting the application within the prescribed time.

(3) Where a person receives a refund of contributions for any period in accordance with paragraph (1) he shall not be entitled to any benefits in respect of any contribution paid in relation to such period.

CHAPTER 44**SOCIAL SECURITY (BENEFIT) REGULATIONS****ARRANGEMENT OF REGULATIONS**

1. Short title.
2. Interpretation.

PART I**BENEFITS IN RESPECT OF SICKNESS, MATERNITY,
INVALIDITY, RETIREMENT AND DEATH**

3. Entitlement to sickness benefit.
4. Conditions to be satisfied.
5. Commencement and duration of benefit.
6. Rate of benefit.
7. Certification and medical examination.
8. Disqualification.
9. Entitlement to maternity allowance.
10. Conditions for maternity allowance.
11. Commencement and duration of payment of allowance.
12. Rate of maternity allowance.
13. Certification and medical examination.
14. Incapacity for work arising from complications of confinement.
15. Disqualification.
16. Maternity grant.
17. Entitlement.
18. Conditions for invalidity pension.
19. Special contribution credits for invalidity pension.
20. Rate of invalidity pension.
21. Invalidity grant.
22. Extent to which contributions may be applied in respect of claims to benefit after invalidity.

23. Certification of invalidity and medical examination.
24. Disqualification.
25. Entitlement.
26. Rate of retirement pension.
27. For persons over 49 years on appointed day.
28. Amount of retirement grant.
29. Funeral grant.
30. Type of survivors' benefit and maximum available benefit.
- 30:01 Increase in invalidity, retirement, survivors' and disablement pension.
31. Entitlement to widow's pension.
32. Entitlement to widower's pension.
33. Entitlement to child's pension.
34. Entitlement to parent's pension.
35. Rates of widow's, widower's and child's pension.
36. Rate of parent's pension.
37. Distribution of survivors' grant.

PART II
BENEFITS FOR PERSONAL INJURY BY
ACCIDENT AND PRESCRIBED DISEASES

38. General provision.
39. Entitlement to injury benefit.
40. Rate of injury benefit.
41. Commencement and duration of injury benefit payment.
42. Entitlement to disablement benefit.
43. Assessment of extent disablement.
44. Type and amount of rate of disablement benefit.
45. Constant attendance allowance.
46. Adjustment of disablement pension during hospital treatment.
47. Successive accidents.
48. Medical treatment.
49. Medical expenses incurred outside Belize.
50. Disqualification for injury benefit and disablement benefit.

- 51. Funeral grant on death resulting from a personal injury.
- 52. Death benefit payable to survivors.
- 53. Entitlement to widow's death benefit.
- 54. Entitlement to widower's death benefit.
- 55. Child's death benefit.
- 56. Parent's death benefit.
- 57. Rates of death benefit.
- 58. Prescription of diseases and injuries.
- 59. Date of development of disease.
- 60. Recrudescence of prescribed diseases.

PART III
MISCELLANEOUS PROVISIONS

- 61. Credited contributions.
- 62. Entitlement to more than one benefit.
- 63. Registration of beneficiary and meaning of 'husband' and 'wife' and 'marriage'.
- 64. Persons outside Belize.
- 65. Beneficiary undergoing imprisonment or detention in legal custody.
- 66. Claim for benefit.
- 67. General disqualification.
- 68. Obligations in regard to medical examination, treatment or rehabilitation.
- 69. Limitation of obligation for medical treatment.

FIRST SCHEDULE

SECOND SCHEDULE

THIRD SCHEDULE

FOURTH SCHEDULE

CHAPTER 44**SOCIAL SECURITY (BENEFIT) REGULATIONS***(Sections 12, 14, 15, 16, 17, 18 and 21)**[1st June, 1981]*

82 of 1980.
 53 of 1989.
 91 of 1991.
 99 of 1993.
 188 of 1994.
 39 of 1996.
 70 of 1997.
 89 of 1998.
 108 of 1999.
 131 of 2000.
 Ch. 34.

1. These Regulations may be cited as the

Short title.

SOCIAL SECURITY (BENEFIT) REGULATIONS.

2. For the purposes of these Regulations, unless the context otherwise requires-

Interpretation.

“accident” means, in relation to an insured person, an accident arising out of and in the course of that person’s insurable employment in accordance with section 13 of the Act;

“Act” means the Social Security Act;

“appointed day” means 1st June, 1981;

“child” means an unmarried child and includes in relation to an insured person an adopted child, a step-child and an illegitimate child;

“claim” means claim for benefit;

“Claims and Payments Regulations” mean the Social Security (Claims and Payments) Regulations;

“Collection of Contributions Regulations” mean the Social Security (Collection of Contributions) Regulations;

“confinement” means labour resulting in the issue of a living child or labour after twenty-eight weeks of pregnancy resulting in the issue of a child whether alive or dead;

“contribution year” means the period of fifty-two or fifty-three weeks beginning with the first Monday in any calendar year after 1981 and ending on the Sunday immediately before the Monday of the succeeding calendar year, but in relation to 1981, it shall mean such period as the Minister may determine by Order published in the Gazette;

“credited contribution” means a contribution credited under Regulation 61;

“Determination of Claims and Questions Regulations” mean the Social Security (Determination of Claims and Questions) Regulations;

“medical certificate” means a certificate issued by a medical practitioner;

“medical examination” includes bacteriological and radiological tests and similar investigations and reference to being medically examined shall be construed accordingly;

“paid contribution” means a contribution actually paid by or in respect of an insured person in accordance with the provisions of the Act;

“permanently incapable of self-support” means in relation to survivors’ benefit or death benefit, a person who is so incapable by reason of a specific disease or bodily or mental disablement which is likely to be permanent;

“relevant accident” means the accident in respect of which benefit is claimed or payable;

“relevant injury” and “relevant loss of faculty” means respectively the personal injury or the loss of faculty resulting from the relevant accident;

“relevant person” means, for the purpose of survivors benefit or death benefit, the deceased insured person in respect of whom the benefit is claimed or payable;

“remunerative work” means work for which wages or other remuneration is paid or would ordinarily be payable and includes any work performed by the person concerned for the purpose of his own trade, business or profession;

“schedule” means a Schedule to these Regulations;

“Voluntary Contributors and Persons Abroad Regulations” mean the Social Security (Voluntary Contributors and Persons Abroad) Regulations.

PART I
BENEFITS IN RESPECT OF SICKNESS, MATERNITY,
INVALIDITY, RETIREMENT AND DEATH

Sickness Benefit

3. (1) Sickness benefit shall be payable to an insured person who is rendered incapable of work as a result of a specific disease or bodily or mental disablement and satisfies the prescribed conditions: Entitlement to sickness benefit.

Provided that an insured person shall be treated as incapable of work for any day during which he is required to abstain from work because he is under observation by reason of being a carrier, or his having been in contact with a case of infectious disease.

- (2) An insured person shall not be entitled to sickness benefit in respect of any day on which he engages in remunerative work.

4. An insured person claiming sickness benefit shall be entitled to such benefit if - Conditions to be satisfied.

- (a) not less than fifty contributions have been paid in respect of him since the appointed day; and

- 91 of 1991.
- (b) on the day on which the incapacity occurs he is in insurable employment and in respect of such employment not less than five contributions have been paid in the period of thirteen weeks immediately preceding the week in which the first day of a continuous period of incapacity for work occurs:
- 91 of 1991.
- Provided that an insured person shall be entitled to sickness benefit if he has five credited contributions in the period of thirteen weeks in respect of jury benefit immediately preceding the week in which the first day of a continuous period of incapacity for work occurs.
- Commencement and duration of benefit.
131 of 2000.
5. (1) (a) With effect from 1st January 2001, an insured person who is eligible for sickness benefit shall be entitled to receive such benefit from the *third* day of any continuous period of incapacity for work.
- (b) With effect from 1st January 2002, an insured person who is eligible for sickness benefit shall be entitled to receive such benefit from the *second* day of any continuous period of incapacity for work.
- (c) Notwithstanding subregulation (1) (a) and (b) above, where the incapacity continues for an uninterrupted period of fourteen days or more, the insured person shall be eligible to receive sickness benefit from the first day of the said incapacity.
- (d) With effect from 1st January 2003, an insured person who is eligible for sickness benefit shall be entitled to receive such benefit from the first day of any continuous period of incapacity for work.

- (e) For the purpose of computing the first two days or one day as the case may be, of any continuous period of incapacity for work, Sundays and public holidays shall be included in such computation.

(2) No insured person shall be entitled to sickness benefit after attaining sixty-five years.

(3) Sickness benefit shall be payable to an insured person for each day as long as the incapacity for work continues subject to a maximum of two hundred and thirty four days in any continuous period of incapacity for work. 89 of 1998.

(4) Where sickness benefit has been paid for two hundred and thirty four days in a continuous period of incapacity for work the five contributions required under sub-paragraph (b) in Regulation 4 shall be contributions paid after the last day in respect of which sickness benefit was paid. 89 of 1998.

(5) For the purposes of this Regulation and of Regulation 6, any two periods of incapacity for work not separated by more than eight contribution weeks shall be treated as one continuous period of incapacity for work starting on the first day of the first of these periods.

6. (1) The weekly rate of sickness benefit shall be eighty percent of the average weekly insurable earnings for the first time one hundred and fifty-six days and sixty percent of the average weekly insurable earnings for the remaining seventy-eight days of incapacity to work and the daily rate of sickness benefit shall be one-seventh of the applicable weekly amount. Rate of benefit. 131 of 2000.

(2) For the purposes of this Regulation, “average, weekly insurable earnings” means the sum of the weekly insurable earnings on the basis of which contributions were paid and credited during the period of thirteen contribution weeks immediately preceding the week in which the first day of incapacity 89 of 1998.

occurred divided by such number of contributions.

(3) Where a period of incapacity is the second or later period in a continuous period of incapacity for work, the rate of benefit in such second or later period shall be the daily rate of benefit paid or which would have been payable during the first period of such continuous period of incapacity for work.

Certification and
medical
examination.

7. Subject to the Claims and Payments Regulations, a claim for sickness benefit shall be supported by a medical certificate or by such evidence as may be prescribed or as the Manager may require for the purpose of establishing the claimant's incapacity for work:

Provided that the Manager may for such purpose require the claimant to attend for and submit himself to medical examination by one or more medical practitioners appointed by the Board.

Disqualification.

8. An insured person entitled to sickness benefit shall be disqualified for receiving benefit for such period as the Manager may decide but not exceeding six weeks, if such person -

- (a) has become incapable of work through his own misconduct; or
- (b) fails, without good cause, to comply with a notice in writing by the Manager requiring him to attend for and submit himself to medical or other examination; or
- (c) fails to refrain from behaviour calculated or likely to retard his recovery; or
- (d) is absent from his place of residence without leaving word where he may be found; or

- (e) performs remunerative work; or
- (f) fails without good cause to answer any reasonable enquiries by an officer of the Board directed to ascertaining whether the claimant is complying with the requirements prescribed in this Regulation.

Maternity Benefit

9. (1) Subject to the provisions of these Regulations maternity allowance shall be payable in the case of pregnancy and confinement to an insured woman who satisfies the prescribed conditions. Entitlement to maternity allowance.
- (2) An insured woman shall not be entitled to maternity allowance in respect of any day on which she engages in remunerative work.
10. Maternity allowance shall only be payable to an insured woman if - Conditions for maternity allowance.
- (a) not less than fifty contributions have been paid in respect of her since the appointed day; and
 - (b) in the period of thirty-nine consecutive contribution weeks immediately preceding the sixth week before the expected date of confinement, or in which occurs the day from which benefit is claimed, whichever is the later, not less than twenty-five contributions have been paid in respect of or credited to her of which not less than twenty have been paid. 89 of 1998.
11. (1) Subject to paragraph (2) and to other provisions in these Regulations, maternity allowance shall be payable to an insured woman for a period starting from a date not earlier than seven weeks before the expected date of confinement and continuing until the expiration of - Commencement and duration of payment allowance.
131 of 2000.

- 131 of 2000. (a) fourteen weeks, or
- 131 of 2000. (b) seven weeks from the date on which the confinement occurs, whichever is the later:

Provided that where the confinement does not occur by the end of the period of seven weeks in respect of which the allowance has been paid, the beneficiary shall present to the Manager a certificate by a medical practitioner in such form as the Manager may require specifying the expected date of confinement.

(2) Where the Manager is not satisfied that the first expected date of confinement required under Regulation 13 was given with due care and attention he may suspend the payment of the allowance in respect of the whole period, or part of it, between the end of the period of seven weeks specified in paragraph (1) and the actual date of confinement.

(3) A woman who has become entitled to a maternity allowance shall cease to be so entitled if her pregnancy is terminated otherwise than by confinement.

Rate of maternity allowance.
91 of 1991. 12. (1) The weekly rate of maternity allowance shall be equivalent to eighty percent of the average weekly insurable earnings and the amount of benefit per day shall be one sixth of the weekly amount.

(2) For the purposes of this Regulation, “average weekly insurable earnings” means the sum of the weekly insurable earnings on the basis of which contributions were paid during the period of thirty-nine consecutive weeks specified in sub-paragraph (b) of Regulation 10 divided by the number of contributions paid.

Certification and medical examination. 13. (1) Subject to paragraph (3), a claim for maternity allowance shall be accompanied -

- (a) in the case of a claim made prior to the date of confinement, by a medical certificate stating the expected date of confinement; and
- (b) in the case of a claim made subsequent to the date of confinement, by a medical certificate or a certificate issued by a registered midwife, stating the actual date of confinement.

(2) An insured woman in receipt of maternity allowance shall as soon as possible after her confinement, obtain a certificate of her confinement from the medical practitioner or registered midwife who assisted thereat, and forward it to the office of the Board within three weeks from the date of confinement:

Provided that the Manager may accept other evidence in lieu of such certificate if, in his opinion, the special circumstances of any particular case justify so doing.

(3) The Manager may require a claimant or beneficiary to attend for and submit herself to examination by one or more medical practitioners appointed by the Board.

14. The provisions of these Regulations relating to sickness benefit shall apply in relation to a case where there is incapacity for work arising from pathological complications of confinement immediately following the cessation of rights to maternity benefit:

Incapacity for work arising from complication of confinement.

Provided that in such a case the conditions specified in Regulation 4 shall be applied in relation to the period immediately preceding the first day as from which maternity allowance was paid.

15. An insured woman entitled to maternity allowance shall be disqualified for receiving the benefit for such period as the Manager may decide but not

Disqualification.

exceeding six weeks, if during the period for which benefit is payable she -

- (a) performs remunerative work; or
- (b) fails without good cause -
 - (i) to attend and submit herself to medical examination required by the Manager; or
 - (ii) to take due care of her health:

Provided that any period of disqualification under this subparagraph shall not exceed two weeks; or

- (c) fails to answer any enquiries by an officer of the Board directed to ascertaining whether she is complying with the requirements of this Regulation.

Maternity grant. 16. (1) Maternity grant shall be payable to an insured woman if, in respect of her, not less than -

- (a) fifty contributions have been paid since the appointed day; and
- (b) twenty-five contributions have been paid in the fifty weeks immediately preceding the week in which the confinement occurs.

(2) An insured man shall be entitled to maternity grant if his wife is not entitled to such grant and if the conditions specified in paragraph (1) are satisfied by him:

Provided that a man shall be entitled to a grant only once in a contribution year.

- (3) The amount of maternity grant shall be three hundred dollars. 131 of 2000.

Invalidity Benefit

17. (1) An insured person under sixty years shall be entitled to invalidity benefit if he is an invalid and satisfies the relevant conditions specified in these Regulations for a periodical payment or lump sum payment. Entitlement.

(2) For the purposes of benefit in respect of invalidity under these Regulations, an “invalid” means an insured person incapable of work as a result of a specific disease or bodily or mental disablement which is likely to be permanent and who has been so incapable for a period of not less than thirteen consecutive weeks immediately preceding the week in which the benefit is claimed.

18. (1) An insured person shall be entitled to a periodical payment (hereafter in these Regulations referred to as “invalidity pension”) if- Conditions for invalidity pension.

- (a) not less than one hundred and fifty contributions have been paid in respect of him since the appointed day; and
- (b) in the last five consecutive contribution years immediately preceding the year in which he becomes an invalid not less than one hundred and ten contributions have been paid in respect of or credited to him; and
- (c) in the thirteen weeks immediately preceding the week in which the incapacity for work leading to invalidity commences not less than five contributions have been paid in respect of or credited to the insured person.

91 of 1991.

(2) Subject to these Regulations, an invalidity pension shall be payable as long as an insured person is an invalid.

Special
contribution
credits for
invalidity pension.

19. Where a claimant has satisfied the conditions specified in Regulation 18, he shall be awarded a special credit of twenty-five contributions for each year between the age at his last birthday immediately preceding the date of claim and the age of sixty:

Provided that such special credits, -

- (a) shall be awarded for invalidity pension purposes only;
- (b) and shall not be taken into account in assessing the average weekly insurable earnings.

Rate of invalidity
pension.

20. (1) The weekly rate of invalidity pension payable to an insured person in respect of whom not less than five hundred contributions have been paid or credited shall be thirty percent of the average weekly insurable earnings supplemented by an amount equal to -

- (a) two percent of the average weekly insurable earnings for each unit of fifty paid or credited contributions in excess of the first five hundred up to a total of seven hundred and fifty such contributions; and
- (b) one percent of the average weekly insurable earnings for each unit of fifty paid or credited contributions in excess of seven hundred and fifty.

(2) The weekly rate of invalidity pension payable to an insured person in respect of whom less than five hundred contributions have been paid or credited shall be twenty-five percent of the average weekly insurable

earnings in respect of the first two hundred and ninety-nine such contributions supplemented by one per cent of the average weekly insurable earnings for each unit of fifty paid or credited contributions in excess of two hundred and ninety nine.

(3) Subject to Regulation 19, the expression “average weekly insurable earnings” has, for the purposes of this Regulation, the same meaning assigned to it by Regulation 26 (2).

(4) The weekly amount of invalidity pension payable under paragraph (1) or paragraph (2) -

(a) shall not be less than thirty-five dollars; 70 of 1997.

(b) shall not exceed a rate of sixty percent of the average weekly insurable earnings of the insured person.

21. (1) Subject to the provisions of these Regulations, an insured person who is under the age of sixty and is an invalid in accordance with Regulation 17 but does not satisfy the conditions for invalidity pension specified in Regulation 18 shall be entitled to a lump sum payment (hereafter in these Regulations referred to as “invalidity grant”) if not less than twenty-six contributions have been paid. Invalidity grant.

(2) The invalidity grant shall be an amount equal to -

(a) six times the average weekly insurable earnings of the insured person for each unit of fifty contributions paid or credited; or

(b) two and one-half times the sum of the weekly insurable earnings of the insured person in respect of which contributions were paid or credited since the appointed day divided by the number of weeks

of contribution for each unit of fifty such contributions, whichever is the greater:

131 of 2000.

Provided that the amount of invalidity grant shall not be less than eight hundred dollars.

(3) For the purposes of sub-paragraph (a) of paragraph (2), the expression “average weekly insurable earnings” has the same meaning assigned to it by Regulation 26 (2).

Extent to which contributions may be applied in respect of claims to benefit after invalidity.

22. (1) Should invalidity cease, the contributions taken into account for the purpose of invalidity grant shall not be applied towards the satisfaction of the contribution conditions for any subsequent claim to benefit of any description save only a funeral grant.

(2) Subject to paragraph (3), on cessation of an invalidity pension, nothing in these Regulations shall prevent the contributions on which the said invalidity pension was based from being taken into account for the purposes of establishing title toward the rate of any subsequent invalidity pension or retirement pension.

(3) In the case of a subsequent claim for invalidity pension the provisions of Regulation 19 shall apply again but any special contribution credits awarded under that Regulation for the purpose of the previous claim shall not be applied for the purpose of the subsequent claim.

Certification of invalidity and medical examination.

23. All claims for invalidity benefit shall be accompanied by a medical certificate certifying invalidity ‘ in accordance with Regulation 17 (2) and specifying the condition causing invalidity:

Provided that the Manager may require the claimant to attend for and submit himself to examination by one or more medical practitioners appointed by the Board.

24. An insured person entitled to payment of invalidity pension shall be disqualified for receiving the pension for such period as the Manager may decide, if the claimant - Disqualification.

- (a) has become incapable of work through his own misconduct; or
- (b) fails, without good cause, to comply with a notice in writing by the Manager requiring him to attend for and submit himself to medical or other examination; or
- (c) fails, without good cause to refrain from -
 - (i) behaviour calculated to retard his recovery; or
 - (ii) absenting himself from his place of residence without leaving word where he may be found; or
 - (iii) performing any remunerative work; or
- (d) fails without good cause to answer any reasonable enquiries by an officer of the Board directed to ascertaining whether the claimant is complying with the requirements prescribed in this Regulation.

Retirement Benefit

25. (1) An insured person who - Entitlement.
- (a) has attained the age of sixty years; and
 - (b) has satisfied the relevant contribution conditions

specified in these Regulations; and

- (c) has retired from insurable employment or shows to the satisfaction of the Manager that he is no longer substantially employed in insurable employment;

shall be entitled to retirement benefit by way of periodical payments or lump sum payment:

188 of 1994.

Provided that -

- (a) subparagraph (c) above shall not apply to a person who is over sixty-five years;
- (b) no lump sum payment in respect of a retirement benefit shall be payable if the insured person qualifies for periodical payments under this Regulation.

(2) Subject to these Regulations, the relevant contribution conditions for a periodical payment (hereafter in these Regulations referred to as “retirement pension”) in respect of an insured person are not less than-

- (a) one hundred and fifty contributions have been paid; and
- (b) five hundred contributions have been paid or credited including those in sub-paragraph (a) above.

(3) An insured person who does not satisfy the conditions specified in paragraph (2) shall be entitled to retirement benefit by way of a lump sum payment (hereafter in these Regulations referred to as “retirement grant”) if

not less than twenty-six contributions have been paid in respect of him.

(4) For the purposes of this Regulation, a person shall be deemed to be substantially employed in insurable employment if his total earnings (from one or more insurable employments) calculated in accordance with the Collection of Contributions Regulations amount to fifty dollars per week or more, and the expression “substantial employment” shall be construed accordingly.

(5) Where after the award of a retirement pension a person under 65 years is, in any week or longer period -

- (a) substantially employed in accordance with paragraph (4), the retirement pension shall not be payable; or
- (b) employed in insurable employment which in accordance with paragraph (4) is not substantial employment, the amount of retirement pension payable shall not exceed thirty-five dollars per week. 70 of 1997.

(6) Where the payment of a pension ceases in accordance with paragraph (5) (a) or the amount of pension is reduced in accordance with paragraph (5) (b), the payment of the pension shall be resumed or shall be resumed at the appropriate rate, as the case may be, in accordance with the provisions of the Claims and Payments Regulations.

26. (1) Subject to the provisions of these Regulations, the weekly rate of retirement pension payable to an insured person if not less than five hundred contributions have been paid in respect of or credited to such person shall be thirty per cent of the average weekly insurable earnings supplemented by an amount equal to-

Rate of retirement pension.

- (a) two per cent of the average weekly insurable

earnings for each unit of fifty paid or credited contributions in excess of the first five hundred up to a total of seven hundred and fifty such contributions; and

- (b) one per cent of the average weekly insurable earnings for each unit of fifty paid or credited contributions in excess of seven hundred and fifty.

(2) For the purposes of this Regulation, the expression “average weekly insurable earnings” means the sum of the weekly insurable earnings in respect of which contributions were paid or credited during the best three years of contribution in the last fifteen contribution years of the insured person or such lesser number of contribution years since the appointed day, as, the case may be, divided by one hundred and fifty.

(3) The expression “the best three years of contribution” in paragraph (2) means the three years in which contributions were paid in respect of the highest total amount of insurable earnings.

(4) The weekly amount of retirement pension -

131 of 2000.

- (a) shall not be less than forty-seven dollars;
- (b) subject to sub-paragraph (a) above, shall not exceed a rate of sixty per cent of the average weekly insurable earnings of the insured person.

Transitional Provisions for Retirement Pension

For persons over 49 years on appointed day.

27. (1) An insured person who is over forty-nine years on the appointed day shall be awarded a special credit of fifty contributions for each year of age in excess of forty-eight years subject to a maximum special credit of three hundred and fifty such contributions:

Provided that such special credits -

- (a) shall be awarded for retirement pension purposes only;
- (b) shall not be taken into account in assessing the average weekly insurable earnings;
- (c) shall only be used to the extent necessary to enable an insured person to qualify for a retirement pension;
- (d) shall not be used for the purpose of paragraph (2).

(2) Notwithstanding the provisions of paragraph (1) of Regulation 131 of 2000. 26, the weekly amount of retirement pension payable under paragraph (1) above shall be \$47.00 or 25 percent of average weekly insurable earnings if less than 500 contributions have been paid or credited.

28. (1) The retirement grant shall be a lump sum equal to - Amount of retirement grant.
- (a) six times the average weekly insurable earnings of the insured person for each unit of fifty contributions paid or credited; or
 - (b) two and one-half times the sum of the weekly insurable earnings of the insured person in respect of which contributions were paid or credited divided by the number of weeks of contributions for each unit of fifty such contributions;

whichever is the greater:

Provided that the amount of retirement grant shall not be less than eight hundred dollars. 131 of 2000.

(2) For the purposes of this Regulation, the expression “average weekly insurable earnings” in sub-paragraph (a) of paragraph (1) has the same meaning assigned to it by Regulation 26 (2).

Funeral Grant

Funeral grant. 29. (1) A funeral grant shall be payable in respect of a deceased insured person who at the date of death -

(a) was in receipt of sickness benefit or maternity allowance; or

(b) whilst not in receipt of sickness benefit or maternity allowance at the date of death, would have been entitled to one or the other benefit but for the fact of death; or

91 of 1991. (c) has paid fifty contributions.

70 of 1997. (1:01) A funeral grant shall be payable to an insured person in respect
89 of 1998. of a deceased spouse and a deceased dependent child under the age of 16 years or 21 years if receiving full time education:

Provided that not less than 150 contributions have been paid on behalf of the insured person.

70 of 1997. (2) (a) The amount of funeral grant shall be fifteen hundred dollars;

70 of 1997. (b) The amount of the funeral grant in respect of the deceased spouse shall be one thousand dollars;

70 of 1997. (c) The amount of the funeral grant in respect of the deceased dependent child shall be five hundred

dollars.

(3) The funeral grant shall be payable to the person who, in the opinion of the Manager, is liable and willing to meet or being so liable has met the cost of the funeral:

Provided that in the absence of such person the funeral grant shall be payable to such other person or persons as the Manager may in his discretion determine.

Survivors' Benefit

30. (1) Where at the date of his death the deceased insured person was in receipt of an invalidity pension or retirement pension or would have been entitled to an invalidity pension had he been deemed to be an invalid or to retirement pension, survivors' benefit shall be a periodical payment (hereafter in these Regulations referred to as "pension");

Type of
survivors' benefit
and maximum
available benefit.

Provided that where a person was in receipt of survivor's benefit at any time before the 2nd November, 1987, he shall continue to receive such benefit irrespective of whether or not the deceased insured person concerned was entitled to invalidity pension or retirement pension.

53 of 1989.

(2) Where at the date of his death the deceased insured person would have been entitled to invalidity grant had he been deemed to be an invalid, or to retirement grant, survivors' benefit shall be a lump sum payment (hereafter in these Regulations referred to as "grant") of no less than eight hundred dollars.

131 of 2000.

(3) The total rate of amount of benefit payable to all persons entitled to survivors' benefit shall not exceed the amount of periodical payment or lump sum payment which would have been payable to the deceased insured person under paragraph (1) or paragraph (2) (hereafter in these Regulations referred to as "maximum available survivors' benefit").

(4) Subject to Regulations 31 to 34, survivors' benefit shall be payable to -

(a) the widow or widower (as the case may be) of the relevant insured person and to his children; or

(b) a parent of the relevant insured person only where at the date of death of such person there is no person entitled to survivors' benefit under sub-paragraph (a) above.

Increase in invalidity, retirement, survivors' and disablement pension.
131 of 2000.

30:01 There shall be an increase of twenty per centum (20%) of the invalidity, retirement, survivors' and disablement pensions and where such benefits are below the minimum rate of forty-seven dollars (\$47.00) per week they shall be raised to such minimum rate."

Entitlement to widow's pension.

31. (1) The widow of the relevant person shall be entitled to a periodical payment (hereafter in these Regulations referred to as "widow's pension") if at the date of death of such person the widow -

91 of 1991.
89 of 1998.

(a) was pregnant by the relevant person or had the care of a child of his under sixteen years or under twenty-one years if receiving full time education and she shall be so entitled as long as she is pregnant or has the care of such child under sixteen years or under twenty-one years if receiving full time education; or

(b) has been married to the relevant person for not less than three years, and she was -

(i) over the age of fifty in which case the pension shall be payable for life; or

- (ii) permanently incapable of self-support and wholly dependent on such person, in which case the pension shall be payable as long as she is so incapable.

(2) A widow who at the date of the relevant person's death was entitled to receive a pension in accordance with sub-paragraph (a) of paragraph (1) shall be entitled to receive that pension for life if, on attaining the age of fifty years she still has the care of such child under sixteen years, or under twenty-one years if receiving full time education.

99 of 1993.
89 of 1998.

(3) A widow who at the date of the relevant person's death was not entitled to receive a pension under paragraph (1) shall receive a pension for a period of fifty-two weeks at the same rate as the pension to which she would have been entitled had she satisfied those conditions.

(4) A widow's pension shall cease if the widow remarries or would be deemed to have remarried under the provisions of Regulation 63.

32. (1) The widower of the relevant person shall be entitled to a periodical payment (hereafter in these Regulations referred to as "widower's pension") if at the date of death of such person the widower -

Entitlement to
widower's
pension.

- (a) had been married to the relevant person for not less than three years; and
- (b) was permanently incapable of self-support and wholly dependent on the relevant person; and
- (c) had no income from any source whether by way of pension or otherwise.

(2) A pension awarded under paragraph (1) shall be payable as long as the widower continues to satisfy the conditions in subparagraphs (b)

and (c) of paragraph (1):

Provided that the pension shall cease if the widower remarries or would be deemed to have remarried under the provisions of Regulation 63.

Entitlement to
child's pension.

33. (1) A periodical payment (hereafter in these Regulations referred to as "child's pension") shall be payable to or in respect of a child of the relevant person if at the date of death of such person the child -

(a) was living with or if not living with was wholly or mainly maintained by the relevant person or if it is shown to the satisfaction of the Manager that such person was legally obliged or liable to maintain the child; and

98 of 1998.

(b) (i) was under 16 years, or under 21 years if receiving fulltime education; or

91 of 1991.

(ii) was permanently incapable of self-support and over sixteen years and a child's pension would have been payable to or in respect of him had he been under that age.

91 of 1991.

(2) A child's pension shall be payable until the child attains his sixteenth birthday:

Provided that -

(i) in the case of a child who at the date of the relevant person's death was permanently incapable of self-support the child's pension shall continue to be payable for the period during which the child remains so incapable;

- (ii) in the case of a child in receipt of a child's pension who at the date on which he attains his sixteen birthday shows to the satisfaction of the Manager that he is receiving full-time education the payment of the pension shall continue until the day immediately preceding the child's twenty-first birthday or until full-time education ceases whichever occurs earlier. 91 of 1991.
89 of 1998.

34. (1) A parent of the relevant person shall be entitled to a periodical payment (hereafter in these Regulations referred to as "parent's pension") if such parent - Entitlement to parent's pension.

- (a) at the date of death of the relevant person was over fifty-five years; and
(b) shows to the satisfaction of the Manager that he was mainly maintained by the relevant person. 39 of 1996.

(2) A parent's pension shall cease if the parent remarries or would be deemed to have remarried under the provisions of Regulation 63.

35. (1) Subject to Regulations 31 to 34, the rate of widow's or widower's pension and of child's pension shall be a proportion of the maximum available benefit and such proportion shall be equal to - Rates of widow's, widower's and child's pension.

- (a) two-thirds, in the case of a widow or widower; 70 of 1997.
(b) two-fifths, in the case of child who at the date of death of the relevant person was permanently incapable of self-support;
(c) one-fourth, in the case of any other child.

(2) Where the total rate or amount of benefit payable in respect of all beneficiaries in accordance with paragraph (1) exceeds the maximum available survivor's benefit, the share of each beneficiary shall be reduced proportionately.

(3) Subject to the provisions of paragraph (2), where no widow or widower is entitled to benefit the maximum available survivors' benefit shall be payable to or in respect of the children of the deceased:

Provided that the rate of pension payable in respect of each child shall not exceed the proportion of the maximum available survivors' benefit set out in paragraph (1).

Rate of parent's pension.

36. The rate of a parent's pension shall be equal to two-fifths of the maximum available survivors' benefit.

Distribution of survivor's grant.

37. Subject to sub-paragraph (4) of Regulation 30, the amount of survivors' grant payable in respect of each eligible survivor shall be distributed in the proportions set out in Regulation 35 or 36, as the case may be.

PART II **BENEFITS FOR PERSONAL INJURY BY** **ACCIDENT AND PRESCRIBED DISEASES**

General Provisions.
131 of 2000.

38. Where an insured person suffers personal injury as a result of an accident (including accidents to and from work) on or after the appointed day there shall be payable to or in respect of such person the benefits provided under this Part.

Injury Benefit

Entitlement to injury benefit.

39. (1) Subject to these Regulations, an insured person shall be entitled to benefit (hereafter in these Regulations referred to as "injury benefit") in respect of any day during the injury benefit period on which, as a result of the

relevant injury, he is incapable of work.

(2) In determining for the purpose of these Regulations whether the insured person is incapable of work on the day of the relevant accident, any part of that day before the accident happened shall be disregarded.

(3) For the purposes of this Part of these Regulations, the expression “injury benefit period” means, in relation to the relevant accident, the period of one hundred and fifty-six days beginning with the day of the accident, or the part of that period for which, under Regulation 42 (2), disablement benefit in respect of the relevant accident is not available to the insured person.

(4) A day shall not be treated for the purpose of injury benefit as a day of incapacity for work if it is a day in respect of which a person has not claimed or is disqualified for receiving the benefit:

Provided that the fact that a day has not been so treated as a day of incapacity for work shall be disregarded for the purpose of Regulation 42 (period during which disablement benefit is not available).

40. (1) Subject to paragraph (2), injury benefit shall be payable at the appropriate rate calculated; in accordance with the First Schedule.

Rate of injury benefit.

(2) Where any further period of incapacity resulting from the relevant accident for which benefit is payable occurs within the injury benefit period, the daily rate of injury benefit so payable shall be the daily rate of benefit which was, or would have been appropriate to the first period of incapacity resulting from the relevant accident and the first period and such further period or periods shall, for the purpose of Regulation 41 (1), be treated as one continuous period of incapacity for work.

41. (1) (a) With effect from 1st January 2001, an insured person who is eligible for injury benefit shall be entitled to receive such benefit from the *third* day

Commencement and duration of injury benefit payment.

131 of 2000.

of any continuous period of incapacity for work.

- (b) With effect from 1st January 2002, an insured person who is eligible for injury benefit shall be entitled to receive such benefit from the *second* day of any continuous period of incapacity for work.
- (c) Notwithstanding subregulation (1) (a) and (b) above, where the incapacity continues for an uninterrupted period of fourteen days or more, the insured person shall be eligible to receive injury benefit from the *first* day of the said incapacity.
- (d) With effect from 1st January 2003, an insured person who is eligible for injury benefit shall be entitled to receive such benefit from the *first* day of any continuous period of incapacity for work.
- (e) For the purpose of computing the first two days or one day as the case may be, of any continuous period of incapacity for work, Sundays and public holidays shall be included in such computation.

(2) [Repealed by S.I. 131 of 2000.]

(3) Where an insured person had already had an earlier continuous period of incapacity for work exceeding three days for which sickness or injury benefit under the Act has been paid and the interval between the last day of such period and the commencement of the further period of incapacity for work is no more than eight weeks, injury benefit shall be payable from the first day (including Sundays) of the further period at a rate calculated in accordance with Regulation 40.

89 of 1998.
131 of 2000.

(4) Where the duration of an earlier period of incapacity for work was less than three days, injury benefit in respect of the further period of incapacity for work shall be payable from the day of such further period (including Sundays) which, treating the earlier period of incapacity as continuous with that of the further period for the purpose of this Regulation, is the fourth day of such period of incapacity for work. 131 of 2000.

(5) Subject to paragraph (6), injury benefit shall not be paid to an insured person for any day prior to the first date as from which he has been certified by a medical practitioner to have been incapable of work:

Provided that the Manager may in special circumstances, pay benefit from an earlier date, subject to paragraph (1), having regard to the prescribed time for claiming benefit.

(6) A claim for injury benefit shall be made in the prescribed manner and shall be supported by a medical certificate or by such other evidence as the Manager may require for the purpose of establishing the insured person's incapacity for work:

Provided that the Manager may, before deciding a claim to injury benefit, require the claimant to attend for and submit himself to medical examination by one or more medical practitioners appointed by the Board.

(7) Subject to Regulation 39, injury benefit shall be paid as long as the incapacity for work resulting from the relevant injury continues, but shall not be paid for longer than one hundred and fifty-six days (Sundays being disregarded) from the date on which the relevant accident occurred. 89 of 1998.

(8) In this Regulation, unless otherwise specified, reference to incapacity for work means incapacity for work resulting from the same accident and reference to a period or periods of incapacity for work shall be construed accordingly.

Disablement Benefit

Entitlement to
disablement
benefit.

42. (1) Subject to paragraph (2), an insured person shall be entitled to disablement benefit if as the result of the relevant accident he suffers from loss of physical or mental faculty to such an extent that the resulting disablement assessed in accordance with Regulation 43 amounts to not less than one per cent; and for the purpose of that Regulation there shall be deemed not to be any relevant loss of faculty when the extent of the resulting disablement, if so assessed, would not amount to one per cent.

(2) Disablement benefit shall not be available to a person until after the third day of the period of one hundred and fifty-six days (disregarding Sundays) beginning with the day of the relevant accident nor until after the last day (if any) of that period in which he is incapable of work as the result of the relevant injury:

Provided that, where he makes a claim for disablement benefit in respect of the relevant accident before the end of that period and does not withdraw it before it is finally determined then if on any day of that period not earlier than the making of the claim he is not so incapable of work, the fact that he is or may be so incapable on a subsequent day of the period shall be disregarded for the purpose of this paragraph.

Assessment of
extent of
disablement.

43. (1) Subject to the following paragraphs, for the purpose of disablement benefit, the extent of disablement shall be assessed, by reference to the disabilities incurred by the claimant as a result of the relevant loss of faculty in accordance with the following general principles -

- (a) save as hereafter provided in this paragraph, the disabilities to be taken into account shall be all the disabilities (whether or not involving loss of earning power or additional expense) to which the claimant may be expected, having regard to his physical or mental condition at the date of

assessment, to be subject during the period taken into account by the assessment as compared with a person of the same age and sex whose physical and mental condition is normal;

(b) any such disability shall be treated as having been incurred as a result of the relevant loss of faculty except that it shall not be so treated in so far as the claimant either -

(i) would in any case have been subject thereto as the result of a congenital defect or of any injury or disease received or contracted before the relevant accident or injury; or

(ii) would not have been subject thereto but for some injury or disease received or contracted after, and not directly attributable to, that accident;

(c) the assessment shall be made without reference to the particular circumstances of the claimant other than age, sex and physical or mental condition.

(2) Where the sole injury which a claimant suffers as a result of the relevant accident is one specified in column (1) of the Second Schedule, the loss of faculty suffered by the claimant as a result of that injury shall be treated for the purpose of this Regulation as resulting in the degree of disablement set against such injury in column (2) of that Schedule.

(3) For the purpose of assessing, in accordance with this Regulation, the extent of disablement resulting from the relevant injury in any case which does not fall to be determined under paragraph (2) the medical board or medical

practitioner, as the case may be, making the assessment may have such regard as may be appropriate to the prescribed degrees of disablement set against the injuries specified in the Second Schedule.

(4) An assessment shall state the degree of disablement in the form of a percentage:

- 91 of 1991.
- (a) such percentage shall not be specified more particularly than is necessary for the purpose of determining in accordance with this Regulation the claimant's right to disablement benefit; and
 - (b) percentage between twenty-five and one hundred which is not multiple of ten shall be treated -
 - (i) if it is a multiple of five, as being the next higher percentage which is a multiple of ten;
 - (ii) if it is not a multiple of five, as being the nearest percentage which is a multiple of ten.

(5) Where the degree of disablement is assessed at twenty per cent or more and having regard to the possibility of changes in the condition of the person concerned a final assessment is not possible, a provisional assessment may be made for a specified period limited by reference to a definite date:

Provided that before the end of the period taken into account a final assessment shall be made and such assessment shall have effect from the end of the period taken into account by the provisional assessment.

44. (1) Where the extent of disablement is assessed as amounting to less than twenty-five per cent, disablement benefit shall be a lump sum (hereafter in these Regulations referred to as “disablement grant”).

Type and amount for rate of disablement benefit.
91 of 1991.

(2) Where the extent of disablement is assessed for the period taken into account as amounting to twenty-five per cent or more, disablement benefit shall be a periodical payment (hereafter in these Regulations referred to as “disablement pension”) for that period:

91 of 1991.

Provided that where that period is limited by reference to a definite date, the pension shall cease on the death of the beneficiary before that date.

(3) The disablement grant under paragraph (1) and disablement pension under paragraph (2) shall be payable at the appropriate amount or appropriate weekly rate determined in accordance with the First Schedule.

45. (1) For the purpose of determining entitlement to constant attendance allowance under section 21 of the Act the Manager shall have the advice of a medical board or a medical practitioner appointed by the Board:

Constant attendance allowance.

Provided that where in the special circumstances of an insured person examination by a medical board or a medical practitioner is not practicable the Manager may satisfy himself that a person requires constant attendance in any other appropriate manner as he may consider necessary or practicable.

(2) Where a person is entitled to constant attendance allowance, the rate of disablement pension shall be increased by twenty-five per cent, and the increase shall be payable for such period as may be determined by the Manager at the time it is awarded but may be renewed from time to time.

(3) For the purpose of subsection (2) of section 21 of the Act (period during which patient receives in-patient hospital treatment) any period which is less than one week shall be disregarded.

Adjustment of
disablement
pension during
hospital treatment.

46. (1) Where a person who has been awarded a disablement pension on in respect of disablement assessed at less than one hundred per cent receives medical treatment as an in-patient in a hospital or similar institution for the relevant injury or loss of faculty his degree of disablement shall be treated as assessed at one hundred per cent for the period during which he receives such treatment.

(2) For the purpose of paragraph (1), a person who receives hospital treatment as an in-patient for two or more distinct periods separated by an interval of less than one week in each case shall be treated as receiving such treatment continuously from the beginning of the first period until the end of the last.

Successive
accidents.

47. (1) Where a person after suffering personal injury as a result of an accident suffers personal injury as a result of another accident (hereafter in this Regulation referred to as a “successive accident”) against which he is insured under the Act he shall be entitled to receive injury benefit or disablement benefit subject to the provisions of this Regulation.

(2) An insured person shall not for the same period be entitled to receive injury benefit and disablement pension but shall be entitled to receive the benefit which is payable at the higher rate.

(3) Where a person who is entitled to receive or is receiving a disablement pension in respect of loss of faculty resulting from an accident (hereafter in this Regulation referred to as “existing pension”) suffers loss of faculty as a result of successive accident, if the disablement resulting from the successive accident is assessed at twenty-five percent or more he shall be entitled to receive a disablement pension in respect of such accident:

91 of 1991.

Provided that the sum of the amount of the existing pension and of the pension in respect of the successive accident shall not exceed the amount of pension which would be payable had one hundred per cent disablement resulted from any one accident.

(4) Where a person in receipt of an existing pension suffers loss of faculty as a result of a successive accident which is assessed at less than twenty-five per cent - 91 of 1991.

- (a) if the assessment in respect of which the existing pension is payable amounts to not less than one hundred per cent he shall not be entitled to receive any disablement grant in respect of the successive accident;
- (b) in any other case he shall not be entitled to receive by way of disablement grant in respect of the successive accident an amount exceeding that which would be payable in respect of an assessment equal to the difference between one hundred per cent and the percentage of the assessment in respect of which the existing pension is payable.

48. (1) Subject to the provisions of this Regulation and the Fourth Schedule hereto, an insured person who suffers from a prescribed disease or injury during the course of and arising from his insurable employment shall be entitled to receive medical treatment provided by the Government medical services or by an approved registered medical practitioner or facility in Belize. Medical treatment. Fourth Schedule.

(2) When receiving medical treatment pursuant to subregulation (1) above, the insured person may at his option either pay the expenses incidental to the provision of such medical treatment and claim from the Board a fund representing the equivalent of such expenses, or elect for the Board to make direct payment to the approved registered private medical practitioner or facility, or to the Government medical services, as the case may be.

(3) Notwithstanding any option taken by an insured person pursuant to subregulation (2) above, the Board shall be deemed to be the purchaser of all medical treatment services offered to an insured person pursuant to subregulation (1) above.

Fourth Schedule. (4) The provisions of the Schedule hereto captioned "Fourth Schedule" shall apply to the provision of medical treatment given to an insured person pursuant to this Regulation.

Medical expenses incurred outside Belize. 49. (1) Where an insured person suffers personal injury under the Act resulting from an accident occurring -

(a) in Belize and incurs medical expenses outside Belize; or

(b) outside Belize and incurs medical expenses there;

he shall be entitled, subject to paragraph (2) to a refund in respect of such medical expenses of an amount not exceeding the amount which in the opinion of the Board would be equivalent to the charges and expenses which would have been incurred had the relevant injury been treated in Belize:

Provided that the amount so refunded shall in no case exceed one thousand dollars.

(2) The limitations under paragraph (1) as to the amount to be refunded in respect of medical expenses shall not apply where the insured person obtains medical treatment outside Belize with the prior approval given by the Board in writing after the Board has had due regard of the particular circumstances of the case and where possible after satisfying itself that the treatment required cannot be provided in Belize:

Provided that the Board may impose such conditions and limitations as it may deem necessary.

91 of 1991.

(3) For the purpose of this Regulation, medical expenses include expenses incurred in obtaining treatment required as a result of the personal injury and include expenses for travelling from Belize to place of treatment

abroad and vice versa:

Provided that the amount of expenses for travelling from Belize to the place of treatment abroad and vice versa shall not exceed one thousand dollars.

50. A person claiming or entitled to receive injury benefit or disablement benefit shall be disqualified for receiving the benefit for such period as the Manager may decide, but not exceeding six weeks -

Disqualification
for injury benefit
and disablement
benefit.

- (a) in the case of injury benefit, if -
 - (i) he behaves in a manner likely to retard his recovery; or
 - (ii) he fails to answer any reasonable enquiries by an officer of the Board intended to ascertain such behaviour; or
 - (iii) he is absent without good cause from his place of residence without leaving word where he may be found; or
 - (iv) performs remunerative work;
- (b) in the case of injury benefit or disablement benefit if -
 - (i) he fails without good cause to comply with a notice by the Manager requiring him to attend for and submit himself to medical examination; or
 - (ii) he refuses without good cause medical treatment which the Manager, on the advice

of a medical practitioner or a medical board, considers appropriate for the injury or loss of faculty; or

- (iii) he refuses without good cause to avail himself of rehabilitation treatment or training offered by the Board.

Funeral grant on death resulting from a personal injury.

51. (1) A funeral grant shall be payable in respect of an insured person who dies as a result of a personal injury caused by accident.

70 of 1997.

(2) The amount of the funeral grant shall be fifteen hundred and fifty dollars.

(3) A funeral grant shall be payable to the person who in the opinion of the Manager is liable and willing to meet or being so liable has met the cost of the funeral:

Provided that in the absence of such person the funeral grant shall be payable to such other person or persons as the Manager may in his discretion determine.

Death Benefit

Death benefit payable to survivors.

52. Subject to Regulations in this Part, where an insured person dies as a result of a personal injury caused by accident, death benefit shall be payable by way of periodical payment to -

- (a) the widow or widower (as the case may be) and to the children of the relevant person; or
- (b) a parent of the relevant person only where at the date of death of such person there is no person entitled to death benefit under subparagraph (a)

above.

53. (1) Subject to paragraph (4), the widow of the relevant person shall be entitled to death benefit (hereafter in these Regulations referred to as “widow’s death benefit”) if at the date of death of such person the widow -

Entitlement to widow’s death benefit.

(a) was pregnant by the relevant person or had the care of a child of his under sixteen years, or under twenty-one years if receiving full time education, and she shall be entitled as long as she is so pregnant or has the care of such child as aforesaid.

89 of 1998.

(b) was over fifty years, in which case the benefit shall be payable for life; or

(c) was permanently incapable of self-support and wholly dependent on the relevant person in which case the benefit shall be payable as long as she remains so incapable.

(2) A widow who at the date of the relevant person’s death is entitled to receive a pension in accordance with sub-paragraph (a) of paragraph (1) shall, subject to paragraph (4), be entitled to receive such pension for life if on attaining the age of fifty years she still has the care of such child under sixteen years, or under twenty-one years if receiving full time education.

89 of 1998.

(3) A widow who at the date of the relevant person’s death is not entitled to benefit under paragraph (1) shall receive widow’s death benefit for a period of fifty-two weeks at the same rate as the benefit to which she would have been entitled had she satisfied those conditions.

(4) Widow’s death benefit shall cease if the widow remarries or is to be treated as having remarried in accordance with the provisions of Regulation 63 (6).

Entitlement to
widower's death
benefit.

54. (1) The widower of the relevant person shall be entitled to death benefit (hereafter in these Regulations referred to as "widower's death benefit") if at the date of death of such person the widower -

(a) was permanently incapable of self-support and wholly dependent on the relevant person; and

(b) had no income from any source whether byway of pension or otherwise.

(2) Widower's death benefit under paragraph (1) shall be payable as long as the widower continues to satisfy the conditions in subparagraphs (a) and (b) of paragraph (1):

Provided that the benefit shall cease if the widower remarries or is to be treated as having remarried in accordance with the provisions of Regulation 63 (6).

Child's death
benefit.

55. The provisions of Regulation 33 in Part 1 of these Regulations (relating to entitlement to child's pension) have effect under this Part for the purpose of benefit to a child of the relevant person (hereafter in these Regulations referred to, as "child's death benefit").

Parent's death
benefit.

56. The provisions of Regulation 34 in Part 1 of these Regulations (relating to entitlement to parent's pension) have effect under this Part for the purpose of benefit to a parent of the relevant person (hereafter in these Regulations referred to as "parent's death benefit").

Rates of death
benefit.

57. (1) Subject to the provisions of Regulations 53 to 56, the weekly rate of death benefit payable to each beneficiary shall be a proportion of sixty per cent of the relevant person's average insurable earnings and such proportion shall be equal to -

70 of 1997.

(a) two-thirds, in the case of a widow or widower;

- (b) two-fifths, in the case of a child over fourteen years who at the date of the relevant person's death was permanently incapable of self-support;
- (c) one-fourth, in the case of any other child.

(2) The provisions of paragraphs (2) and (3) of Regulation 35 in Part 1 shall apply, *mutatis mutandis*, to death benefit under paragraph (1) of this Regulation.

(3) The rate of death benefit payable to a parent shall be equal to two-fifths of sixty percent of the average insurable earnings of the relevant person.

(4) For the purpose of this Regulation, the expression "average insurable earnings" has the meaning assigned to it by paragraph 4 of the First Schedule.

Provisions Relating to Prescribed Diseases and Injuries

58. (1) Each disease or injury set out in column 1 of the Third Schedule is prescribed in relation to all persons who have been employed on or after the appointed day in insurable employment in any occupation set out against such disease or injury in column (2) of the said Schedule. Prescription of diseases and injuries.

(2) Where a person develops a disease or dies as a result of a disease which is prescribed in relation to him in column (1) of the Third Schedule, that disease shall, unless the contrary is proved, be presumed to be due to the nature of his employment if that employment was in any occupation set out against that disease in column (2) of the same Schedule and he was so employed on, or at any time within one year immediately preceding the date on which, under the provisions of Regulation 59 he is treated as having developed the disease:

Provided that this paragraph shall not apply to the diseases numbered

6, 12 and 14 respectively, in the said Schedule.

(3) Where a person in relation to whom tuberculosis is prescribed in paragraph 12 of the Third Schedule develops that disease, the disease shall, unless the contrary is proved, be presumed to be due to the nature of his employment if the date on which, under Regulation 59, he is treated as having developed the disease -

(a) is not less than six weeks after the date on which he was first employed in any occupation set out against the disease in column (2) of the said Schedule; and

(b) is not more than two years after the date on which he was last so employed in insurable employment.

(4) In relation to provisions in these Regulations relating to prescribed diseases, references in this Part to accidents resulting in personal injuries shall be construed as references to prescribed diseases and reference to the relevant accident shall be construed as references to the relevant disease and references to the date of the relevant accident shall be construed as references to the date of development of the relevant disease.

(5) In this and subsequent Regulations any reference to a disease includes a reference to an injury prescribed in the Third Schedule.

Date of
development of
disease.

59. (1) For the purpose of a first claim in respect of a prescribed disease suffered by a person, the date on which he develops the disease (hereafter in these Regulations referred to as “the date of development”) shall be determined in accordance with the following provisions of this Regulation, and save as provided in Regulation 60, that date shall be treated as the date of development for the purpose of any subsequent claim in respect of the same disease suffered by the same person:

Provided that -

- (a) any date of development determined for the purpose of that claim shall not preclude fresh consideration of the question whether the same person is suffering from the same disease on any subsequent claim for or award of benefit; and
- (b) if, on the consideration of a claim, no award of benefit is made, any date of development determined for the purpose of that claim shall be disregarded for the purpose of any subsequent claim.

(2) Whereafter the appointed day, the claim for the purpose of which the date of development is to be determined is -

- (a) a claim for injury benefit the date of development shall be the first day on which the claimant was incapable of work as a result of the disease;
- (b) a claim for disablement benefit, the date of development shall be the day on which the claimant first suffered from the relevant loss of faculty;
- (c) a claim for death benefit, the date of development shall be the date of death.

60. (1) If a person after having been awarded benefit in respect of a prescribed disease recovers wholly or partially from the attack of the disease, and thereafter suffers from another attack of the same disease, or dies as a result thereof, then -

Recrudescence
of prescribed
diseases.

- (a) if the further attack commences or the death occurs

during an injury benefit period or during a period taken into account by an assessment of disablement relating to such a previous award (either of which periods is hereafter in this Regulation referred to as a “relevant period”), the disease shall be treated as a recrudescence of the attack to which the relevant period relates, unless it is otherwise determined in the manner referred to in the following sub-paragraph;

- (b) if the further attack commences or the death occurs otherwise than during a relevant period, or if it is determined in the manner provided under the Regulations that the disease was in fact contracted afresh, it shall be treated as having been so contracted.

(2) For the purpose of the foregoing paragraph, a further attack of a prescribed disease shall be deemed to have commenced on the date which would be treated as the date of development under the provisions of Regulation 59 if no previous claim had been made in respect of that disease.

(3) Where, under the foregoing provisions of this Regulation, a disease is treated as having been contracted afresh, the provisions of Regulation 59 shall be applied as though no previous claim had been made in respect of that disease and the date of development shall be determined accordingly.

(4) Where, under the provisions aforesaid, a disease is treated as a recrudescence during a period taken into account by a previous assessment of disablement, any assessment of disablement in respect of the recrudescence shall be by way of review of such previous assessment, and such review shall be subject to the provisions of the Determination of Claims and Questions Regulations relating to the review of a previous assessment of disablement.

83 of 1980.

PART III
MISCELLANEOUS PROVISIONS

61. (1) A contribution shall be credited to an insured person without actual payment thereof in respect of every week for the whole of which such person is entitled to receive or is receiving any of the following benefits: Credited contributions.

- (a) sickness benefit;
- (b) maternity allowance;
- (c) invalidity pension;
- (d) injury benefit;
- (e) disablement benefit assessed at one hundred per cent and the person concerned is incapable of work as a result of the relevant loss of faculty;
- (f) disablement benefit increased to one hundred per cent on account of hospital treatment.

(2) The provisions of paragraph (1) shall apply in the case of an insured person who but for the application of Regulation 5(1) or Regulation 41(1) would have been entitled to receive sickness benefit or injury benefit, respectively.

(3) A contribution credited under paragraph (1) -

- (a) shall, subject to these Regulations, be valid for 89 of 1998.
maternity allowance, invalidity benefit, retirement benefit and sickness benefit;
- (b) shall be at the level of weekly insurable earnings

corresponding or most closely corresponding to the weekly insurable earnings on the basis of which the benefit had been paid.

Entitlement to more than one benefit.

62. (1) Except as provided in this Regulation and in Regulation 47 (which relates to successive accidents), only one benefit shall be payable under the Act at any one time and the benefit so payable shall be the benefit first awarded unless the other benefit is payable at a higher rate in which case the benefit at a higher rate shall be payable:

Provided that when entitlement to one benefit ceases nothing shall prevent the award or reinstatement of another benefit to which the person concerned is entitled under the Act.

(2) Without prejudice to other provisions in these Regulations, paragraph (1) shall not preclude the full duplication of -

- (a) injury benefit with retirement benefit or death benefit;
- (b) disablement benefit with sickness benefit, maternity benefit, survivors' benefit, death benefit or retirement benefit:

Provided that there shall be no duplication with sickness benefit or maternity allowance where the degree of disablement is increased to one hundred per cent under Regulation 46 on account of hospital treatment;

- (c) death benefit with sickness benefit, maternity benefit, injury benefit, invalidity benefit, retirement benefit or disablement benefit;
- (d) any benefit with funeral grant:

Provided that there shall be no duplication of funeral grant under section 11 of the Act with funeral grant under section 12 (1) thereof

63. (1) For the purpose of title to survivors' benefit or death benefit under these Regulations of a person as the widow or widower of an insured person, such insured person, at any time after the appointed day, may apply to the Manager for registration of the particulars of the beneficiary for such benefit subject to the provisions of paragraphs (2) and (3).

Registration of beneficiary and meaning of "husband" and "wife" and "marriage".

(2) For the purpose of registration under paragraph (1)

(a) in the case of an application made by an insured man, the beneficiary has to be a woman with whom he lives as her husband;

(b) in the case of an application made by an insured woman, the beneficiary has to be a man with whom she lives as his wife.

(3) Notwithstanding the fact that a valid marriage subsists between the insured person applying for registration and another woman or man, as the case may be, registration under this Regulation of a person as a beneficiary shall automatically exclude all other persons from being beneficiaries and the reference to "husband" or "wife" shall be construed as referring to such registered beneficiary only:

Provided that in the case where a legal marriage subsists on the date of an application under this Regulation, the insured person making the application shall show to the satisfaction of the Manager that he is not legally obliged to maintain the spouse of such marriage.

(4) Registration made under this Regulation may be cancelled at the request in writing of the insured person.

(5) Where before the death of an insured person no registration was made under paragraph (1) and no satisfactory evidence is produced to the Manager that there is a legal spouse whom the deceased insured person was legally obliged to maintain at the date of his death, the Manager may treat a single woman or widow who was living with a single man or widower at the time of his death as if she were in law his widow (or a single man or widower who was living with a single woman or widow at the time of her death as if he were in law her widower).

(6) Where the question of marriage or remarriage or the date of marriage or remarriage arises in regard to entitlement to benefit the Manager shall, in the absence of subsistence of a lawful marriage, decide whether or not the persons concerned should be treated as if they were married or had remarried, as the case may be, and if so from what date; and in determining the question the Manager shall have regard to the provisions of paragraphs (2) and (3) of this Regulation.

(7) Registration under paragraph (2) or the determination of the Manager under paragraph (5) or (6) shall have the effect of extending, as regards entitlement to a benefit, the meaning of the word 'marriage' to include the association of a woman with a man as aforesaid and the words 'wife', 'husband', 'widow', 'widower' and 'spouse' shall be construed accordingly.

Persons outside
Belize.

64. (1) Except as provided in the Voluntary Contributors and Persons Abroad Regulations and this Regulation, a person shall be disqualified for receiving benefit for any period during which he is absent from Belize.

(2) Paragraph (1) shall not apply in the case of a person in receipt of -

(a) retirement benefit, survivors' benefit or death benefit;

(b) disablement benefit if the extent of disablement

has been finally assessed under these Regulations;

- (c) injury benefit or disablement benefit where sub-paragraph (b) above does not apply if the Board is satisfied that such person is temporarily absent from Belize for the specific purpose of receiving treatment for the relevant injury or loss of faculty;
- (d) invalidity benefit for such period and in such circumstances as the Board may determine having regard to the particular aspects of the case;
- (e) sickness benefit or maternity allowance if the Board is satisfied that the person concerned is temporarily absent from Belize for the specific purpose of receiving special treatment required as a result of incapacity or pregnancy, during such period as the Board may allow having regard to the particular circumstances of the case.

(3) Payment of the benefit under paragraph (2) shall be subject to the provisions of the Claims and Payments Regulations and to any conditions which the Board may deem necessary to impose in any particular case or class of cases.

(4) For the purpose of paragraph (2), the expression “in receipt of benefit” means that the person concerned is actually receiving the benefit before his departure from Belize or his entitlement to benefit has been determined before his departure:

Provided that this paragraph shall not apply to sub-paragraph (a) of paragraph (2) in the case of -

- (i) retirement benefit; or

- (ii) survivors' benefit or death benefit where such benefit is not claimed on the ground that the claimant is permanently incapable of self-support,

if the Board is satisfied that the relevant conditions prescribed in these Regulations are met.

(5) Benefit for which a person is eligible by virtue of this Regulation shall be paid in Belize to such other person acting for and on behalf of the beneficiary as the Board may approve.

Beneficiary undergoing imprisonment or detention in legal custody.

65. (1) Subject to paragraph (2), a person shall be disqualified for receiving any benefit for any period during which he is undergoing imprisonment or detention in legal custody.

(2) Where the Board is satisfied that a person mentioned in paragraph (1) has a wife or children who, immediately prior to such imprisonment or detention were wholly maintained by him, it may authorize the payment to or in respect of such wife or children of an amount not exceeding one-half of the amount of benefit which would otherwise be payable, during such a period as the Board may allow having regard to the particular circumstances of the case.

Claim for benefit.

66. Without prejudice to the provisions of these Regulations a claim for any benefit shall be made in accordance with the Claims and Payments Regulations.

General disqualification.

67. A person claiming or receiving benefit may be disqualified by the Manager for a period not exceeding six weeks for wilful obstruction of, or other misconduct in connection with, any examination or treatment to which such person is required under these Regulations to submit himself.

68. (1) Every notice given to a claimant or beneficiary in accordance with these Regulations requiring him to submit himself to medical examination shall be issued in writing and shall specify the time and place of examination, but shall not require the claimant or beneficiary to submit himself to examination on a date earlier than the fourth day after the day on which the notice is sent.

Obligations in regard to medical examination, treatment or rehabilitation.

(2) Every claimant and every beneficiary who is required to submit himself to a medical examination, to medical treatment or to any course of physical or vocational rehabilitation training -

(a) shall attend at such place and at such time as is specified in the notice; and

(b) may, at the discretion of the Board, be paid such travelling and other allowances as the Board may determine.

69. Where under these Regulations a person is required to submit himself to medical treatment he shall not forfeit or be disqualified for any benefit for refusal to undergo a surgical operation not being one of a minor character.

Limitation of obligation for medical treatment.

less than forty-seven dollars.

Average insurable earnings

4. For the purposes of this Schedule, the expression “average insurable earnings” means -

- (a) where four or more contributions have been paid in respect of the person concerned before the relevant accident, the sum of the weekly earnings on which the last four contributions were paid dividend by four;
- (b) where sub-paragraph (a) does not apply but two or three contributions were paid in respect of the person concerned before the relevant accident, the sum of the earnings on which the contributions were paid dividend by two or three as the case may be;
- (c) where by reason of the shortness of the period during which the person concerned was employed before the relevant accident neither sub-paragraph (a) nor sub-paragraph (b) above applies, the average of the earnings on the basis of which four contributions were paid immediately before the relevant accident in respect of a person of similar earning capacity engaged in employment of the same nature and grade with the same employer, or if there is no such person with the same employer, with another employer in similar circumstances:

Provided that where the actual average earnings in accordance with this paragraph of an employed person who has received retirement benefit under these Regulations exceed seventy-five dollars per week, the average

insurable earnings of such person shall be deemed to be seventy-five dollars per week.

Meaning of “assessed”

5. In this Schedule “assessed” means, in relation to the degree of disablement, assessed in accordance with Regulation 43.

SECOND SCHEDULE**[Regulation 43]****PRESCRIBED DEGREES OF DISABLEMENT**

COLUMN (1)	COLUMN (2)
<i>Description of Injury</i>	<i>Degree of disablement per cent</i>
1. Loss of both hands or amputation at higher sites	100
2. Loss of a hand or a foot	100
3. Double amputation through leg or thigh, or amputation through leg or thigh on one side and loss of other foot	100
4. Loss of sight to such an extent as to render the claimant unable to perform any work for which eyesight is essential	100
5. Very severe facial disfiguration	100
6. Absolute deafness	100
7. Forequarter or hindquarter amputation	100
8. Total paralysis	100
9. Loss of remaining eye by one-eyed person	100

COLUMN (1)	COLUMN (2)
<i>Description of Injury</i>	<i>Degree of disablement per cent</i>
10. Loss of remaining leg by one-legged person	100
Amputation cases - upper limbs (either arm)	
11. Amputation through shoulder joint	90
12. Amputation below shoulder with stump less than 20.5 centimetres from tip of acromion	80
13. Amputation from 20.5 centimetres from tip of acromion to less than 11.5 centimetres below tip of olecranon	70
14. Loss of a hand or of the thumb and four fingers of one hand or amputation from 11.5 centimetres below tip of olecranon	60
15. Loss of thumb	30
16. Loss of thumb and its metacarpal bone	40
17. Loss of four fingers of one hand	50
18. Loss of three fingers of one hand	30
19. Loss of two fingers of one hand	20
20. Loss of terminal phalanx of thumb	20

COLUMN (1)	COLUMN (2)
<i>Description of Injury</i>	<i>Degree of disablement per cent</i>
Amputation cases - lower limbs	
21. Amputation of both feet resulting in end-bearing stumps	90
22. Amputation through both feet proximal to the metatarso-phalangeal joint	80
23. Loss of all toes of both feet through the metatarso-phalangeal joint	40
24. Loss of all toes of both feet proximal to the proximal inter-phalangeal joint	30
25. Loss of all toes of both feet distal to the proximal inter-phalangeal joint	20
26. Amputation at hip	90
27. Amputation below hip with stump not exceeding 13 centimetres in length measured from tip of greater trochanter	80
28. Amputation below hip and above knee with stump exceeding 13 centimetres in length measured from tip of great trochanter, or at knee not resulting in end-bearing stump	70

COLUMN (1)	COLUMN (2)
<i>Description of Injury</i>	<i>Degree of disablement per cent</i>
29. Amputation at knee resulting in end-bearing stump or below knee with stump not exceeding 9 centimetres	60
30. Amputation below knee with stump exceeding 9 centimetres but not exceeding 13 centimetres	50
31. Amputation below knee with stump exceeding 13 centimetres	40
32. Amputation of one foot resulting in end-bearing stump	30
33. Amputation through one foot proximal to the metatarso-phalangeal joint	30
34. Loss of all toes of one foot through the metatarso-phalangeal joint	20
Other injuries	
35. Loss of one eye, without complications, the other being normal	40
36. Loss of vision of one eye, without complications or disfigurement of eye ball, the other being normal	30

COLUMN (1)	COLUMN (2)
<i>Description of Injury</i>	<i>Degree of disablement per cent</i>
Loss of:	
A. <i>Fingers of right or left hand</i> <i>Index finger-</i>	
37. Whole	14
38. Two phalanges	11
Loss of:	
39. One phalanx	9
40. Guillotine amputation of tip without loss of bone	5
<i>Middle finger -</i>	
41. Whole	12
42. Two phalanges	9
43. One phalanx	7
44. Guillotine amputation of tip without loss of bone	4
<i>Ring or little finger -</i>	
45. Whole	7

COLUMN (1)	COLUMN (2)
<i>Description of Injury</i>	<i>Degree of disablement per cent</i>
46. Two phalanges	6
47. One phalanx	5
48. Guillotine amputation of tip without loss of bone	2
<i>B. Toe of right or Left foot</i> <i>Great toe –</i>	
49. Through metatarso-phalangeal joint	14
50. Part with some loss of bone	3
<i>Any other toe -</i>	
51. Through metatarso-phalangeal joint	3
52. Part, with some loss of bone	1
<i>Two toes of one foot, excluding great toe -</i>	
53. Through metatarso-phalangeal joint	5
54. Part, with some loss of bone	2
<i>Three toes of one foot, excluding great toe -</i>	
55. Through metatarso-phalangeal joint	6

COLUMN (1)	COLUMN (2)
<i>Description of Injury</i>	<i>Degree of disablement per cent</i>
56. Part with some loss of bone	3
<i>Four toes of one foot excluding great toe -</i>	
57. Through metatarso-phalangeal joint	19
58. Part with some loss of bone	3

THIRD SCHEDULE**[Regulation 58]****LIST OF PRESCRIBED DISEASES AND INJURIES AND THE
OCCUPATIONS FOR WHICH THEY ARE PRESCRIBED**

COLUMN (1)	COLUMN (2)
<i>Description of Disease or Injury</i>	<i>Nature of Occupation</i>
1. Poisoning by:-	Any occupation involving:
(1) Lead	The use or handling of, exposure to the fumes, dust or vapour of lead or a substance containing lead or a compound of lead.
(2) Phosphorus	The use or handling of, exposure to the fumes, dust or vapour of phosphorus, or a compound of phosphorus or a substance containing phosphorus.
(3) Arsenic	The use or handling of, exposure to the fumes, dust or vapour of arsenic, or a compound of arsenic or a substance containing arsenic.
(4) Mercury	The use or handling of, exposure to the fumes, dust or vapour of mercury, or a compound of mercury or a substance containing mercury.
(5) Benzine or a homologue	The use or handling of, exposure to the fumes of, or a vapour containing benzine or any of its homologues.
(6) Organic phosphates	The use or handling of organic phosphates for the destruction of pests or vermin.
(7) Metopium brownei ("Black poison wood") or Cameraria belizensis stand ("savanna white poison wood")	Work in the forest or the manipulation of "poison wood" or any process in or incidental to the Manufacture of articles therefrom.

(8) Carbon monoxide gas	Any process involving the use of - (i) dynamite and gunpowder for blasting in subterranean galleries; (ii) illuminating gas; (iii) power or producer gas; (iv) blast furnaces, furnaces and stoves for the burning of charcoal, coke and other fuel; (v) gas engines.
(9) Carbon dioxide gas	Any process involving blasting, the manufacture of mineral waters, fermenting in breweries and the formation of lime in lime kilns.
(10) The halogen derivatives of hydrocarbons in the aliphatic series.	Any process involving the production, liberation or use of halogen derivatives of hydrocarbons of the aliphatic series.
2. Anthrax	Any occupation involving:- the handling of wool, hair, bristles, hides or skins or other animal products or residues, or contact with animals infected with anthrax.
3. Glanders	Contact with equine animals or their carcasses.
4. (a) Ulceration of the corneal surface of the eye) (b) Localised new growth of the skin, papillomatous or keratotic)	The use or handling of, or exposure to tar, pitch, bitumen mineral oil (including paraffin) soot or any compound, product, or residue of any of these substances.

108 of
1999.

<p>(c) Epitheliomatous cancer or ulceration of the skin due in any case to tar, pitch, bitumen mineral oil (including paraffin-soot or any compound, product or residue of any of these substances.)</p> <p>(d) Contact dermatitis due in any case to fertilizers, cement, waste chemicals, tar, pitch, bitumen, mineral oil (including paraffin), soot or any other compound, product or residue of these substances.</p>	
<p>5. Inflammation, ulceration or malignant disease of the skin or subcutaneous tissues or of the bones or leukaemia or anaemia of the aplastic type, due to X-rays, ionising particles, radium or other radio-active substances.</p>	<p>Exposure to X-rays, ionising particles, radium, or other radio active substances or other forms of radiant energy.</p>
<p>6. Inflation or ulceration of the skin or of the mucous membrane of the upper respiratory passages or mouth produced by dust, liquid or vapour (including the condition known as chlor-acne, but excluding chrome ulceration.</p>	<p>Exposure ot dust, liquid or vapour.</p>
<p>7. Subcutaneous cellulitis or acute bursitis) arising at or about the knee (Beat (knee)</p>	<p>Manual labour causing severe or prolonged friction or pressure at or about the knee.</p>
<p>8. Subcutaneous cellulitis of the hand (Beat hand)</p>	<p>Manual labour causing severe or prolonged friction or pressure on the hand.</p>
<p>9. Subcutaneous cellulitis of acute bursitis arising at or about the elbow</p>	<p>Manual labour causing severe or prolonged friction or pressure at or about the elbow.</p>
<p>10. Inflammation of the synovial lining of of the wrist joint and tendon sheaves</p>	<p>Manual labour or frequent repeated movements of the hand or wrist.</p>

11. [Repealed by S.I. 108 of 1999.]	
12. Tuberculosis	<p>Any occupation involving close and frequent contact with a source or sources of tuberculosis infection by reason of employment:</p> <ul style="list-style-type: none"> (a) in the medical treatment or nursing of a person or persons suffering from tuberculosis or in a service ancillary to such treatment or nursing; (b) in attendance upon a person or persons suffering from tuberculosis where the need for such attendance arises by reason of physical or mental infirmity; (c) as a research worker engaged in research in connection with tuberculosis; (d) as a laboratory worker, pathologist or post-mortem worker, where the occupation involves working with material which is a source of tuberculous infection, or in any occupation ancillary to such employment.
13. Dermatitis of the hand	The sectioning and peeling by hand of citrus-fruit.
14. Non-infective dermatitis of external origin (including chrome ulceration of the skin but excluding dermatitis due to ionising particles or electromagnetic radiations other than radiant heat)	Exposure to dust, liquid or vapour or any other external agent capable of irritating the skin (including friction or heat but excluding ionising particles or electromagnetic radiations other than radiant heat).
15. Brucellosis	<p>Contact with bovine animals, sheep and goats, infected by brucella organisms, their carcasses or parts thereof or their untreated products, or with laboratory specimens or vaccines of or containing brucella organisms, by reason of employment -</p> <ul style="list-style-type: none"> (a) as a farm worker; (b) as a veterinary worker;

	<ul style="list-style-type: none"> (c) as a slaughterhouse worker; (d) as a laboratory worker; or (e) in any other work relating to the care, treatment, examination or handling of such animals, carcasses or parts thereof, or products including untreated milk.
16. Infectious hepatitis	<p>Any occupation involving close and frequent contact with source or sources of infectious hepatitis by reason of employment -</p> <ul style="list-style-type: none"> (a) in the medical treatment or nursing of a person or persons suffering from infectious hepatitis or in a service ancillary to such treatment or nursing; (b) as a research worker engaged in research in connection with hepatitis; (c) as a laboratory worker, pathologist or post-mortem worker, where the occupation involves working with material which is a source of hepatitis infection, or in any occupation ancillary to such employment.
17. Typhoid	<p>Any occupation involving close and frequent contact with a source of typhoid infection by reason of employment -</p> <ul style="list-style-type: none"> (a) in the medical treatment or nursing of a person or persons suffering from typhoid fever or in a service ancillary to such treatment or nursing; (b) as a research worker engaged in research in connection with typhoid; (c) as a laboratory worker (including pathologist) or postmortem worker where the occupation involves working with material which is a source of typhoid infection, or in any occupation ancillary to such employment.

<p>18. (a) Infection by leptospira icterohaemorrhagiae</p> <p>(b) Infection by leptospira canicola</p>	<p>Work in places which are or are liable to be infected by rats;</p> <p>work at dogs kennels or the care or handling of dogs.</p>
<p>19. Pulmonary disease due to the inhalation of the dust of mouldy hay or other mouldy vegetable produce and characterised by symptoms and signs attributable to a reaction in the peripheral part of the bronchopulmonary system, and giving rise to a defect in gas exchange (Farmer's Lung).</p> <p>Pulmonary disease due to inhalation of cement dust (cementosis)</p>	<p>Exposure to dust of mouldy hay or other mouldy vegetable produce by reason or employment -</p> <p>(a) in agriculture, horticulture or forestry;</p> <p>(b) loading or unloading or handling in storage such as hay or other vegetable produce; or</p> <p>(c) handling bagasse.</p> <p>Handling, loading, and unloading cement.</p> <p>Construction industry and ancillary work places.</p>

108 of
1999.

FOURTH SCHEDULE
[Regulation 48]

I

**AUTHORISATION OF APPROVED PRIVATE MEDICAL PRACTITIONERS
AND FACILITIES TO PROVIDE MEDICAL TREATMENT TO INSURED
PERSONS WHO SUFFER FROM PRESCRIBED DISEASE OR INJURY
ARISING FROM THEIR INSURABLE EMPLOYMENT**

1. The Board shall be the purchaser of the medical treatment services provided to an insured person pursuant to Regulation 48 (1) of these Regulations.
2. Subject to the provisions of Regulation 48 of these Regulations and this Schedule, an insured person may seek medical treatment from any of the following medical treatment providers; namely: -
 - (a) Government or Private General Medical Practitioners;
 - (b) Government or Private Medical or Surgical Specialists;
 - (c) Government or Private Dental Practitioners;
 - (d) Government or Private Physical Therapists;
 - (e) Government or Private Pharmacies;
 - (f) Government or Private Diagnostic or Imaging Services;
 - (g) Government or Private Laboratories;
 - (h) Government or Private Hospitals or Clinics.

3. The Board shall, subject to Regulations 48 and 58 of these Regulations and this Schedule,

honour all payments for the treatment of prescribed diseases and/or injuries arising from an insured person's insurable employment.

4. Private medical practitioners or facilities providing medical treatment to insured persons pursuant to Regulation 48 and this Schedule shall: -

- CAP. 318.
- (a) in the case of private medical practitioners, be registered under the Medical Practitioners Registration Act and in possession of a valid practising certificate;
 - (b) in the case of private medical facilities, be accredited and recognised by the Ministry of Health;
 - (c) first apply to the Board for registration by the Board as providers of medical treatment to insured persons pursuant to Regulation 48 and this Schedule;
 - (d) first agree to the terms and conditions set out by the General Manager of the Board for participating in the provision of the medical treatment services to insured persons.

5. Government medical facilities and institutions referred to in subparagraphs (e) to (h) of paragraph 2 of this Schedule shall automatically upon the commencement of these Regulations be medical treatment providers.

6. Subject to Regulation 48(2), the Board will make payment to any Government pharmacy, or to any private pharmacy which qualifies to dispense medications to insured persons pursuant to Regulation 48, for all medications dispensed in accordance with a prescription duly issued by an approved medical practitioner, dental practitioner, or a medical or surgical specialist, but payments for medications dispensed to an insured person without the requisite medical prescription shall only be allowed with the prior written approval of the Board, given by an officer of the Board designated in that behalf.

7. Subject to Regulation 48(2), the Board will make payment to any Government laboratory,

or to any private laboratory which qualifies to offer laboratory examinations and tests to insured persons pursuant to Regulation 48, for all laboratory examinations and tests issued by such laboratory to an insured person on the recommendations of an approved registered medical practitioner, dental practitioner or a medical or surgical specialist, but payment for examinations and tests which are not recommended as aforesaid shall only be allowed with the prior written approval of the Board, given by an officer of the Board designated in that behalf.

8. Subject to Regulation 48(2), the Board will make payment to any Government diagnostic service facility, or to any approved diagnostic service provider, for all diagnostic services offered to an insured person on the recommendations of an approved registered medical practitioner, dental practitioner or a medical or surgical specialist, but payment for diagnostic services not recommended as aforesaid shall only be allowed with the prior written approval of the Board, given by an officer of the Board designated in that behalf.

9. Subject to Regulation 48(2), the Board will make payment for inpatient hospitalization services for insured persons requiring it due to prescribed disease or injury arising from the insurable employment. Payment for such services shall include payment for accommodation and meals at standard ward level rates, physician and nursing services, surgery, drugs and related preparations when administered in the hospital, as well as laboratory and diagnostic services offered in the hospital, use of an operating room, anaesthetic facilities, surgical equipment and necessary supplies and equipment. The Board shall also make payment for outpatient fees for medical consultations required after hospitalisation.

10. The Board may cancel the approval given to any private medical provider referred to in paragraph 2 of this Schedule because of any unethical behaviour of such medical provider.

II **REFERRAL PROCEDURES**

A. FIRST CONSULTATION

11. All employees suffering a job related prescribed disease or injury in the workplace shall consult a general medical practitioner in the first instance for evaluation, treatment and/or referral.

12. In cases where no general medical practitioner is available, any medical personnel may perform initial evaluation of the injured or sick person and then refer the insured person as deemed necessary to a specialist or to a general medical practitioner.

13. The employer or his representative, or the insured person, shall be responsible for paying for the first consultation but shall be reimbursed by the Board after confirmation that the prescribed disease or injury occurred at the workplace.

14. Subject to these Regulations, follow-up consultations shall require a purchase order from the Board.

15. Where the cause for first consultation is a job-related prescribed disease, the insured person shall present a purchase order from the Board. A medical report will be required by the Board to substantiate the claim. If in the course of an examination the physician examining an insured person determines that the insured person's prescribed disease is job-related in accordance with Regulation 58 and the Third Schedule hereto, the examiner will treat or refer the patient and provide the Board with a written medical report of his findings.

16. When on examination a general medical practitioner determines that the prescribed disease or injury is minor he will prescribe treatment and follow-up consultation to the insured person.

17. Minor prescribed diseases or injuries will include those that: -

- (a) are minimal injuries, not involving dental or maxillo-facial injuries or injuries to the cornea or the sclera;
- (b) do not involve injuries to tendons, ligaments and bones;
- (c) do not require hospitalization for their treatment;
- (d) may be resolved within a period of two weeks; or
- (e) require minimal diagnostic services (laboratory, X-rays, ultra

sonogram, (USG), etc.)

18. A general medical practitioner may order basic, relevant laboratory tests, X-rays and USG studies to aid in his diagnosis and determination as to whether to treat or refer the insured person.

19. When upon assessment, the general medical practitioner determines that the insured person cannot be treated or does not fall within the categories specified in paragraph 17 above, he shall refer the insured person to a specialist registered with the Board pursuant to Regulation 48 of these Regulations for further treatment and examination.

20. Where additional services have been provided by the general medical practitioner, these shall be paid by the Board.

21. The general medical practitioner shall charge the Board, except in the case of a first consultation, for his services and shall for this purpose submit a purchase order of the Board, together with written medical reports when required (these may be required at a later date by the Board). Payments shall be made by the Board within five working days.

**B. REFERRAL TO A MEDICAL
OR SURGICAL SPECIALIST**

22. A general medical practitioner may refer a person to a medical or surgical specialist and such specialist shall evaluate, treat or refer for hospitalisation the insured person referred to him.

23. Upon referral under paragraph 22 of this Schedule, the insured person shall either present to the medical or surgical specialist a purchase order from the Board, or at his option elect to pay the expenses related to the treatment and claim reimbursement from the Board:

Provided that in the case of emergency referrals, the employer or his representative shall be responsible for the payment and shall be reimbursed by the Board after confirmation that the prescribed disease or injury occurred at the workplace.

24. Upon receiving a person referred to him pursuant to paragraph 22 of this Schedule, the

medical or surgical specialist shall thenceforth be the principal medical doctor of the referred person, unless he further refers such person to another specialist.

25. Where the prescribed disease or injury cannot be treated in Belize, it shall be the duty of the medical or surgical specialist to inform the Board without undue delay, but specialists shall as far as possible exhaust all possible treatment services available in Belize before informing the Board that treatment is not available in Belize.

26. Where the medical or surgical specialist considers it necessary, the insured person may be referred to a physical therapist for treatment.

27. Where the medical or surgical specialist considers it necessary, the insured person may be hospitalised for treatment; and the specialist may continue acting as the insured person's principal medical doctor.

28. Where the medical or surgical specialist acting as Principal Medical doctor considers it necessary, he may refer the insured person to a consultant medical or surgical specialist who shall assist him in the diagnosis and treatment of the insured person. For purposes of payment by the Board, a written request by the medical or surgical specialist to the consultant shall suffice if the insured person is hospitalised, but in cases of ambulatory insured persons, the medical or surgical specialist shall first advise the Board in writing before referring the insured person to the consultant, and a purchase order from the Board shall be issued thereafter to cover the cost of treatment.

29. In the case of ambulatory insured persons referred to in paragraph 28 of this Schedule, the consultant medical or surgical specialist shall charge the Board for his services and for this purpose shall attach a written certificate of the referring specialist or the purchase order of the Board, as the case may be, together with written medical reports of the insured person. The Board shall make payment to the consultant within five working days after receipt of the consultants invoice. In the case of hospitalized insured persons referred to in paragraph 28 above, the consultant shall submit his invoice to the hospital or clinic which in turn shall submit such invoice to the Board for payment.

C. REFERRAL TO A DENTAL SPECIALIST

30. An approved general dental practitioner shall evaluate, treat, refer or hospitalize an insured person referred to him by an approved medical practitioner, medical or surgical specialist, or the Board.

31. In normal circumstances, the insured person seeking treatment shall present to the approved general dental practitioner a purchase order from the Board, but in cases of emergency the insured person or his employer or the employer's representative shall make payment for such treatment and claim a refund for the treatment expenses from the Board, after confirmation that the prescribed disease or injury occurred at the work place.

32. A dental practitioner may attend to an insured person as an ambulatory patient or as a hospitalized patient upon the written request of the medical doctor treating the insured person.

33. An approved general dental practitioner may perform urgent dental treatment required for teeth extractions, suturing of wounds in oral cavity, and reduction of fractures.

34. Where an approved general dental practitioner is of the opinion that maxillo-facial surgery is necessary, or that a dental specialist is required in a specific case, he shall refer the insured person to a surgical or dental specialist and inform the doctor who referred the insured person to him accordingly.

35. Where an approved general dental practitioner is of the opinion that the treatment of an insured person requires prosthesis, or special procedures and services such as root canal treatment, or orthodony in order to re-establish the adequate functioning of the mouth, and he is further of the opinion that such treatment is not of an urgent nature, he shall first submit to the Board an evaluation and cost estimate of the treatment for prior approval by the Board before performing the treatment or referring the insured person to a specialist dental practitioner.

36. In the case of ambulatory insured persons referred to an approved general dental practitioner, the practitioner shall charge his services to the Board, and for purposes of payment shall attach to his invoice a written certificate from the referring doctor or a purchase order from the Board together with the written medical reports' of the insured person. In the case of

hospitalized insured persons, the approved general dental practitioner shall submit his invoice to the hospital, which in turn shall forward the invoice to the Board for payment. Payment shall be made within five working days.

D. REFERRAL TO A PHYSICAL THERAPIST

37. An approved medical doctor may refer an insured person under treatment for a prescribed disease or injury to an approved physical therapist, and the therapist shall evaluate the condition of the insured person.

38. An approved physical therapist may upon the request of an approved medical doctor attend to an insured person suffering from a prescribed disease or injury as an ambulatory patient or as a hospitalized patient.

39. After initially attending to an ambulatory insured person referred to him pursuant to paragraphs 37 or 38 of this Schedule, the approved physical therapist shall make an evaluation based on his observations and the comments of the medical doctor who referred the ambulatory insured person, and immediately thereafter design a plan of treatment and a cost estimate for such treatment which shall be approved by the medical doctor and referred by the doctor to the Board for prior approval before the treatment programme begins.

40. On the completion of the treatment programme, the approved physical therapist shall refer the insured person back to his medical doctor for evaluation.

41. In cases where the insured person is hospitalized, the medical doctor may request an approved physical therapist to attend to the insured person, and the Board shall meet the cost of treatment provided by the approved physical therapist.

42. In cases of ambulatory insured persons, the approved physical therapist shall make an invoice payable by the Board, and for the purposes of payment shall attach thereto the written request of the referring medical doctor, or the purchase order of the Board, together with written progress reports of the patient when required (these may be required by the Board at a later date). In cases of hospitalized insured persons, the physical therapist shall make an invoice payable by the Board, and submit it to the hospital, which in turn shall submit it to the Board for

payment. Payment shall be made within five working days after receipt of the invoice.

E. PHARMACIES

43. An approved pharmacy may dispense medications to an insured person under treatment for a prescribed disease or injury in the following circumstances and using the following procedures; namely: -

- (a) the prescription shall be written by any of the medical personnel referred to in subparagraphs (a) to (c) of paragraph 2 of this Schedule;
- (b) the prescription forms shall be in triplicate, duly signed, and with the official seal and address of the medical personnel referred to in paragraph (a) above who issued the prescription;
- (c) each of the three prescription forms shall bear a caption that it is issued under the “Belize Social Security Board Injury Benefits Schedule”;
- (d) of the three copies, one copy shall be given by the pharmacist to the insured person, one copy shall be retained on record by the pharmacy and the original copy shall be submitted together with the pharmacy’s invoice to the Board for payment purposes.

44. Bills for medications dispensed by approved pharmacies within hospitals shall be submitted to the Board by the hospital upon the discharge of the insured person.

45. Payments shall be made by the Board within five working days of the receipt of the pharmacy’s invoice by the Board.

F. DIAGNOSTIC SERVICES

46. An approved provider of diagnostic services may provide such services to insured

persons under treatment from a prescribed disease or injury under the following circumstances and using the following procedures; namely: -

- (a) the diagnostic services shall be done on the written request of any of the medical personnel referred to in subparagraphs (a) to (c) of paragraph 2 of this Schedule;
- (b) diagnostic services may be performed for insured persons treated as ambulatory or hospitalized patients;
- (c) a requisition form for the diagnostic services shall be in duplicate and written by any of the medical personnel referred to in paragraph (a) above requesting such services, duly signed, and with the official seal and address of the medical personnel requesting such services;
- (d) each of the two requisition forms shall bear a caption that it is issued under the “Belize Social Security Board Injury Benefits Scheme”;
- (e) a copy of the requisition form shall be retained by the diagnostic service provider on record, and the original thereof shall be submitted together with the providers invoice to the Board for payment purposes.

47. Bills for diagnostic services performed by diagnostic service providers within hospitals shall be submitted to the Board by the hospital upon the discharge of the insured person.

48. Payments shall be made by the Board within five working days of the receipt of the providers’ invoice by the Board.

G. LABORATORIES

49. An approved laboratory may perform diagnostic services requested by the medical personnel referred to in subparagraphs (a) to (c) of paragraph 2 of this Schedule in respect of

insured persons under treatment for prescribed diseases or injuries under the following circumstances and in accordance with the following procedures; namely:-

- (a) diagnostic services may be performed for insured persons who are treated as ambulatory or hospitalized patients;
- (b) a written requisition form in duplicate shall be signed by the medical personnel referred to in subparagraphs (a) to (c) of paragraph 2 of this Schedule requesting the diagnostic services and each form shall duly signed, have the official seal and address of the medical personnel requesting the services and provide that it is issued under the “Belize Social Security Board Injury Benefits Schedule”.
- (c) the original requisition form shall be submitted to the Board together with the diagnostic service providers invoice for payment purposes, and the duplicate shall be retained by the provider on record.

50. Bills for laboratory services performed within hospitals shall be submitted to the Board by the hospital upon the discharge of the insured person.

51. Payments shall be made by the Board within five working days of the receipt of the provider’s invoice by the Board.

H. HOSPITALIZATION

52. An insured person suffering from a prescribed disease or injury arising from his insurable employment may be hospitalized and attended to by any of the medical personnel referred to in paragraph 2 of this Schedule and, when so attended, the attending medical doctor shall be the principal treatment doctor of the insured person during and after hospitalization, and for referrals relating to diagnostic and rehabilitation services, unless stated otherwise by the doctor or the insured person.

53. Upon discharge of the insured person from hospital, the Board shall pay for the treatment

services offered to the insured person, including payments to treating specialists and other consultants. Such payments shall be made within five working days after the receipt by the Board of the medical providers' invoice.

I. CHOICE OF PROVIDERS

54. The choice of medical providers shall primarily be the responsibility of the insured person, acting on the advice of his treating specialist or medical practitioner.

J. GENERAL

55. All other services, medications, etc., which may be required by the insured person but are not specifically authorised by the medical practitioner shall require the prior written approval of the Board, and the Board may in appropriate cases refuse to make payment where the Board's prior written authorization was not obtained.

CHAPTER 44**SOCIAL SECURITY (CLAIMS AND PAYMENTS)**
REGULATIONS**ARRANGEMENT OF REGULATIONS**

1. Short title.
2. Interpretation.

PART I
CLAIMS

3. Claim to be made in writing on appropriate form.
4. Supply of claim forms.
5. Information and documents to be furnished with claims.
6. Medical certificates.
7. Withdrawal and amendment of claim.
8. Claim changed to other benefit.
9. Defective claim.
10. Date of claim.
11. Time for claiming benefits.
12. Notice of accident by insured person.
13. Notification, investigation and recording of accidents by employer.

PART II
PAYMENTS

14. Place and manner of payment of benefits.
15. Time for payment of benefits.
16. Commencement, change in rate, cessation or resumption of certain benefits.
17. Payment documents remain the property of the Board.
18. Extinguishment of right to receive benefit payment.

PART III
MISCELLANEOUS

- 19. Obligations of persons receiving benefit payment.
- 20. Failure to attend for medical examination etc. or misconduct.
- 21. Person unable to act.
- 22. Benefit due to deceased person.
- 23. Offences.

CHAPTER 44

81 of 1980.
Ch. 34.

SOCIAL SECURITY
(CLAIMS AND PAYMENTS) REGULATIONS
(Sections 14, 15 and 16)

[1st June, 1981]

- Short title. 1. These Regulations may be cited as the
- SOCIAL SECURITY (CLAIMS AND PAYMENTS)
REGULATIONS.**
- Interpretation. 2. For the purposes of these Regulations, unless the context otherwise
requires-
- “accident” has the same meaning assigned to it by Regulation 2 of the Benefit
Regulations;
- “Act” means the Social Security Act;
- “appointed day” means 1st June 1981;
- “appropriate day” in relation to the payment of any benefit has the meaning
assigned to it by Regulation 15;
- “Benefit Regulations” mean the Social Security (Benefit) Regulations;
- “Injury benefit period” has the same meaning assigned to it by Regulation 39
of the Benefit Regulations;
- “medical certificate” means a certificate issued by a medical practitioner.

All other words and expressions defined in the Act have the same

meaning in these Regulations.

PART I
CLAIMS

3. (1) Every claim for a benefit shall be made in writing to the Manager and shall, unless the Manager in his discretion waives the requirement, be on the form approved by the Board for that purpose.

Claim to be made in writing on appropriate form.

(2) Where a claim has been made on a form approved by the Board but not the form appropriate to the benefit claimed, the claim may be treated as if it has been made on the appropriate form if the information required for the determination of the claim is contained in the form used:

Provided that in any such case the Manager may require the claimant to complete the appropriate form.

4. Claim forms shall be supplied free of charge by the Board.

Supply of claim forms.

5. (1) A claim to a benefit shall include, such of the following information and documents as may be relevant to the particular claim -

Information and documents to be furnished with claims.

- (a) identity and other particulars of the claimant and of the person in respect of whom or on whose behalf, as the case may be, the claim is made;
- (b) in the case of a claim in respect of the death of a husband or wife, a valid certificate of marriage or of registration as beneficiary in accordance with the Benefit Regulations;
- (c) in the case of a claim in respect of the death of an insured person, the death certificate relating to such person;

- (d) in the case of a claim for funeral grant, particulars of the person or persons making the claim and, where required by the Manager, bills or receipts in respect of funeral expenses.

(2) The Manager may, in special circumstances or in certain classes of cases and in the absence of the certificates or documents mentioned in paragraph (1) accept,

- (a) with the approval of the Board, as proof of kinship or marriage, evidence of a trustworthy person or other documentary evidence;
- (b) as proof of age, extracts from baptismal records or school records or other evidence as he considers satisfactory.

Medical
certificates.

6. (1) Where, in accordance with any Regulation, a claim is required to be supported by a medical certificate such certificate shall conform with such requirements as may be prescribed or approved by the Board and-

- (a) shall include -
 - (i) in the case of incapacity for work or invalidity, the condition causing such incapacity or invalidity;
 - (ii) the date of the medical examination; and
 - (iii) the signature of the medical practitioner with his name and address printed thereunder;
- (b) shall be furnished in respect of such periods and at

such intervals as the Manager may require for the purpose of determining entitlement to benefit and the continuance thereof.

(2) The Manager may -

- (a) in his discretion reject any medical certificate which does not conform to paragraph (1) and suspend proceedings for the determination of the claim;
- (b) in any particular case or class of cases, having regard to special circumstances, accept in lieu of a medical certificate such other evidence as he may deem appropriate.

7. (1) If a person having claimed -

- (a) a retirement benefit; or
- (b) a disablement benefit before the end of the injury benefit period,

Withdrawal and amendment of claim.

wishes to withdraw that claim, he may notify the Board in writing accordingly and if the notice is received at the office of the Board before the claim has been finally determined, the claim shall be treated as having been withdrawn on the date of receipt of such notice.

(2) Any person who has made a claim for benefit in accordance with these Regulations may, by notice in writing addressed to the office of the Board, amend his claim at any time before a decision is given thereon, and any claim so amended may be treated as if it had been duly made in the first instance.

8. Where it appears that a person who has made a claim to benefit may be entitled to some benefit other than the one claimed the Manager may treat

Claim changed to other benefit.

the claim made as a claim in the alternative for that other benefit if the necessary particulars and documents are furnished.

- Defective claim. 9. If a claim form is defective at the date of its receipt the Manager may refer it back to the claimant, and if the relevant form is returned to the Manager properly completed within one month from the date on which it is so referred the claim may be treated as if it had been duly made in the first instance.
- Date of claim. 10. For the purposes of these Regulations, the date of a claim to benefit is the day on which the claim is received at the office of the Board.
- Time for claiming benefits. 11. (1) The prescribed time for claiming benefits is -
- (a) in the case of sickness or injury benefit, the period of four days from the earliest day in respect of which the benefit is claimed;
 - (b) in the case of maternity allowance -
 - (i) in respect of expectation of confinement, the period of two weeks beginning with the eighth contribution week before the contribution week in which it is expected that the claimant will be confined;
 - (ii) where confinement has taken place, the period of three weeks beginning with the date of confinement;
 - (c) in the case of maternity grant, the period of three months after the date of confinement;
 - (d) in the case of -

- (i) disablement benefit and increase of disablement pension on account of hospital treatment or constant attendance allowance, or
- (ii) invalidity, retirement, survivors' or death benefit, the period of thirteen weeks from the date on which apart from satisfying the condition of making a claim, the claimant becomes entitled thereto;
- (e) in the case of funeral grant, the period of six months from the date of the deceased;
- (f) in the case of medical expenses, not later than three months from the date on which the relevant expenses were incurred.

(2) Subject to paragraphs (3) and (4), a person failing to make a claim for benefit within the time prescribed in paragraph (1) shall be disqualified for receiving -

- (a) in the case of sickness or injury benefit, benefit in respect of any day more than four days before the date on which the claim is made;
- (b) in the case of maternity allowance, benefit in respect of any period before the beginning of the contribution week in which the claim is made;
- (c) in the case of -
 - (i) disablement pension and increase thereof on account of hospital treatment or

constant attendance allowance, or

(ii) invalidity pension, retirement pension, survivors' pension or death benefit, in respect of any period more than thirteen weeks before the date on which the claim is made;

(d) in the case of funeral grant, the grant;

(e) in the case of medical expenses, the expenses.

(3) Subject to paragraph (4), in any case where a claim is not made within the time prescribed in paragraph (1) if the claimant proves that -

(a) on a date earlier than the date on which the claim was made, apart from satisfying the condition of making the claim, he was entitled to the benefit; and

(b) throughout the period between the earlier date and the date on which the claim was made there was good cause for delay in making such claim, he shall not be disqualified under paragraph (2) for receiving any benefit to which he would have been entitled if the claim had been made on the earlier date.

(4) No sum shall be paid -

(a) by way of sickness benefit, maternity allowance, or injury benefit in respect of any period more than thirteen weeks before the date on which the claim therefor is duly made;

- (b) by way of maternity grant, if the claim therefor is not duly made within six months after the date of confinement;
- (c) by way of disablement pension or increase thereof on account of hospital treatment or constant attendance allowance in respect of any period more than twenty-six weeks before the date on which the claim therefor is duly made;
- (d) by way of a periodical payment in respect of invalidity, retirement, survivors' or death benefit for any period more than twenty-six weeks before the date on which the claim therefor is duly made;
- (e) by way of funeral grant, if the claim therefor is not duly made within twelve months after the date of the death of the person in respect of whom the grant is payable.

Provisions Relating to Accidents

12. (1) Every insured person who suffers personal injury by accident shall give notice of such accident either in writing or orally as soon as practicable after the happening thereof and before the insured person has left the place of employment and in any case not later than forty-eight hours after the accident:

Notice of
accident by
insured person.

Provided that any such notice required to be given by an insured person may be given by some other person acting on his behalf.

(2) The notice required under paragraph (1) shall be given to the employer or to any foreman or other servant of the employer under whose supervision the insured person is employed at the time of the accident or to any person designated for the purpose by the employer and the particulars to be

given with the notice shall include -

- (a) full name, social security number, sex and home address of the injured person;
- (b) date and time of the accident;
- (c) place where the accident happened and its cause;
- (d) nature of injury;
- (e) name, home address and occupation of person giving the notice, if other than the injured person;
- (f) name and home address of any witnesses to the accident.

Notification,
investigation and
recording of
accidents by
employer.

13. (1) Every employer shall take reasonable steps to investigate the circumstances of every accident notified to him or to his servant or agent and if there appears to be any discrepancy between the circumstances found by him as a result of his investigation and the circumstances appearing from the notice given to him, he shall record the circumstances so found.

(2) Where an insured person suffers personal injury as a result of an accident or alleged accident and either -

- (a) absents himself from work within a period of five days immediately following the day on which the accident or alleged accident happened; or
- (b) dies within a period of five days immediately following the day on which the accident or alleged accident happened;

the employer shall report the accident in writing and furnish the particulars prescribed by Regulation 12 (2) relating thereto to the Manager within a period of seven days after the date of the accident.

(3) Every employer shall -

(a) keep an accident book readily accessible showing the particulars required by the Board of any accident causing personal injury to an insured person and shall preserve such book when it is completed for a period of three years from the date of the last entry thereon:

Provided that the employer shall be deemed to have complied with this Regulation sufficiently if the required particulars are recorded in any other register maintained by him;

(b) furnish to the Manager or officer of the Board, within such reasonable period as may be specified by the Manager, such information and particulars as may be required, concerning -

(i) any accident or alleged accident suffered by a person employed by him in respect of which benefit may be claimed or payable;

(ii) the nature and relevant circumstances relating to any occupation for which a disease or injury is prescribed under the Act in which any person to whom or in respect of whom benefit may be payable under the Regulations was or is alleged to have been employed by him.

PART II
PAYMENTS

Place and manner
of payment of
benefits.

14. (1) Any benefit provided under the Act may be paid at an office of the Board, a Post Office or at such other place (including bank or Government District Office) as the Board may from time to time determine by arrangement with the authority concerned, as the case may be.

(2) Benefit shall be paid by means of vouchers, pension orders, drafts or cheques or in such other manner as the Board may from time to time determine.

(3) Any document mentioned in paragraph (2) used for the payment of benefit shall be in such form as the Board shall determine and such document may in particular show the date from which the sum specified therein shall be payable and the date up to which or the period within which it may be received.

Time for payment
of benefits.

15. (1) Subject to the following paragraphs, where a person is entitled to any benefit, payment shall be made -

- (a) in the case of sickness benefit, maternity benefit or injury benefit, in arrears at such intervals as the Board may from time to time determine;
- (b) subject to paragraph (4), in the case of invalidity grant, retirement grant, survivors' grant, disablement grant or funeral grant, as soon as possible after the claim has been determined;
- (c) in the case of any other benefit by way of a periodical payment, on a weekly basis in arrears at such intervals (being intervals not longer than four weeks) as the Board may from time to time

determine.

(2) Benefits falling under paragraph (1) (c) shall be payable on such days or day of the week (hereafter in these Regulations referred to in relation to a benefit as the “appropriate day”) as the Board may from time to time determine.

(3) On the award of a disablement pension, that part of the pension awarded in respect of a period before the date of the award shall not be payable until after the expiration of twenty-one days from that date and if, before the expiration of that period, an appeal from the award or from a decision on which the award is based is brought until after the decision on that appeal is given.

(4) A disablement grant or any part thereof shall not be payable until after the expiration of the time limit for an appeal from the award thereof or from a decision on which the award was based and, where any such appeal is brought, until after the decision on that appeal is given.

(5) In the case of the benefits specified in paragraph (1) (b) the Manager may, having regard to the interest of the beneficiary and to other relevant circumstances, determine that payment in respect of the benefit shall be made by instalments and no appeal shall lie against payment by instalments or the amount of each instalment:

Provided that -

- (i) the decision to pay by instalments may be varied by the Manager at any time;
- (ii) the Manager may deposit the amount of the benefit due in a suitable bank and arrange for the payment of instalments by the bank.

Commencement,
change in rate,
cessation or
resumption of
certain benefits.

16. (1) Subject to paragraph (2) where a day on which a person becomes entitled to invalidity pension, retirement pension, widow's pension, widower's pension, child's pension, parent's pension, disablement pension, constant attendance allowance or death benefit, or becomes entitled to any of these benefits at a new rate, is not an appropriate day, payment shall be made or the new rate shall take effect only from the next following appropriate day, and, where the day on which a person ceases to be entitled to any of these benefits or, being entitled to such benefit, dies, is not the day immediately preceding the appropriate day, payment shall be made for the whole of the week which ends on the day immediately preceding the appropriate day.

(2) Where on a claim for the resumption of the payment of retirement pension which was suspended or reduced in accordance with Regulation 25 (5) of the Benefit Regulations (retirement pensioner taking up insurable employment) it is determined that the payment of the pension is to be resumed or the pension is to be reinstated at the previous rate such resumption or reinstatement of the retirement pension shall take effect –

(a) from the appropriate day immediately following the date from which the relevant employment ceases and the claim is duly made if –

(i) claimant has attained the age of sixty-five;
or

(ii) the relevant employment was recognised seasonal employment; or

(b) from the appropriate day falling in the fifth week after the cessation of the relevant employment in any other case.

(3) For the purposes of paragraph (2) –

- (a) “relevant employment” means the employment on account of which the retirement pension was suspended or reduced in accordance with Regulation 25(5) of the Benefit Regulations;
- (b) “recognised seasonal employment” means employment for the duration of the recognised season in the sugar or citrus industry or in any other similar industry where employment of the same nature is recognised as such by the Board.

17. (1) Any document issued by the Board to a person for the purpose of receiving payment of benefit thereby (including a voucher, a book of pension orders, draft or cheque) shall remain the property of the Board.

Payment documents remain the property of the Board.

(2) Any person having a payment document specified in paragraph (1) shall, on the termination or suspension of the benefit to which the document relates or when requested by an officer of the Board, return such document to the Board or to such person as the Board may direct.

(3) If there is any event or fact which affects or is likely to affect the continuance of the right to a benefit or the rate thereof in respect of which a payment document has been issued, any person having in his possession such document shall notify the event or fact forthwith and return such document to the Board.

18. Where a beneficiary or other person through his own fault has not obtained payment of any sum payable by way of benefit within six months from the date on which an authority for payment or other document is issued to him by the Board, the right to that sum shall be extinguished.

Extinguishment of right to receive benefit payment.

PART III
MISCELLANEOUS

Obligations of
persons receiving
benefit payment.

19. (1) Any person receiving payment for himself or on behalf of some other person shall inform the Manager of any event or fact affecting the continuance of the right to receive such benefit or the rate thereof within one week of the occurrence of the event or fact and in any case before receiving further payment of such benefit after the occurrence of the event or fact.

(2) The Board may require any person entitled to benefit or receiving benefit on behalf of another person to furnish from time to time documentary evidence that he is alive and to show that the conditions governing the award of such benefit continue to be fulfilled, and if such evidence is not given to the Board within the time required the Board may suspend payment of the benefit until the date on which the evidence is given.

(3) A person applying to receive payment of any benefit shall produce on request to the authority making the payment evidence of entitlement to the benefit and of his identity as required by the Board.

(4) Where benefit payment is received by a person on behalf of another person (the beneficiary not being a person unable to act) the latter person may be required by the Board to confirm any particulars furnished by the former person.

Failure to attend
for medical
examination etc. or
misconduct.

20. (1) Where a claimant or beneficiary -

(a) fails to attend for medical examination, treatment or rehabilitation as required in accordance with these Regulations or the Benefit Regulations; or

(b) in the opinion of the Manager is guilty of misconduct or obstruction in connection with medical examination or treatment or rehabilitation,

the Manager may suspend proceedings on a claim for benefit or the payment thereof until such time as the claimant or beneficiary complies with the provisions of the Regulations or the requirements thereunder.

21. (1) In the case of any person, to whom benefit is payable or who may be entitled to benefit or by whom or on whose behalf a claim to benefit has been made, being a child or being otherwise unable to act at that time and having no person or authority duly appointed under the law to act for him the Board may, upon written application being made to it, appoint a person to exercise on behalf of the child or person who is unable to act any right to which that child or person may be entitled under the Act and to receive and deal with any sums payable on behalf of such child or person:

Person unable to act.

Provided that -

- (a) any such appointment by the Board shall terminate on the date immediately prior to the date on which the Board is notified that a person or authority has been duly appointed under the law to act for such child or person;
- (b) a person who has not attained the age of eighteen shall not be capable of being appointed to act under this Regulation;
- (c) the Board may at any time in its absolute discretion revoke the appointment made under this Regulation; and
- (d) any person appointed under this Regulation may resign his office on giving the Board one month's notice in writing of his intention to do so.

(2) Anything required by these Regulations to be done by or to

any such person as aforesaid, who is a child or is otherwise for the time being unable to act, may be done by or to any person or authority duly appointed under the law to have charge of such person or of his estate or by or to the person appointed under this Regulation to act on behalf of such person, and the receipt of any person appointed under this Regulation shall be a good discharge to the Board and the Fund for any sum paid provided that such person has attained the age of eighteen.

Benefit due to
deceased person.

22. (1) On the death of a person who has made a claim for a benefit, or who is alleged to have been entitled to a benefit the Board may in the absence of a duly appointed legal representative appoint such person as it thinks fit to proceed with or to make a claim for the benefit, and the provisions of these Regulations shall apply subject to the necessary modifications to any such claim.

(2) Subject to paragraph (5), any sum payable by way of benefit as a result of an award on a claim under paragraph (1) may in the absence of a duly appointed legal representative, be paid to or distributed amongst persons claiming as legal heirs, personal representatives, legatees, next-of-kin, dependants or creditors of the deceased:

Provided that -

- (i) the receipt of any such person who has attained the age of fourteen shall be a good discharge to the Board and the Fund for any sum so paid; and
- (ii) where the Board is satisfied that any such sum or part thereof is needed for the benefit of any person under the age of fourteen specified in this paragraph, the Board may obtain a good discharge thereof by paying the sum or part thereof to another person over the age of eighteen (who need not be a person specified in this paragraph) who satisfies the Board

that he will apply the sum so paid for the benefit of the person under the age of fourteen.

(3) Subject to paragraph (5), any sum due by way of a benefit which a deceased person did not receive before his death, may, unless the right thereto was already extinguished at the date of death, be paid to or distributed amongst such persons as are mentioned in paragraph (2).

(4) Paragraphs (2) and (3) shall not apply in any case where written application for the payment of such sum is not made to the Board within six months from the date of the death of the person entitled to the benefit or within such longer period as the Board may allow in any particular case.

(5) The Board may dispense with strict proof of the title of any person claiming in accordance with this Regulation.

23. If any person contravenes or fails to comply with any requirement of these Regulations (not being a requirement by an insured person to give notice of an accident) shall be liable on summary conviction to a fine not exceeding one hundred dollars for each such offence, or where the offence consists of continuing any such contravention or failure after conviction therefor to comply with the Regulation to a fine of one hundred dollars together with a further one hundred dollars for each day on which it is so continued. Offences.

CHAPTER 44**SOCIAL SECURITY (DETERMINATION OF
CLAIMS AND QUESTIONS) REGULATIONS****ARRANGEMENT OF REGULATIONS**

1. Short title.
2. Interpretation.

PART I**DETERMINATION OF CLAIMS AND QUESTIONS**

3. Determination of reserved questions.
4. Determination of claims.
5. Claims to disablement benefit.
6. Claims to other benefits.
7. Medical boards and medical referees.
8. Notification of right to appeal.

PART II**APPEALS**

9. Establishment of appeal tribunals.
10. Appeal on point of law from determination of disablement question.
11. Appeal from determination of disablement question by medical referee.
12. Appeals against Manager's decision.
13. Persons entitled to be heard by appeal tribunal.
14. Power of appeal tribunal to summon witnesses.
15. Appeal to Supreme Court.
16. Determination of application.
17. References to Supreme Court.
18. Rules of Court.

PART III
REVIEW OF DECISIONS AND ADJUSTMENT OF BENEFIT

19. Review of decisions on reserved questions.
20. Review of decisions by Manager or appeal tribunal.
21. Review of decisions involving certain grants.
22. Review of decisions on disablement questions.
23. Interim Payments.
24. Commencement of periodical payments on review.
25. Adjustment of Benefit on appeal or review.

PART IV
MISCELLANEOUS

26. Decisions to be conclusive for purpose of proceedings in court.
27. Travelling or other allowances to certain persons.
28. Transmission of notices and documents.
29. Delivery of summons to witnesses.
30. Offences and penalties.

FIRST SCHEDULE

SECOND SCHEDULE

CHAPTER 44

83 of 1980.

**SOCIAL SECURITY (DETERMINATION OF
CLAIMS AND QUESTIONS) REGULATIONS**
(Sections 20, 42, 43 and 64)[1st June, 1981]

Short title.

1. These Regulations may be cited as the

**SOCIAL SECURITY (DETERMINATION OF
CLAIMS AND QUESTIONS) REGULATIONS.**

Interpretation.

2. For the purposes of these Regulations, unless the context otherwise requires -

“accident”, “relevant accident” and “relevant injury” have the same meaning assigned to them by the Benefit Regulations;

“Act” means the Social Security Act;

“appointed day” means 1st June, 1981;

“Benefit Regulations” means the Social Security (Benefit) Regulations;

“claim” means a claim to benefit;

“Claims and Payments Regulations” means the Social Security (Claims and Payments) Regulations;

“injury benefit” has the same meaning assigned to it by the Benefit Regulations;

“medical board” and “medical referee” mean respectively a board or a medical practitioner appointed under Regulation 7.

All other words and expressions defined in the Act have the same meaning in these Regulations.

PART I
DETERMINATION OF CLAIMS AND QUESTIONS

3. (1) Where any question (hereafter in these Regulations referred to as “reserved question”) arises as to whether -

Determination of reserved questions.

- (a) any particular employment is insurable employment;
- (b) a person is or was an employed person;
- (c) any person is or was the employer of a person;
- (d) contribution is or was payable by or in respect of any person;
- (e) any person is entitled to have a contribution credited to him for any week;
- (f) a contribution has been paid by or in respect of any person for any week or credited to that person for that week,

that question shall be considered in the first instance by the Manager who may, after making necessary enquiry, determine the question or refer it to the Board for determination, if he considers it expedient to do so.

(2) Where a person is aggrieved by the Manager’s decision on a reserved question that question shall be referred to the Board for determination on the application of the aggrieved person. In such a case the Manager shall submit, to the Board, a report of his inquiry and his findings thereon.

(3) Except where a substantial question of law arises, the decision of the Board on a reserved question shall be final, and such decision shall be given in writing and shall specify the reason on which the decision is based:

Provided that if it is considered by the Board that a question is of sufficient importance or that a substantial question of law may arise therefrom the question may be referred to an appeal tribunal for decision.

(4) The Board may, if it finds it expedient so to do for the purpose of determining reserved questions appoint a committee consisting of three members of the Board other than the Manager, one of whom shall be a person representing employers and another representing insured persons.

(5) The decision of a committee appointed under paragraph (4) shall be by simple majority of the members thereof and for the purposes of these Regulations the determination of a reserved question by such committee shall be a determination of that question by the Board.

(6) Without prejudice to paragraph (4) of this Regulation, the Manager shall not take part in the decision of a reserved question referred to the Board on an application under paragraph (2) of this Regulation

(7) The Board or the committee appointed under paragraph (4) of this Regulation may, before determining a reserved question, appoint a person to hold an inquiry into the matter and to report thereon to the Board or the said committee, as the case may be.

(8) In proceedings for the consideration of any reserved question the Board, or the committee or the person mentioned in paragraph (7) of this Regulation may summon persons to attend at such proceedings and to produce such documents as may be required and to give evidence on oath. The oath shall be administered by the person presiding at the proceedings concerned.

(9) Any person who appears to the inquiring body or person to

be a person, who has an interest under the Act in the matter under inquiry, shall be entitled to attend and to be heard at these proceedings.

(10) Subject to the provisions of this Regulation, the procedure for the determination of any reserved question shall be such as the Board may determine.

(11) Except as may be directed by the Board, the procedure at an inquiry under paragraph (7) of this Regulation shall be such as the person holding the inquiry may determine.

4. (1) Every claim shall be considered by the Manager who may, subject to these Regulations - Determination of claims.

(a) allow a claim; or

(b) disallow a claim in whole or in part; or

(c) after giving notice to the claimant or to any other person who may appear to him to be interested, refer the claim to an appeal tribunal for determination.

(2) The Manager shall give notice of his decision on a claim to the claimant in writing and where the claim is disallowed in whole or in part the notice shall include a short statement of the grounds upon which the claim is so disallowed.

5. (1) The Manager, before determining a claim to disablement benefit, shall refer the disablement questions arising from such claim to a medical board for determination. Claims to disablement benefit.

(2) The disablement questions arising from a claim to disablement benefit are -

- (a) whether the relevant accident has resulted in loss of faculty;
- (b) at what percentage the extent of disablement resulting from loss of faculty is to be assessed having regard to the provisions of the Benefit Regulations; and
- (c) if the extent of disablement is assessed at twenty per cent or more -
 - (i) whether the assessment is final; or
 - (ii) if the assessment is provisional, the period to be taken into account.

(3) Where a provisional assessment is made in accordance with paragraph (2) the Manager shall refer the case again to a medical board before the end of the period taken into account by the provisional assessment.

(4) Where a person, who had been given reasonable notice to appear before a medical board for the purpose of any inquiry under this Regulation, fails to do so, the medical board shall not proceed to determine the matter concerned without the consent of the person concerned.

(5) A medical practitioner shall be debarred from acting as member of a medical board for the purpose of determining disablement questions if he-

- (a) is or may be directly or indirectly personally affected by the outcome of the case; or
- (b) has taken any part in such case as a medical assessor, as employer or as witness or has attended on the claimant or beneficiary in his

capacity as private medical practitioner.

(6) A medical board to which disablement questions have been referred for determination shall send their decision to the Manager as soon as practicable after the consideration of such questions and the Manager shall forthwith send a copy of the decision to the claimant:

Provided that in any case where the medical board are of the opinion that any knowledge of their findings could be detrimental to the health of the claimant they may recommend the form in which their decision should be communicated to him.

(7) Where it appears to a medical board that a question of law arises from any disablement question they may state in writing the facts material to the question and refer the question of law (through the Manager) for determination by an appeal tribunal.

(8) The Manager shall as soon as practicable refer the question of law mentioned in paragraph (7) to an appeal tribunal, and shall send a copy of the notice of such reference to the claimant.

(9) Upon receiving the tribunal's decision the Manager shall forthwith send a copy thereof to the claimant and to the medical board with a view to proceeding with the determination of the disablement question.

(10) Notwithstanding the provisions of paragraph (1) of this Regulation, any disablement question arising from a claim to disablement benefit may, with the consent in writing of the claimant, be referred for determination to a single medical practitioner appointed by the Board to act as medical referee.

(11) The provisions of the preceding paragraphs in this Regulation relating to medical board shall apply *mutatis mutandis* to a medical referee.

6. (1) The Manager, before determining a claim to -

Claims to other
benefits.

- (a) injury benefit in respect of personal injury by accident, may refer the question of whether the incapacity for work has resulted from the relevant accident to a medical board or medical referee for advice;
- (b) injury benefit, in respect of a prescribed disease or injury, shall refer the question of whether incapacity for work has resulted from a prescribed disease or injury or a recrudescence such disease in accordance with the Benefit Regulations to a medical board or medical referee for determination;
- (c) invalidity benefit, shall refer the question of whether a claimant is an invalid in accordance with the provisions of the Benefit Regulations to a medical board or medical referee for advice;
- (d) survivors' or death benefit based on the ground that the claimant is permanently incapable of self-support, shall refer the question of whether the claimant is so incapable in accordance with the Benefit Regulations to a medical board or medical referee for advice;
- (e) constant attendance allowance under section 21 of the Act, shall, subject to Regulation 45 (1) of the Benefit Regulations, refer the question of whether the claimant is so severely incapacitated as to require the constant personal attendance of another person to a medical board or medical referee for advice:

Provided that any question specified in sub-paragraphs (c), (d) or (e) of this Regulation shall be deemed not to have arisen if the claim from which the question arises fails on other statutory conditions.

(2) Without prejudice to paragraph (1), the Manager may, in any circumstances in which a claimant or beneficiary may be required to submit to a medical examination, refer a claim to a medical board or medical referee for advice.

7. (1) Medical boards shall be appointed by the Board and shall consist of two or more medical practitioners of whom one may be appointed to be the chairman.

Medical boards
and medical
referees.

(2) Members of a medical board shall hold office for such period or shall consider such case or cases as the Board may direct; provided that the Board may terminate the appointment of any member at any time and without stating any reason for so doing.

(3) A medical board shall not decide on any question referred to them for advice or determination for the purposes of the Act if -

(a) any member thereof is unable to be present at the consideration of any question; or

(b) the board is unable to do so by a decision of a majority of its members.

(4) In any case in which by reason of the circumstances specified in paragraph (3) a medical board is unable to reach a decision in any case referred to them they shall immediately notify the Board and upon such notice the reference to that medical board shall be deemed to have been revoked, and the case shall forthwith be referred by the Board to another medical board:

Provided that -

- (a) in a case to which sub-paragraph (b) of paragraph (3) of this Regulation relates, the reference shall be to a medical board consisting of three members, whose decision shall be that of the majority of such members;
- (b) a member of a medical board referred to in paragraph (3) shall not be debarred from being a member of the other medical board to which the case is referred under this paragraph.

(5) A medical referee shall be appointed by the Board and shall hold office for such period or shall consider such cases as the Board may direct.

(6) The decision of a medical board or medical referee -

- (a) shall be in writing and in such form as the Board may from time to time require;
- (b) shall include a statement of the findings of the board or referee material to the decision;
- (c) in the case of a medical board, if not unanimous, shall be by simple majority;
- (d) shall be sent to the Manager as soon as practicable after the consideration of the case.

Notification of
right to appeal.

8. A person to whom a written notice of a decision is sent shall also be informed of his right to appeal against that decision in accordance with Part II of these Regulations.

PART II
APPEALS

9. (1) For the purposes of this Part of these Regulations, there shall be established one or more appeal tribunals as the Minister, on the recommendation of the Board may consider necessary for the purposes of the Act.

Establishment of
appeal tribunals.

(2) The First Schedule hereto has effect with respect to the constitution of an appeal tribunal.

(3) The Second Schedule hereto has effect with respect to the procedure of an appeal tribunal.

10. (1) Any person aggrieved by the determination of any disablement question by a medical board or medical referee may appeal therefrom to an appeal tribunal on the ground that the determination was erroneous on a point of law.

Appeal on point
of law from
determination of
disablement
question.

(2) An appeal under paragraph (1) of this Regulation may be made at the instance of -

(a) the claimant or a trade union of which the claimant was a member on the date when the claim arose;

(b) the Manager.

(3) An appeal made at the instance of the claimant or a trade union must be brought by giving notice of appeal in writing at the office of the Board not later than twenty-one days after the date on which the decision against which the appeal is made was issued to the claimant or within such longer period not exceeding sixty days as the chairman of an appeal tribunal may, in special circumstances, allow.

(4) The Board shall refer an appeal under paragraph (1) as soon as practicable to an appeal tribunal by written notice of reference and a copy of such notice shall be sent forthwith to the appellant.

(5) Where an appeal is made at the instance of the Manager he shall -

(a) give notice of appeal in writing to an appeal tribunal within twenty-one days after the date of the decision from which the appeal is made; and

(b) send as soon as practicable a copy of such notice of appeal to the claimant.

(6) A notice of appeal given under paragraph (3) or (5) of this Regulation shall include a statement of the point of law and the grounds upon which the determination appealed against is alleged to be erroneous.

(7) The decision of the tribunal on the point of law shall be referred to the medical board or medical referee from whose decision the appeal was made, and such board or referee shall confirm or revise the determination of any disablement question accordingly.

Appeal from
determination of
disablement
question by
medical referee.

11. (1) Without prejudice to Regulation 10, an appeal shall lie to an appeal tribunal from the determination of any disablement question by a medical referee and such appeal may be made at the instance of the claimant or a trade union of which the claimant was a member on the date when the claim arose.

(2) The provisions of paragraphs (3) and (4) of Regulation 10 of these Regulations apply to an appeal under this Regulation.

(3) The notice of appeal shall include a statement on the grounds upon which the appeal is made.

(4) An appeal tribunal may, after considering the facts resulting from the determination of the medical referee from which the appeal is made -

- (a) dismiss the appeal, or
- (b) direct that any disablement question to which the grounds of appeal relate shall be referred to a medical board for determination.

12. (1) Any person who is aggrieved by a decision of the Manager as to the right to any benefit may appeal therefrom to an appeal tribunal:

Appeals against
Manager's
decision.

Provided that without prejudice to other provisions in these Regulations relating to appeals, this paragraph shall not apply where the Manager certifies in writing that his decision is based solely on the determination in accordance with these Regulations of -

- (a) a reserved question by the Board; or
- (b) a disablement question by a medical board or medical referee.

(2) An appeal under this Regulation may be made at the instance of the claimant or a trade union of which the claimant was a member on the date when the claim arose, by giving notice of appeal in writing at the Office of the Board not later than twenty-one days after the date on which the decision appealed against was issued to the claimant or within such longer period not exceeding sixty days as the chairman of an appeal tribunal may, in special circumstances, allow.

(3) The notice of appeal shall include a statement of the grounds upon which the appeal is made.

(4) The provisions of paragraph (4) of Regulation 10 of these

Regulations shall apply to an appeal under this Regulation.

Persons entitled to be heard by appeal tribunal.

13. The following persons shall be entitled to appear before an appeal tribunal and be heard -

(a) in the case of a reference by the Board under Regulation 3(3) -

(i) the representative of the Board; and

(ii) any person who appears to the tribunal to be a person who is interested under the Act in the reserved question;

(b) in the case of a reference under Regulation 5(7) or an appeal under Regulation 10, 11 or 12 -

(i) the claimant or his duly authorised representative; and

(ii) the Manager or his duly authorised representative.

Power of appeal tribunal to summon witnesses.

14. (1) An appeal tribunal shall have the power to summon witnesses and to require the production of such documents as the chairman may consider necessary for the consideration of any question or claim before the tribunal and to administer oaths.

(2) Summons to a person to give evidence before an appeal tribunal shall be signed by the chairman of that tribunal.

(3) Oaths shall be administered by the chairman of the tribunal.

SUPREME COURT

15. (1) An appeal shall lie with the leave of the court to the Supreme Court on a substantial question of law arising from - Appeal to Supreme Court.

(a) a reserved question determined by the Board; or

(b) a decision of an appeal tribunal.

(2) An application for leave to appeal under paragraph (1) of this Regulation shall be made -

(a) in the case of a reserved question, by the person directly interested in the reserved question;

(b) in the case of an appeal against the decision of an appeal tribunal, by -

(i) the claimant or a trade union of which the claimant was a member on the date when the claim arose; or

(ii) the Board.

(3) An application for leave to appeal made under paragraph (1) of this Regulation shall -

(a) be made in writing to the Registrar of the Supreme Court not later than twenty-one days after the decision appealed against is given;

(b) include a short statement of the decision appealed against and a statement of the substantial question of law arising from the decision and the facts

material to the case;

- (c) specify the particulars of any party to the proceedings.

(4) The Registrar of the Supreme Court upon receiving an application under paragraph (1) of this Regulation shall send a copy thereof to any party to the proceedings specified in accordance with paragraph (3)(c) of this Regulation.

(5) A person making an application under paragraph (1) of this Regulation shall deliver to the Registrar of the Supreme Court such number of copies of the application as may be required by the said Registrar for the purposes of paragraph (4) of this Regulation.

Determination of application.

16. (1) The Supreme Court shall hear and determine any application made under Regulation 15 and shall -

CAP. 91.

- (a) if it is of the opinion that the appeal raises a substantial question of law, allow the application and instruct the Registrar to set the appeal down for hearing as an appeal under Part X of the Supreme Court of Judicature Act;

- (b) if it disallows the application, instruct the Registrar to strike out the said appeal and to communicate the said decision to the Board and to the claimant or beneficiary concerned.

(2) The decision of the Supreme Court on whether or not a question is a substantial question of law shall be final and shall not be the subject of any application to any court.

References to Supreme Court.

17. (1) Where at any stage of the proceedings in any case before an

THE SUBSIDIARY LAWS OF BELIZE

REVISED EDITION 2003

Printed by the Government Printer,
No. 1 Power Lane,
Belmopan, by the authority of
the Government of Belize.

appeal tribunal a question of law arises which in the opinion of the chairman of such tribunal is a substantial question of law, of such importance that it should be decided by the Supreme Court the tribunal may state a case for decision by the Supreme Court.

(2) A case stated under paragraph (1) of this Regulation shall -

- (a) be signed by the chairman of the appeal tribunal,
- (b) include a statement of the question of law arising for decision, and
- (c) specify the particulars of the parties to the proceedings.

(3) Where a reference is made under paragraph (1) of this Regulation the appeal tribunal shall forthwith send a copy of the reference to each of the parties to the proceedings.

18. Without prejudice to the provisions of Regulations 15 and 17 of these Regulations, the Rules of Court made under section 138 of the Supreme Court of Judicature Act applicable to civil procedure shall apply *mutatis mutandis* to an appeal or reference to the Supreme Court under these Regulations.

Rules of Court.
CAP. 91.

PART III **REVIEW OF DECISIONS AND** **ADJUSTMENT OF BENEFIT**

19. (1) The Board or the Committee appointed under paragraph (4) of Regulation 3 of these Regulations, having given a decision on a reserved question, may review that decision if it is satisfied by fresh evidence that the previous decision was given -

Review of
decisions on
reserved
questions.

- (a) in ignorance of, or was based on a mistake as to

some material fact; or

- (b) in consequence of the non-disclosure or misrepresentation by the person concerned or by any other person of a material fact (whether the non-disclosure or misrepresentation was or was not fraudulent):

Provided that any such decision shall not be reviewed while a reference or appeal is pending before the Supreme Court on a point of law arising in connection therewith, or before the time for appealing has expired.

(2) The provisions of Regulation 3 of these Regulations relating to procedure for consideration and determination of a reserved question shall apply *mutatis mutandis* to procedure for the review of such a determination.

Review of
decisions by
Manager or appeal
tribunal.

20. (1) The Manager or an appeal tribunal, having given a decision on any claim or question, may review that decision if they are satisfied -

- (a) on fresh evidence in the case of a decision of an appeal tribunal, that the decision was given in ignorance of or was based on a mistake as to some material fact; or
- (b) that the decision was based on the non-disclosure or misrepresentation by the claimant or by any other person of a material fact (whether the non-disclosure or misrepresentation was or was not fraudulent); or
- (c) that since the date of the decision there has been a relevant change of circumstances; or
- (d) that the previous decision was based on the

decision of any reserved question or disablement question which has been reversed.

(2) A decision of the Manager or the appeal tribunal may be reviewed under paragraph (1) -

- (a) at the instance of the Manager; or
- (b) on an application made in writing to the Manager by the claimant or beneficiary or his duly authorised representative stating the grounds on which the application is based.

(3) The Manager shall deal with any questions arising from an application under paragraph (2) (b) of this Regulation in accordance with these Regulations.

(4) Any decision given on review or any refusal to review under this Regulation, shall be subject to appeal in like manner as an original decision, and the provisions of Part I or Part II of these Regulations shall apply *mutatis mutandis* to any appeal from a decision given on a review:

Provided that no appeal shall lie from such refusal if the application for review does not satisfy the conditions specified in subparagraph (a), (b), (c) or (d) of paragraph (1) of this Regulation.

21. A decision shall not be reviewed so as to make a grant, other than a disablement grant, payable unless the claimant proves that the application for review was made not later than twelve months after the date of the decision.

Review of decisions involving certain grants.

22. (1) Subject to this Regulation, any decision of a medical board on a disablement question may be reviewed by a medical board if such board is satisfied by fresh evidence that the previous decision was given in consequence of the non-disclosure or misrepresentation by the claimant or any other person

Review of decisions on disablement questions.

of a material fact (whether the non-disclosure or misrepresentation was or was not fraudulent).

(2) Where the extent of the disablement resulting from the relevant loss of faculty was assessed at twenty per cent or more, the decision on the disablement question may also be reviewed by a medical board if such board is satisfied that since the making of the assessment there has been substantial unforeseen aggravation of the loss of faculty resulting from the relevant accident.

(3) Where on a claim for disablement benefit it was decided that the relevant accident did not result in loss of faculty, that decision may be reviewed under paragraph (2) of this Regulation as if it were an assessment of the extent of the disablement resulting from the relevant loss of faculty, and for the purpose of this paragraph a final assessment of the extent of the disablement resulting from a loss of faculty made for a period limited by reference to a definite date shall be treated as a decision that at that date the relevant accident did not result in loss of faculty.

(4) Subject to paragraphs (1) to (3), a medical board may deal with a case on a review in any manner in which they could deal with it on an original reference to them.

(5) On a review of an assessment under paragraph (2) of this Regulation the period to be taken into account by any revised assessment may include any period not exceeding three months before the date of the application for the review if the medical board is satisfied that throughout that period there has been substantial unforeseen aggravation of the results of the relevant injury since the making of the assessment under review.

Interim Payments. 23. (1) Subject to these Regulations and to Regulation 15 (3) of the Claims and Payments Regulations (part of disablement pension awarded in respect of a period before the date of award etc.), benefit shall be payable in accordance with an award, notwithstanding that an appeal against the award is pending.

(2) Where it appears to the Manager that a question has arisen whether -

- (a) the conditions for the receipt of benefit payable under an award are or were fulfilled; or
- (b) an award of benefit ought to be revised in accordance with these Regulations;

he may direct that payment of the benefit shall be suspended in whole or in part until that question has been determined.

24. (1) Except where the claimant can prove that he was entitled to a benefit from an earlier date, where a decision is revised on review, so as to award a benefit other than a grant or so as to increase the rate of a benefit, such decision shall have effect from the date of application for review.

Commencement
of periodical
payments on
review.

(2) Where a claimant proves that he was entitled to a benefit from a date prior to the date of his application for review he may be paid such benefit from such earlier date if such earlier date is not earlier than -

- (a) six months prior to the date of his application for review;
- (b) the date on which the original award took effect or would have taken effect;
- (c) the date on which any material change of circumstance that led to the decision on review took place.

(3) For the purposes of this Regulation, the date of the decision of the Manager that a matter should, under Regulation 20 (1), be reviewed shall be deemed to be the date of the application for review.

Adjustment of
Benefit on appeal
or review.

25. (1) Where a grant is awarded by a decision on appeal or review in lieu of a pension previously awarded, such decision shall apply so that any payments made on account of such pension in so far as they do not exceed the amount of the grant shall be treated as having been made on account of the grant.

(2) Where any benefit other than a grant is awarded by a decision on appeal or review in lieu of another kind of benefit previously awarded, as respect any payments made on account of the benefit previously awarded the appeal or review decision shall apply so that -

(a) in so far as the amount of the said payments does not exceed the amount of any arrears payable by way of the benefit awarded by the said decision such payments shall be treated as having been made on account of such arrears; and

(b) to the extent by which the amount of the said payments exceeds the amount of the arrears, shall (except in so far as it is required to be repaid under this Regulation) be treated as having been made on account of sums becoming payable after the date of the appeal or review decision by way of the benefit awarded thereby.

(3) Where on appeal or review a decision is reversed or revised so as to make a benefit previously awarded not payable or payable at a lower rate, the decision given on the review or appeal shall require repayment to the Fund of any benefit paid in pursuance of the original decision to the extent to which such benefit-

(a) would not have been payable if the decision on the review or appeal had been given in the first instance; and

- (b) cannot be treated as paid on account of benefit due after the decision on review or appeal.

(4) Where an appeal decision directing that a benefit previously awarded is not payable or is payable at a lower rate is followed by a review decision directing that benefit is payable or payable at a higher rate from a date prior to the appeal decision, any benefit paid before the appeal decision shall, to the extent to which it would not have been payable if the appeal decision had been given in the first instance, be treated as having been paid on account of benefit made payable for the same period by the review decision, except in so far as in pursuance of the appeal decision the benefit has been repaid or treated as paid on account of the benefit awarded by the appeal decision.

(5) Where, in accordance with a decision given on an appeal or review, any benefit is required to be repaid to the Fund then, without prejudice to any other method of recovery, such benefit shall be recoverable by deduction from any benefit then or thereafter payable to the person by whom it is to be repaid or from any benefit payable on his death.

PART IV **MISCELLANEOUS**

26. If in any proceedings before any court -

- (a) for an offence under the Act; or
- (b) involving any question as to the payment of any contributions under the Act; or
- (c) for the recovery of any sums due to the Fund;

Decisions to be conclusive for purpose of proceedings in Court.

any question arises which under the Act is to be determined by the Board, the Manager, a medical board, an appeal tribunal or the Supreme Court, the decision by the appropriate determining authority shall, unless an appeal under these

Regulations is pending or the time for so appealing has not expired, be conclusive for the purpose of those proceedings.

(2) If in any proceedings mentioned in paragraph (1) of this Regulation a decision on any question is required for the purposes of such proceedings but such decision has not been obtained, the question shall be referred to the appropriate determining authority, as the case may require, in accordance with the procedure prescribed in these Regulations.

(3) Where any appeal as is mentioned in paragraph (1) of this Regulation is pending, or the time for so appealing has not expired, or where any question has been referred for decision in accordance with paragraph (2) of this Regulation, the court dealing with the case shall adjourn the proceedings until such time as a decision upon the question has been obtained.

Travelling or other allowances to certain persons.

27. There shall be paid out of the Fund such travelling or other allowances as the Board may determine to persons required to attend -

(a) and give evidence in accordance with Regulation 3 or 14 of these Regulations;

(b) before a medical board or medical referee for the purposes of these Regulations.

Transmission of notices and documents.

28. Except where otherwise prescribed, any notice or other document required or authorised to be given or sent to any person under these Regulations shall be deemed to have been given or sent if it was sent by post to that person at his ordinary or last known address.

Delivery of summons to witnesses.

29. Any summons to witnesses authorised or required to be issued under these Regulations shall be delivered to the person concerned personally or by registered post and in the latter case, in proving service, it shall be sufficient to prove that the summons was properly addressed to the person concerned at his ordinary or last known address:

Provided that reasonable notice of the date, time and place of the hearing and of documents to be produced, if any, shall be given in the notice of summons.

30. (1) Any person who, having been summoned to attend proceedings for the purpose of giving evidence and to produce documents in accordance with these Regulations, Offences and penalties.

- (a) refuses or omits, without sufficient cause, to attend on the date, at the time and the place specified in the summons served on him, or
- (b) refuses or fails without sufficient cause to answer, or to answer fully and satisfactorily, to the best of his knowledge and belief, all questions put to him by or with the concurrence of the Chairman or person so authorised under these Regulations, or
- (c) refuses or omits without sufficient cause to produce books or documents mentioned or referred to in the summons served on him, which are in his possession or under his control,

shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding one hundred dollars:

Provided that no person giving evidence under these Regulations shall be compelled to incriminate himself and every such person shall, in respect of any evidence given or document produced by him, be entitled to all the privileges to which a witness giving evidence or producing any document before the Supreme Court is entitled in respect of evidence given or document produced before that Court.

FIRST SCHEDULE**[Regulation 9]****CONSTITUTION OF APPEAL TRIBUNAL**

1. An appeal tribunal shall consist of -
 - (a) a Chairman who shall be an attorney-at-law of at least three years standing;
 - (b) a person drawn by the Board from a panel of persons representing employers;
 - (c) a person drawn by the Board from a panel of persons representing insured persons.
2. The Chairman of an appeal tribunal shall be appointed by the Minister for a period not exceeding two years and shall hold and vacate office in accordance with the terms of his letter of appointment.
3. The Minister, in consultation with the Board, may appoint more than one person to perform the functions of Chairman of appeal tribunals and may designate districts or areas in which each Chairman is to perform his functions.
4. The panels of persons representing employers and insured persons, respectively shall be appointed by the Board after consulting organizations who in the opinion of the Board represent employers and insured persons, respectively.
5. A person shall be appointed to a panel mentioned in paragraph 4 for a period not exceeding two years, and shall hold and vacate office in accordance with the terms of his appointment.
6. The Chairman of an appeal tribunal and members of the panels shall be eligible for

re-appointment on completion of their current term of office.

7. No member of the Board shall be eligible for appointment as a Chairman of an appeal tribunal or as a member of a panel.

8. As far as practicable the Board shall summon each member of a panel in turn to serve upon an appeal tribunal:

Provided that no member of a panel shall sit upon an appeal tribunal during the consideration of a case -

- (a) in which he acted or appeared as the representative of the claimant; or
- (b) by the decision of which he is or may be directly affected; or
- (c) in which he has taken part as an official or member of an association or a trade union, or as an employer, or as a witness.

9. Where in the consideration of an appeal -

- (a) a Chairman of a tribunal becomes unable or unwilling to act, or dies, the Minister shall revoke the appointment of such person and appoint another Chairman;
- (b) any other member of a tribunal becomes unable or unwilling to act, or dies, the Board shall revoke the appointment of such person and summon another person from the panel from which the said member was drawn.

10. The Minister may, if he considers it expedient so to do, at any time revoke the appointment of a Chairman of an appeal tribunal, and in like manner the Board may revoke the appointment of a member of a panel:

Provided that such revocation shall not, except in a case covered by paragraph 9 above, be made during the pendency of an appeal.

11. Any person appointed as Chairman of a tribunal or member of a panel may resign his office on giving the Minister or the Board, as the case may be, one month's notice in writing of his intention to do so.

12. The appointment or termination of appointment of a Chairman of an appeal tribunal or of a member of a panel shall be published in the *Gazette*.

13. The Board shall appoint an officer of the Board to perform the functions of clerk to an appeal tribunal.

SECOND SCHEDULE**[Regulation 9]****PROCEDURE OF APPEAL TRIBUNAL**

1. Any person who exercises the right to appear before an appeal tribunal and be heard pursuant to these Regulations may -

- (a) be represented at the hearing by some other person duly authorised for that purpose to the satisfaction of the Chairman of the tribunal, whether having professional qualifications or not, and for the purposes of the hearing, any such representatives shall have all the rights to which the person whom he represents is entitled under these Regulations;
- (b) with the permission of the Chairman of the tribunal, call witnesses and may question any witnesses called at the hearing.

2. Reasonable notice of date, place and time of hearing of a case before an appeal tribunal shall be given to the claimant, and to any other person who may appear to the Chairman of the tribunal to be interested, and, except with the consent of the claimant or interested person, the appeal tribunal shall not proceed with the hearing of the case unless such notice has been given.

3. If a claimant or other person to whom notice of hearing has been duly given in accordance with these Regulations fails to appear either in person or by a representative at such hearing and has not given a reasonable explanation for his absence, the tribunal may proceed to determine the case, or may give such directions with a view to the determination of the case as they think proper.

4. Where a member of an appeal tribunal, other than the Chairman, is prevented by extraordinary and unforeseen circumstances from being present at the hearing of an appeal, the tribunal may, with the consent of the claimant, and not otherwise, proceed with the appeal and if the members present are unable to agree on a decision, the Chairman shall have a second or

casting vote.

5. For the purpose of arriving at a decision, or discussing any question or procedure, an appeal tribunal may, notwithstanding anything in these Regulations, order all persons, except the clerk of the tribunal, to withdraw from the hearing.

6. In any case before an appeal tribunal -

- (a) a point of law arising from an appeal or reference shall be determined solely by the Chairman;
- (b) any other question or claim submitted to the tribunal in accordance with these Regulations, shall be determined by simple majority of all the members of the tribunal.

7. The appeal tribunal shall record its decision in writing and such record-

- (a) shall include a statement of the reasons for their decision and their findings on all questions of fact material thereto;
- (b) shall be signed by all the members of the tribunal:

Provided that the record of a decision on a question of law shall only be signed by the Chairman.

8. A copy of the record of the decision of the tribunal shall be sent, as soon as practicable after the decision, to the claimant or other interested person and to the Manager or the Board, as the case may require.

9. Subject to the provisions of these Regulations, the procedure for the consideration and determination of any appeal or reference to an appeal tribunal shall be such as the Chairman of the tribunal may determine, due regard being had to the principles of natural justice.

CHAPTER 44

**SOCIAL SECURITY (NON-CONTRIBUTORY PENSION
FOR WOMEN 65 YEARS OR OVER) REGULATIONS**

ARRANGEMENT OF REGULATIONS

1. Short title.
2. Interpretation.
3. Entitlement to non-contributory pension.
4. Establishment of Committee.
5. Claim to be made in writing on appropriate form.
6. Information and documents to be furnished with claim.
7. Defective claim
8. Date of claim.
9. Claim changed to other benefit.
10. Non-payment of claim after six months.
11. Place and manner of payment of payment of pension.
12. Payment documents remain the property of the Board.
13. Extinguishment of right to receive pension payment.
14. Obligations of persons receiving pension payment.
15. Person unable to act.
16. Pension ceases upon death.
17. Declaration required every six months.
18. Option between benefits.
19. Time of payment.
20. Offences.
21. Commencement.

FIRST SCHEDULE

SECOND SCHEDULE

CHAPTER 44

77 of 2003.
Ch. 44.

**SOCIAL SECURITY (NON-CONTRIBUTORY PENSION
FOR WOMEN 65 YEARS OR OVER) REGULATIONS**

(Section 22)

[14th June, 2003.]

Short title.

1. These Regulations may be cited as the

**SOCIAL SECURITY (NON-CONTRIBUTORY
PENSION FOR WOMEN 65 YEARS OR OVER)
REGULATIONS.**

Interpretation.

2. (1) In these Regulations, unless the context otherwise requires,

“appointed day” means 1st April, 2003;

“Board” means the Belize Social Security Board;

“Committee” means the Committee established under Regulation 4 to determine claims for non-contributory pension;

“Fund” means the Social Security Fund;

“non-contributory pension” or “pension” means the monthly payment made to those registered female persons sixty-five years or older who qualify for such pension on the appointed day;

“registered female person” means a female person sixty-five years or older on or after the appointed day with a valid Social Security Card.

(2) All other words and expressions defined in the Act shall have the same meanings in these Regulations.

3. Subject to these Regulations, a non-contributory pension of \$75.00 shall be payable to a registered female person who -
- Entitlement to non-contributory pension.
- (a) is sixty-five (65) years of age or older, on the appointed day;
 - (b) is a permanent resident or citizen of Belize; and
 - (c) has inadequate or no source of income.
4. (1) For the purpose of determining claims under these Regulations, there shall be a Committee consisting of four persons as follows:-
- Establishment of Committee.
- (a) a representative of the Board;
 - (b) a representative of the Belize Council of Churches;
 - (c) a representative of Help Age Belize;
 - (d) a representative of the Ministry responsible for human development.
- (2) The Chairman of the Committee shall be appointed from among the membership of the Committee.
- (3) The Committee shall meet regularly, at least once monthly, to consider and determine claims for pension made under these Regulations.
- (4) Minutes of the meetings of the Committee and any recommendations made by it shall be sent to the Board at the end of every meeting.
5. (1) Every claim for a pension under these Regulations shall be made in writing to the Committee on the form prescribed in the First Schedule to
- Claim to be made in writing on appropriate form.

First Schedule. these Regulations, unless the manager, in his discretion, waives this requirement.

(2) Claim forms shall be supplied free of charge by the Board.

Information and documents to be furnished with claim. 6. A claim to a pension shall include such information and documents as may be relevant to the particular claim such as the identity and other particulars of the claimant and of the pension in respect of whom or on whose behalf as the case may be, the claim is made.

Defective claim. 7. If a claim form is defective at the date of its receipt, the Committee may refer it back to the claimant, and if the relevant form is returned to the Committee properly completed within one month from the date on which it is so referred, the claim may be treated as if it had been duly made in the first instance.

Date of claim. 8. For the purposes of these Regulations, the date of a claim to a pension is the day on which the claim is received at the office of the Board.

Claim changed to other benefit. 9. Where it appears that a person who has made a claim to a pension may be entitled to some benefit other than the one claimed, the Committee may treat the claim made as a claim in the alternative for that other benefit if the necessary particulars and documents are furnished, and such claim shall be forwarded to the Manager.

Non-payment of claim after six months. 10. No sum shall be paid by way of non-contributory pension in respect of any period more than six months from the date the claim is duly made.

Place and manner of payment of pension. 11. (1) Any pension payable under this Act may be paid at an office of the Board, a post office or at such other place, including a bank or Government District Office, as the Board may from time to time determine by arrangement with the authority concerned, as the case may be.

(2) Claims shall be paid by means of vouchers, pension orders, drafts or cheques or in such other manner as the Board may from time to time

determine.

(3) Any document mentioned in paragraph (2) used for the payment of pension shall be in such form as the Board shall determine and such document may in particular show the date from which the sum specified therein shall be payable.

12. (1) Any document issued by the Board to a person for the purpose of receiving payment of pension thereby (including a voucher, a book of pension orders, draft or cheque) shall remain the property of the Board.

Payment documents remain the property of the Board.

(2) Any person having a payment document specified in paragraph (1) above shall, on the termination or suspension of the pension to which the document relates or when requested by an officer of the Board, return such document to the Board or to such person as the Board may direct.

(3) If there is any event or fact which affects or is likely to affect the continuance of the right to a pension or the rate thereof in respect of which a payment document has been issued, any person having in his possession such document shall notify the event or fact forthwith and return such document to the Board.

13. Where a claimant or other person through his own fault has not obtained payment of any sum payable by way of pension within six months from the date on which an authority for payment or other document is issued to him by the Board, the right to that sum shall be extinguished.

Extinguishment of right to receive pension payment.

14. (1) Any person receiving pension payment for himself or on behalf of some other person shall inform the Manager of any event or fact affecting the continuance of the right to receive such payment or the rate thereof within one week of the occurrence of the event or fact and in any case before receiving further payment of such pension after the occurrence of the event or fact.

Obligations of persons receiving pension payment.

(2) The Board may require any person entitled to pension or

receiving pension on behalf of another person to furnish from time to time documentary evidence that he is alive and to show that the conditions governing the award of such pension continue to be fulfilled, and if such evidence is not given to the Board within the time required the Board may suspend payment of the pension until the date on which the evidence is given.

(3) A person applying to receive payment of pension shall produce on request to the authority making the payment evidence of entitlement to the pension and of his identity as required by the Board.

(4) Where pension payment is received by a person on behalf of another person (the beneficiary not being a person unable to act) the latter person may be required by the Board to confirm any particulars furnished by the former person.

Person unable to
act.

15. (1) In the case of any person, to whom a pension is payable or by whom or on whose behalf a claim to pension has been made, being unable to act at that time and having no person or authority duly appointed under the law to act for him the Board may, upon written application being made to it, appoint a person to exercise on behalf of the person who is unable to act any right to which that person may be entitled under these Regulations and to receive and deal with any sums payable on behalf of such person:

Provided that -

- (a) any such appointment by the Board shall terminate on the date immediately prior to the date on which the Board is notified that a person or authority has been duly appointed under the law to act for such person;
- (b) a person who has not attained the age of eighteen years shall not be capable of being appointed to act under this Regulation;

- (c) the Board may at any time in its absolute discretion revoke the appointment made under this Regulation; and
- (d) any person appointed under this Regulation may resign his office on giving the Board one month's notice in writing of his intention to do so.

(2) Anything required by these Regulations to be done by or to any such person as aforesaid, who is for the time being unable to act, may be done by or to any person or authority duly appointed under the law to have charge of such person or of his estate or by or to the person appointed under this Regulation to act on behalf of such person, and the receipt of any person appointed under this Regulation shall be a good discharge to the Board and the Fund for any sum paid provided that such person has attained the age of eighteen years.

- | | |
|--|---|
| 16. On the death of a person who is a claimant or who is entitled to or who has been receiving a pension under these Regulations, such pension shall not ensure to the benefit, estate or legal representative of such deceased person. | Pension ceases upon death. |
| 17. A person in receipt of a pension under these Regulations shall complete a pensioner's declaration form as prescribed in the Second Schedule every six months commencing after the first payment of the pension and submit it to the Board. | Declaration required every six months. Second Schedule. |
| 18. A claimant who is entitled to a pension under these Regulations and who is also entitled to receive a retirement grant may opt to receive either one of these benefits but not both. | Option between benefits. |
| 19. All pensions payable under these Regulations shall be made on the fifth working day of each calendar month. | Time of payment. |
| 20. Where any person is guilty of an offence under these Regulations, he | Offences. |

shall be liable on summary conviction to a fine not exceeding one hundred dollars for each such offence and where the offence continues, any such contravention or failure after conviction thereof, to a fine of one hundred dollars for each day on which it is so continued.

Commencement. 21. These Regulations shall come into operation on April 01, 2003.

MADE by the Minister responsible for Social Security this 20th day of May, 2003.

(RALPH FONSECA)

Minister Responsible for Social Security

FIRST SCHEDULE**[Regulation 5]**

**SOCIAL SECURITY
APPLICATION FOR NON-CONTRIBUTORY
PENSION**

CLAIMANT'S PERSONAL PARTICULARS			FOR OFFICIAL USE ONLY	
SOCIAL SECURITY NUMBER _____			CLAIM # _____	
DATE OF BIRTH ____ ____ ____ DD MM YY	GENDER _____	AGE _____	DATE RECEIVED (STAMP) _____	
			RECEIVED BY (NAME IN BLOCK LETTERS) _____	
			SIGNATURE _____	
SURNAME Mrs. Miss	FIRST NAME _____		MIDDLE NAME _____	
ADDRESS _____			PHONE NUMBER _____	
Street Number and Name	City/Town/Village	District		
<p>1. Occupation _____</p> <p>2. Have you ever been employed? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state last date worked ____ ____ ____ DD MM YY AND</p> <p>Name and address of previous employer:</p> <p>Name Street Number and Name City/Town/Village District</p>				

3. Are you receiving a monthly pension?

☐ Yes ☐ No If yes, please specify the source and monthly amount:

Source _____ Monthly Amount _____

4. Are you receiving or have received any of the following benefits from Social Security?

☐ Yes ☐ No If yes, please check one or more of the following and state the year received:

☐ Invalidity Benefit ☐ Retirement Benefit ☐ Survivor's Benefit ☐ Disablement Benefit

Year _____ Year _____ Year _____ Year _____

I certify that the information I have given above is true to the best of my knowledge.

Signature of Claimant _____ Date _____
DD MM YY

FOR OFFICIAL USE ONLY - DECISION ON CLAIM

DECISION _____

SPECIAL NOTES _____

Entitlement of Benefit

(a) Effective Benefit Date _____ DD MM YY (b) Monthly Rate \$ _____

NAME _____ SIGNATURE _____ DATE _____
(BLOCK LETTERS) DD MM YY

SECOND SCHEDULE
[Regulation 17]**BELIZE SOCIAL SECURITY BOARD**
PENSIONER'S DECLARATION PENSION

DECLARATION IN RESPECT OF LIFE MUST BE MADE BY A JUSTICE OF PEACE, MINISTER OF RELIGION, BELIZEAN
CONSULATE NOTARY PUBLIC OR SUCH OTHER PERSON RECOGNIZED BY THE BOARD IN THE COUNTRY OF ORIGIN

NAME OF RECIPIENT:**ADDRESS:****NAME OF DECEASED INSURED PERSON:****Mark an X in the box next to the statement that applies to you.**

- ☐ → I hereby declare that I am single and do not have a common-law spouse.
- ☐ → I hereby declare that I am fully responsible for all the children.
- ☐ → I hereby declare that all children 16 yrs and over are still receiving full-time education.

You sign here → _____ Date → _____**Witness signs here → _____ Date → _____**

Principals' Signatures	Children's Name	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF AT ANY TIME THERE ARE ANY CIRCUMSTANCES THAT COULD AFFECT YOUR PENSION, KINDLY NOTIFY THE SOCIAL
SECURITY BOARD AS SOON AS POSSIBLE.

CHAPTER 44**SOCIAL SECURITY (FINANCIAL AND ACCOUNTING) REGULATIONS****ARRANGEMENT OF REGULATIONS**

1. Short title.
2. Interpretation.

PART I
FINANCIAL ORGANIZATION

3. Benefit Branches.
4. Financial autonomy of benefit Branches.

PART II
BUDGET ESTIMATES

5. Financial year.
6. Annual Budget.

PART III
FINANCIAL CONTROL

7. Financial authorisations to staff.
8. Fidelity bonds.
9. Loss, deficiencies and overpayment.
10. Internal Audit.
11. Periodical reports to Board.

PART IV
ACCOUNTS

12. Accounting System

13. Annual summary accounts.
14. Distribution of income of Fund among the Income and Expenditure Accounts of Benefit Branches.
15. Distribution of the expenditure of Funds among the Income and Expenditure Accounts of Benefit Branches.
16. Reserves to be constituted.
17. Level of Reserves and actuarial advice.
18. Investment of Reserves.
19. Cash working balance.
20. Tables of factors for actuarial present values.
21. List of investments to supplement the Balance Sheet.
22. Audit under section 47 of Act.

FIRST SCHEDULE

SECOND SCHEDULE

CHAPTER 44**SOCIAL SECURITY (FINANCIAL AND
ACCOUNTING) REGULATIONS***(Sections 46 and 64)*

86 of 1980.
60 of 1990.
105 of 1990.
39 of 2002.
89 of 2003.
Ch. 34.

[1st June, 1981]

Short title.

1. These Regulations may be cited as the

**SOCIAL SECURITY (FINANCIAL AND
ACCOUNTING) REGULATIONS.**

Interpretation.

2. For the purposes of these Regulations, unless the context otherwise requires -

“Act” means the Social Security Act;

“appointed day” means 1st June, 1981;

“death benefit” means a periodically payable benefit awarded under the Social Security (Benefit) Regulations, to survivors of an insured person who dies as a result of an employment injury;

“expenditure” means payments out of the Fund in accordance with the provisions of sub-section (3) of section 46 of the Act;

“financial and accounting orders” means orders made by the Board with the approval of the Minister;

“income” means payments into the Fund in accordance with the provisions of sub-section (2) of section 46 of the Act;

“Reserve” means any one of the Reserves constituted under Regulation 16;

“Schedule” means a Schedule to the Regulations.

All other words and expressions defined in the Act have the same meaning in these Regulations.

PART I **FINANCIAL ORGANIZATION**

3. Subject to these Regulations, benefit provided under the Act shall be grouped into three separate benefit branches, namely - Benefit Branches.

- (a) *Short-term Benefits Branch*, comprising sickness benefit and maternity benefit;
- (b) *Long-term Benefits Branch*, comprising retirement benefit, invalidity benefit, survivors' benefit and funeral grant;
- (c) *Employment Injury Benefits Branch*, comprising medical care, injury benefit, disablement benefit, death benefit and funeral grant payable on death due to employment injury.

4. (1) Except as provided in these Regulations, each of the three benefit Branches specified in Regulation 3 shall be financially autonomous, that is to say, income allotted to one benefit Branch shall not be used to cover expenditure relating to another Branch: Financial autonomy of benefit Branches.

Provided that -

- (a) if there is a temporary insufficiency in any one Branch, the Board may authorise the temporary transfer of an amount that may be necessary from another Branch;

- (b) an amount transferred under sub-paragraph (a) shall be repaid to the lending Branch by the borrowing Branch as soon thereafter as possible with payment of interest at such rate as the Board may determine;
- (c) if the insufficiency mentioned in paragraph (a) continues beyond a period of three months the Board, while authorising a temporary transfer of the necessary amounts, shall seek actuarial advice in accordance with paragraph (3) of Regulation 17.

(2) Separate income and expenditure accounts shall be established and maintained for each of these benefit Branches, and shall be prepared in accordance with Part IV of these Regulations.

(3) Separate Reserves shall be established and maintained in respect of each of the benefit Branches in accordance with Part IV of these Regulations.

PART II

BUDGET ESTIMATES

Financial year. 5. The financial year for the purpose of the budget and accounts shall be the year ending on the 31st day of December, provided that the first financial year shall cover such period as the Minister may direct.

Annual Budget. 6. (1) Before the 31st day of October of each financial year, the Manager shall, in respect of each of the Branches specified in Regulation 3, submit to the Board for its approval the estimates of income and expenditure for the next following financial year.

(2) The estimates under paragraph (1) shall be prepared in

accordance with financial and accounting orders.

(3) The estimates submitted in accordance with the Regulation, when approved by the Board, shall show the income which is expected to be collected and shall set limits to the expenditure which may be incurred under each of the relevant heads. Expenditure shall not be incurred under any head in excess of the limit set for that head without the prior approval of the Board:

Provided that expenditure in excess of the limits approved by the Board may be incurred in respect of benefits provided under the Act subject to subsequent ratification by the Board as soon thereafter as possible.

(4) If for some special reason the budget estimates submitted to the Board have not been approved by it before the beginning of the financial year to which they relate, the Manager may be authorised by the Board to incur expenditure under the various heads subject to such conditions as it may deem fit to impose until such time as the budget is duly approved.

PART III

FINANCIAL CONTROL

7. (1) The Manager shall draw up a list which shall contain the names of such of the officers of the Board as, from time to time, shall be authorised by the Board to approve payment vouchers, sign cheques, approve accounting transfers or exercise other similar functions, and the list shall specify such limits, financial or otherwise, as the Board may approve, within which each officer whose name appears on the list shall be authorised to exercise the function or functions allotted to him.

Financial
authorisations to
staff.

(2) Any changes in the list referred to in paragraph (1) shall be submitted on a supplementary list for the approval of the Board and the original list shall be revised accordingly.

8. Insurance by way of fidelity bonds or other similar security may be

Fidelity bonds.

arranged by the Board giving cover up to such amounts as may be approved by the Board, against the risk of defalcation by the cashiers, storekeepers and other custodians of the property of the Board.

Loss, deficiencies
and overpayment.

9. (1) The Board may authorise the writing off of any loss, deficiency or overpayment as irrecoverable if it is satisfied in each case -

(a) the adequate investigation has been made into the causes of, and responsibility for, the loss, deficiency, or overpayment; and

(b) that steps have been taken as far as possible to prevent the recurrence of similar losses, deficiencies, or overpayments in the future.

(2) The Board may direct that specific measures be taken to prevent losses mentioned in paragraph (1).

Internal Audit.

10. The Board shall ensure that adequate arrangements shall be made for the internal audit of the financial procedures, benefit payments and the maintenance and operation of the accounts of the Fund, and the principal functions of the internal audit shall be specified in the financial and accounting orders.

Periodical reports
to Board.

11. (1) The financial and accounting orders shall require the Manager to submit to the Board periodical reports on the financial situation of the Fund with reference to income and expenditure.

(2) The Manager shall submit to the Board any report by internal auditors concerning fraud, administrative abuse and serious irregularities.

PART IV
ACCOUNTS

12. The financial transactions of the Fund shall be recorded in the accounts by the double-entry system of book-keeping. Accounting System.
13. (1) At the end of each financial year the accounts as a whole shall be balanced and summary accounts and Balance Sheet shall be prepared namely- Annual summary accounts.
- (a) a consolidated Income and Expenditure Account for the Fund as a whole;
 - (b) the Income and Expenditure Account in respect of each of the three Benefit Branches specified in Regulation 3;
 - (c) a Balance Sheet for the Fund as a whole;
 - (d) an account supplementary to the Balance Sheet showing the current transactions of the Disablement and Death Benefit Reserve.
- (2) The accounts and Balance Sheet specified in paragraph (1) shall show the details specified in the financial and accounting orders.
- (3) Subject to paragraph (3) of Regulation 16, the Income and Expenditure Accounts shall show the income and expenditure recorded during the financial year and the Balance Sheet shall show the liabilities and assets of the Fund as at the end of the financial year.
- (4) The accounts and Balance Sheet specified in this Regulation shall be prepared as soon as practicable after the end of the financial year and shall be submitted to the Board not later than the 31st day of March:

Provided that if the Board is satisfied that for certain practical reasons the accounts could not be submitted to it by such date, it may extend the said date by a period not exceeding thirty days.

Distribution of
income of Fund
among the Income
and Expenditure
Accounts of
Benefit Branches.

14. (1) Subject to subregulation (1:01), all sums collected as contributions shall be distributed among the Benefit Branches in the following proportions-

89 of 2003.	(a)	Short-term Benefits Branch	18.75%
89 of 2003.	(b)	Long-term Benefits Branch	56.25%
89 of 2003.	(c)	Employment Injury Benefits Branch	25.0%

Provided that:

- (i) where a sum is collected as contribution which in accordance with the Act is payable only in respect of specified benefit or benefits such sums shall be allocated to the Branch of which such benefit or benefits form part with due regard to the provisions of this paragraph;
- (ii) if in an actuarial report made under the Act a revision of the contribution rate or of the method of distribution of sums collected as contribution is recommended, the Minister may, after consulting the Board, modify by order or Regulation the provisions of this paragraph accordingly.

(1:01) Of the Short-term Benefit Branch, the Board may, with the approval of the Minister, expend for social development purposes 0.15 per centum of the funds actuarially assessed from the total insurable earning ceiling collected as contributions for the said Branch, and all projects for such purposes shall be financed from a separate account to be opened and named the “Social Development Account”. 60 of 1990.

(2) The income from the investment of the Reserves shall be allocated as follows-

- (a) the income from the investment of the Short-term Benefit Contingency Reserve shall be allocated to the Short-term Benefits Branch;
- (b) the income from the investment of the Long-term Benefits Reserve shall be allocated to the Long-term Benefits Branch;
- (c) the income from the investment of the Disablement and Death Benefit Reserve shall be allocated as provided in paragraph (3) of Regulation 16.
- (d) subject to Regulation 16(4), the income from the investment of the Employment Injury Benefits Reserve shall be allocated to the Employment Injury Benefits Branch. 105 of 1999.

(3) All other income to the Fund which cannot be identified with any specific Branch shall be distributed among the three Benefit Branches in equal parts.

Distribution of the
expenditure of
Funds among the
Income and
Expenditure
Accounts of
Benefit Branches.

15. (1) The expenditure on each benefit shall be ascribed to that Branch under which the benefit is grouped in Regulation 3.

(2) The administrative expenditure of the Fund shall be distributed among the three Benefit Branches in such a manner that the proportion allocated to a particular Branch shall be equal to the proportion which the sum of the contribution income and benefit expenditure shown in the Income and Expenditure Account of that Branch bears to the sum of the contribution income and benefit expenditure of the Fund as a whole.

(3) All other expenditure which is not attributable to any specific Branch shall be distributed among the three Benefit Branches in equal parts.

Reserves to be
constituted.

16. (1) A Short-term Benefit Contingency Reserve shall be constituted by transferring thereto annually the excess of income over expenditure of the Short-term Benefits Branch.

(2) A Long-term Benefits Reserve shall be constituted by transferring thereto annually the excess of income over expenditure of the Long-term Benefits Branch.

(3) A Disablement and Death Benefit Reserve shall be constituted, to finance the periodically payable disablement and death benefits by transferring thereto at the end of each financial year the balance outstanding in the current account after the actuarial present values of periodically payable disablement and death benefits awarded in that year has been charged against the income for that year in the Income and Expenditure Account of the Employment Injury Benefits Branch and credited to a current account which will also be credited with the income from the investment of the said Reserve and debited with the actual payments of the current periodical disablement and death benefits effected during the year.

(4) Subject to paragraph (3), an Employment Injury Benefits (Short-term Reserve) shall be constituted to finance medical care, injury benefit

disablement grant and funeral grant by transferring thereto annually the excess of income over expenditure of the Employment Injury Branch.

17. (1) The minimum level of the Short-term Benefits Contingency Reserve shall be equivalent to six months average benefit expenditure of the Branch over the preceding three financial years:

Level of Reserves
and actuarial
advice.

Provided that for the first three years of operation of the Act, the Reserve may be fixed at six times the average monthly contribution income of the Branch.

(2) The minimum level of the Employment Injury Benefits (Short-term) Reserve shall be equivalent to twelve months average expenditure of the Branch on benefits other than periodically payable disablement and death benefits over the preceding three financial years:

Provided that this level may be reached by the end of the third year of operation and during the period the level of the Reserve shall be computed with reference to the actual period of operation.

(3) The Reserves specified in paragraphs (1) and (2) shall be used to meet any unforeseen or abnormal expenditure which the current income of any other Branch may not be sufficient to cover:

Provided that if either of the said reserves falls below the level specified in paragraphs (1) and (2) and the trend of reduction continues, actuarial advice shall be sought in accordance with the Act, and necessary action shall be taken so that contribution income available to the Branch concerned may be sufficient to cover the expenditure of that Branch and to restore the Reserve concerned to the prescribed level.

(4) Where it is anticipated that the current income of the Long-term Benefits Branch will become insufficient to meet the current expenditure of that Branch, actuarial advice shall be sought in accordance with the Act.

Investment of Reserves. 18. Each of the Reserves constituted under Regulation 16 shall be invested only in accordance with general or specific directions given by the Social Security Investment Committee or as may be prescribed:

Provided that due regard shall be had to the nature and purpose of each Reserve and to the probable period at which it may be necessary to realise the investment.

Cash working balance. 19. In addition to the Reserves constituted under Regulation 16, a cash working balance shall be established and maintained to meet the current expenditure (including administrative expenses) incurred in the operation of the Act as a whole. The amount of the said balance shall be fixed at two months average expenditure calculated over the preceding three financial years.

Tables of factors for actuarial present values. 20. The actuarial present values of awards of periodically payable disablements and death benefits shall be calculated on the basis of the Tables set forth in the First Schedule and in accordance with the examples given in the Second Schedule:

Provided that the actuarial factors in the First Schedule may be revised by the Minister by order on the recommendation of an actuary appointed in accordance with the Act and after consultation with the Board.

List of investments to supplement the Balance Sheet. 21. The Annual Balance Sheet shall be supplemented by a schedule giving a complete list of the investments of the Funds as at the date of the Balance Sheet, classified by the Reserves to which the investments relate. The list shall show the following particulars:

- (a) the name or identification of the investment, the rate of interest and the maturity date;
- (b) the cost price of the investment;
- (c) the face value of the investment;

(d) the current market value of the investment.

22. (1) The Board shall require the Manager to produce the accounts and Balance Sheet to the Auditor appointed under section 47 of the Act on or before the fifteenth day of April following the close of the financial year to which they relate:

Audit under
section 47 of Act.

Provided that in the case of an extension under paragraph (4) of Regulation 13 the Board may extend the said date by a period not exceeding thirty days.

(2) The Manager shall submit to the Auditor all accounts required for the purpose of the audit and any other document, information or explanation which the Auditor may require for the purpose.

(3) Subject to subsection (2) of section 47 of the Act, the Auditor's report on the annual accounts shall be submitted to the Board in such form as it may specify and, in case the Auditor has called for any information or required an explanation from any officer of the Board in accordance with this Regulation, whether such information or explanation has been satisfactorily furnished to him.

(4) The Auditor shall submit to the Board a separate statement, if necessary in regard to -

- (a) any material impropriety or irregularity which he may observe in the expenditure or in the recovery of moneys due to the Fund or in the accounts of the Board; or
- (b) any loss or waste of money or other property owned by or vested in the Board which has been caused by neglect or misconduct.

(5) The Board shall forthwith require the Manager to remedy any defect or irregularity pointed out by the Auditor and shall determine responsibility therefor and report to the Minister on the action taken thereon.

FIRST SCHEDULE**[Regulation 20]**

TABLE 1
DISABLEMENT AND DEATH BENEFITS

Factors for calculating the actuarial present values applicable to disablement pension and to pensions to widows, widowers and parents only.

Factor (x weekly rate of benefit)		
Age Attained	Males	Females
20 or less	1033	1070
21	1027	1065
22	1021	1060
23	1015	1055
24	1008	1050
25	1001	1045
26	994	1039
27	987	1033
28	980	1028
29	972	1021
30	964	1015

Age attained	Males	Females
31	955	1008
32	947	1001
33	938	994
34	929	987
35	919	979
36	909	972
37	899	963
38	888	955
39	877	946
40	866	937
41	855	928
42	843	918
43	830	908
44	818	898
45	805	887
46	792	877
47	778	865
48	765	854
49	751	842

Age attained	Males	Females
50	737	829
51	723	817
52	708	803
53	693	790
54	678	776
55	663	762
56	648	747
57	632	732
58	616	716
59	600	700
60	583	684
61	566	668
62	550	651
63	533	634
64	516	616
65	499	599
66	482	581
67	465	562
68	446	544

Age attained	Males	Females
69	432	525
70	416	506
71	400	487
72	384	468
73	369	449
74	354	431
75	339	413
76	324	395
77	310	378
78	295	361
79	282	345
80	266	329
81	256	313
82	244	298
83	233	283
84	222	268
85	211	253
86	201	239
87	191	225

Age attained	Males	Females
88	182	212
89	173	196
90	163	185
91	154	172
92	144	158
93	134	145
94	123	131
95	111	116
96	96	99
97	78	80
98	55	56
99	23	23

39 of 2002.

TABLE 2**DEATH BENEFIT**

Factors for calculating the actuarial present values applicable to pensions to children

Age attained during year	Factor by which weekly rate of benefits is to be multiplied
0	697.0
1	681.6
2	665.6
3	646.7
4	626.9
5	599.5
6	571.0
7	541.3
8	510.5
9	478.3
10	444.9
11	410.1
12	373.9
13	336.2
14	297.0

Age attained during year	Factor by which weekly rate of benefits is to be multiplied
15	256.1
16	213.6
17	169.4
18	123.4
19	75.5
20	25.7

39 of 2002.

SECOND SCHEDULE
[Regulation 20]

The examples and notes in this Schedule are intended to illustrate and act as a guide for ascertaining the actuarial present values of periodical payments in respect of Disablement Pensions and Death Benefits.

EXAMPLES OF CALCULATION

Example 1

Disablement Pension - **MALE**

Assumptions

Age attained during the year: 30
 Weekly Pension: 40

Calculation:

(Table 1) multiplying factor at age: 30
 (Males Table 1) by weekly pension,
 that is $964 \times \$40 = \$38,560$ (a)
 (amount transferred to Disablement
 and Death Benefits Reserve)

Example 2

Disablement Pension - **FEMALE**

Assumptions

Age attained during the year: 28
 Weekly Pension: \$35

Calculation:

(Table 1) $979 \times \$35 = \$34,265$ (a)

Example 3

Death Benefit - **WIDOW** (Table)

Assumptions

Age attained: 52
 Weekly Pension: 28

Calculation:

$803 \times \$28 = \$22,484$ (a)

Example 4

Death Benefit -

CHILD

Assumptions

Age attained: 5

Weekly Pension: \$16

Calculation:

(Table 2) $595.5 \times \$16 = \$9,528$ (a)

(a) amounts transferred to Disablement and Death Benefits Reserve.

CHAPTER 44**SOCIAL SECURITY (SELF-EMPLOYED PERSONS) REGULATIONS****ARRANGEMENT OF REGULATION****PART I**
PRELIMINARY

1. Short title.
2. Interpretation.
3. Application of Regulations to self-employed persons under the Act.

PART II
INSURANCE, REGISTRATION AND CONTRIBUTIONS

4. Insurance of self-employed persons.
5. Schedule of categories self-employed persons.
6. Registration of self-employed persons.
7. Issue of registration cards.
8. Payment of contribution by insured self-employed persons.
9. Benefits.
10. Liability for contributions.
11. Amount of contribution.
12. Election of weekly income.
13. Contribution during multiple employment.
14. Notification of termination of self-employment.

PART III
CONTRIBUTIONS

15. Contribution during benefit period.
16. Continuing liability of self-employed persons.
17. Treatment of contribution of wrong class.

-
18. Refund of contribution paid in error.

PART IV
GENERAL PROVISIONS

19. Transitional provisions.
20. Linkage of contribution as employed/self employed persons.
21. Claims and payments.
22. Offences and penalties.
23. Commencement.

FIRST SCHEDULE

SECOND SCHEDULE

CHAPTER 44

125 of 2002.
Ch. 44.

**SOCIAL SECURITY (SELF-EMPLOYED
PERSONS) REGULATIONS**
(Section 46)

[19th October, 2002]

PART 1
PRELIMINARY

- Short title. 1. These Regulations may be cited as the
- SOCIAL SECURITY (SELF-EMPLOYED PERSONS)
REGULATIONS.**
- Interpretation. 2. In these Regulations, unless the context otherwise requires:
- CAP. 44. “Act” means the Social Security Act;
- “average insurable earnings” has the same meaning as that set out in the Social Security (Benefit) Regulations, provided that earnings for the self employed shall be the actual income declared;
- “appointed day” means the 6 day of January of 2003;
- “Board” means the Social Security Board;
- “Contribution Regulations” mean the Social Security (Contributions) Regulations;
- “contribution week” has the same meaning as in the Act;
- “insured person” in relation to a self-employed person, means an insured person

under these Regulations pursuant to section 2 of the Act;

“registration Regulations” mean the Social Security (Registration of Employers and Insured Persons) Regulations;

“self-employed person” means a person gainfully occupied in employment in Belize who is not an employed person and who is between the ages of 18 and 60 years.

3. (1) The Regulations made under the Act applying to employed persons, unless they are expressly varied or excluded by, or are inconsistent with these Regulations, shall also apply to self-employed persons who are insured pursuant to section 3 of the Act.

Application of Regulations to self-employed persons under the Act.

(2) A person shall be entitled to pay contributions as a self-employed person, in the manner prescribed by the Board.

(3) Participation shall be on a voluntary basis but once registered, the self-employed person shall contribute on a sustainable basis to the Social Security Fund.

PART II **INSURANCE, REGISTRATION AND** **CONTRIBUTIONS**

4. Subject to these Regulations, every self-employed person in the categories specified in the First Schedule who on the appointed day:

Insurance of self-employed persons. First Schedule.

- (a) is between the ages of eighteen and sixty years;
- (b) is ordinarily resident in Belize;
- (c) is gainfully occupied in employment in Belize and is not an employed person, and

(d) has opted to join the Social Security Scheme,

shall be insured under the Act.

Schedule of
categories of self-
employed persons.
First Schedule.

5. Subject to these Regulations, every insured person may in respect of any employment specified in the First Schedule be treated for the purposes of the Act as a self-employed person in so far as he is gainfully occupied in such employment.

Registration of self-
employed persons.

6. All self-employed insurable persons are required to be registered at the offices of the Board on the appropriate form to be supplied by the Board.

Issue of
registration cards.

7. (1) Where upon the receipt of an application for registration under the Act, the Board is satisfied that a person is required to be insured, it shall issue a Social Security Registration Card to that person, and such card shall carry the full name and registration number and other particulars as specified by the Board.

(2) Where a person has previously been registered as an employed person under the provisions of the registration Regulations, the registration number allocated under the previous registration shall be the same registration number of a self-employed person under the Act.

Payment of
contribution by
insured self-
employed persons.

8. (1) Every insured self-employed person shall, within fourteen days after the end of a calendar month, pay in a manner acceptable to the Board all contributions payable by him for that month. The Board shall set up alternative payment modalities to specific sectors of self-employed persons.

(2) Where during the course of a calendar month the employment of a self-employed person ceases or is interrupted because of sickness, employment injury, pregnancy, change of employment status, or other circumstances which might affect his liability to pay contributions for the whole month, he shall nevertheless, be liable to pay contributions in respect of that part of the month during which he was self-employed, that is, up to the day

immediately preceding the date of cessation:

Provided that a self-employed person shall not be liable to pay contributions as a self-employed person in respect of any period in which he is either in receipt of benefit, **(with the exception of survivors' benefits)** or is liable to pay contribution as an employed person.

9. (1) A self-employed person shall pay not less than twenty-six contributions as a self-employed insured person before qualifying for any benefit under the Act, provided the qualifying conditions under the Social Security (Benefit) Regulations are satisfied. Benefits.

(2) For the self-employed person, short-term and employment injury benefits will be disallowed if the contributions are not paid within the prescribed time.

(3) Coverage of employment injury for self-employed persons shall be confined to the declared trade, business or profession of the self-employed person.

10. For each contribution week during the whole of which or part thereof a person has been employed as a self-employed person, he shall be liable for payment of a contribution. Liability for contributions.

11. (1) The amount of contribution payable by a self-employed person for each week in respect of his employment shall be 7% of the weekly income declared by him subject to a minimum income of fifty-five dollars per week and a maximum income of three hundred and twenty dollars per week. Amount of contribution.

(2) The weekly insurable income of a self employed person and the amount of contribution payable shall be the amounts set out in columns one and two respectively of the Second Schedule. Second Schedule.

12. (1) A self-employed person who is over the age of fifty years on or Election of weekly income.

after the appointed day shall declare a weekly income not to exceed two hundred dollars.

(2) A self-employed insured person who is under fifty years of age on or after the appointed day and who has paid contributions as a self-employed person in the year in which he reaches the age of fifty-four years shall be deemed to have declared for any subsequent contribution year for which he is liable to pay contribution the same weekly income as the income he had declared for the contribution year in which he had reached the age of fifty-four years.

(3) Every self-employed person shall declare a weekly income for each contribution year not later than the end of the calendar month following that in which the first contribution week of the new year in which he is liable to pay contribution as a self-employed person begins, and such declaration shall be valid for the whole contribution year:

Provided that for any subsequent contribution year the self-employed person may only declare a weekly income which is not to exceed fifty dollars from the immediately lower or higher amount of weekly income to the one the self-employed person had declared in the immediately preceding contribution year.

(4) A self-employed person who fails to declare a weekly income within the time prescribed in subregulation (3) for any contribution year, shall be deemed to have declared the weekly income he had declared for the preceding contribution year.

Contribution
during multiple
employment.

13. A person who during one part of a calendar year is mainly employed as an employed person and for another part of that year is mainly employed as a self-employed person shall pay contributions respectively as an employed person and as a self-employed person.

14. Every self-employed person who terminates his employment as a self-employed person shall notify the Board in writing within twenty-four hours of such termination.
- Notification of termination of self-employment.

PART III

CONTRIBUTIONS

15. A self-employed person shall not be required to pay contribution in respect of any period prior to attaining the age of sixty during which he is in receipt of benefit, and shall be entitled to a refund of any contributions so paid.
- Contribution during benefit period.
16. Where an insured person is employed as a self-employed person and is ordinarily so employed, that employment shall be regarded as continuing, notwithstanding that in any particular contribution week he does no work as a self-employed person, and until he is no longer ordinarily employed as a self-employed person.
- Continuing liability of self-employed persons.
17. Where contributions are paid under the Act which are of the wrong class or at the wrong rate, the Board may treat as paid on account of contributions which would have been properly payable.
- Treatment of contribution of wrong class.
18. (1) Any contribution paid in error by a self-employed person shall be returned by the Board on application to that person in accordance with the contribution Regulations.
- Refund of contribution paid in error.
- (2) A self-employed person who becomes insured for the first time on the “appointed day” pursuant to these Regulations and who cannot by virtue of his proven age qualify for any benefit under the Act shall be eligible for a refund of contributions paid by him between the appointed day and his attainment of age sixty.

PART IV
GENERAL PROVISIONS

Transitional provisions.

19. (1) Subject to sub-regulation (2) below, a self-employed person shall be insured under the Act in respect of the contingencies relating to benefits contained in the Social Security (Benefit) Regulations and the contribution conditions specified therein.

(2) Regulation 27 of the aforesaid Social Security (Benefit) Regulations [relating to transitional credits] shall not apply to self-employed persons except those who had made contributions as an employed person prior to becoming an insured self-employed person.

Linkage of contributions as employed/self-employed persons.

20. For the purpose of computing the relevant benefit, contributions made by an insured person, whether as an employed or self-employed person, prior to and after the appointed day, shall be taken into consideration.

Claims and payments.

21. (1) An insured self-employed person shall submit a claim for benefit in accordance with the provisions of the Social Security (Claims and Payments) Regulations.

(2) An insured self-employed person shall report to an office of the Board an accident at work within 24 hours after the occurrence of such accident.

Offences and penalties.

22. Any person who, for the purpose of obtaining any benefit or other payment under these Regulations, whether for himself or some other person, or for any other purpose connected with these Regulations:

(a) knowingly makes any false statement or false representations; or

(b) produces or furnishes, or causes or knowingly allows to be produced or furnished, any document

or information which he knows to be false in a material particular,

shall be liable on summary conviction to a fine of one thousand dollars or to imprisonment for a term not exceeding six months, or to both such fine and imprisonment.

23. These Regulations shall come into force on the **1st day of November, 2002.** Commencement.

MADE by the Minister responsible for the Social Security this 18th day of October 2002.

(SAID W. MUSA)

Minister Responsible for Social Security

FIRST SCHEDULE**[Regulations 4 and 5]**

The categories of self-employed persons include:

1. Professionals such as accountants, lawyers, doctors, architects, dentists, consultants, chemists and engineers.
2. Persons engaged in their own business in commerce or trade whether as directors, including owners, proprietors, owners of shops or who independently provide service of all kinds.
3. Farmers: agricultural or horticultural.
4. Fishermen.
5. Taxi-drivers.
6. Street vendors and traders.
7. Technicians and skilled workers, plumbers, electricians, shoemakers, carpenters, beauticians and barbers.
8. Other persons who offer their skills and service for pay and are not subject to the general direction and control of the recipient of the service as to how such are to be applied.
9. Housewives.
10. Others (which may be specified).

SECOND SCHEDULE**[Regulation 11]**

WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$	WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$
55.00	\$3.85	71.00	\$4.97
56.00	\$3.92	72.00	\$5.04
57.00	\$3.99	73.00	\$5.11
58.00	\$4.06	74.00	\$5.18
59.00	\$4.13	75.00	\$5.25
60.00	\$4.20	76.00	\$5.32
61.00	\$4.27	77.00	\$5.39
62.00	\$4.34	78.00	\$5.46
63.00	\$4.41	79.00	\$5.53
64.00	\$4.48	80.00	\$5.60
65.00	\$4.55	81.00	\$5.67
66.00	\$4.62	82.00	\$5.74
67.00	\$4.69	83.00	\$5.81
68.00	\$4.76	84.00	\$5.88
69.00	\$4.83	85.00	\$5.95
70.00	\$4.90	86.00	\$6.02

WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$	WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$
87.00	\$6.09	106.00	\$7.42
88.00	\$6.16	107.00	\$7.49
89.00	\$6.23	108.00	\$7.56
90.00	\$6.30	109.00	\$7.63
91.00	\$6.37	110.00	\$7.70
92.00	\$6.44	111.00	\$7.77
93.00	\$6.51	112.00	\$7.84
94.00	\$6.58	113.00	\$7.91
95.00	\$6.65	114.00	\$7.98
96.00	\$6.72	115.00	\$8.05
97.00	\$6.79	116.00	\$8.12
98.00	\$6.86	117.00	\$8.19
99.00	\$6.93	118.00	\$8.26
100.00	\$7.00	119.00	\$8.33
101.00	\$7.07	120.00	\$8.40
102.00	\$7.14	121.00	\$8.47
103.00	\$7.21	122.00	\$8.54
104.00	\$7.28	123.00	\$8.61
105.00	\$7.35	124.00	\$8.68

WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$	WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$
125.00	\$8.75	144.00	\$10.08
126.00	\$8.82	145.00	\$10.15
127.00	\$8.89	146.00	\$10.22
128.00	\$8.96	147.00	\$10.29
129.00	\$9.03	148.00	\$10.36
130.00	\$9.10	149.00	\$10.43
131.00	\$9.17	150.00	\$10.50
132.00	\$9.24	151.00	\$10.57
133.00	\$9.31	152.00	\$10.64
134.00	\$9.38	153.00	\$10.71
135.00	\$9.45	154.00	\$10.78
136.00	\$9.52	155.00	\$10.85
137.00	\$9.59	156.00	\$10.92
138.00	\$9.66	157.00	\$10.99
139.00	\$9.73	158.00	\$11.06
140.00	\$9.80	159.00	\$11.13
141.00	\$9.87	160.00	\$11.20
142.00	\$9.94	161.00	\$11.27
143.00	\$10.01	162.00	\$11.34

WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$	WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$
163.00	\$11.41	182.00	\$12.74
164.00	\$11.48	183.00	\$12.81
165.00	\$11.55	184.00	\$12.88
166.00	\$11.62	185.00	\$12.95
167.00	\$11.69	186.00	\$13.02
168.00	\$11.76	187.00	\$13.09
169.00	\$11.83	188.00	\$13.16
170.00	\$11.90	189.00	\$13.23
171.00	\$11.97	190.00	\$13.30
172.00	\$12.04	191.00	\$13.37
173.00	\$12.11	192.00	\$13.44
174.00	\$12.18	193.00	\$13.51
175.00	\$12.25	194.00	\$13.58
176.00	\$12.32	195.00	\$13.65
177.00	\$12.39	196.00	\$13.72
178.00	\$12.46	197.00	\$13.79
179.00	\$12.53	198.00	\$13.86
180.00	\$12.60	199.00	\$13.93
181.00	\$12.67	200.00	\$14.00

WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$	WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$
201.00	\$14.07	220.00	\$15.40
202.00	\$14.14	221.00	\$15.47
203.00	\$14.21	222.00	\$15.54
204.00	\$14.28	223.00	\$15.61
205.00	\$14.35	224.00	\$15.68
206.00	\$14.42	225.00	\$15.75
207.00	\$14.49	226.00	\$15.82
208.00	\$14.56	227.00	\$15.89
209.00	\$14.63	228.00	\$15.96
210.00	\$14.70	229.00	\$16.03
211.00	\$14.77	230.00	\$16.10
212.00	\$14.84	231.00	\$16.17
213.00	\$14.91	232.00	\$16.24
214.00	\$14.98	233.00	\$16.31
215.00	\$15.05	234.00	\$16.38
216.00	\$15.12	235.00	\$16.45
217.00	\$15.19	236.00	\$16.52
218.00	\$15.26	237.00	\$16.59
219.00	\$15.33	238.00	\$16.66

WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$	WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$
239.00	\$16.73	258.00	\$18.06
240.00	\$16.80	259.00	\$18.13
241.00	\$16.87	260.00	\$18.20
242.00	\$16.94	261.00	\$18.27
243.00	\$17.01	262.00	\$18.34
244.00	\$17.08	263.00	\$18.41
245.00	\$17.15	264.00	\$18.48
246.00	\$17.22	265.00	\$18.55
247.00	\$17.29	266.00	\$18.62
248.00	\$17.36	267.00	\$18.69
249.00	\$17.43	268.00	\$18.76
250.00	\$17.50	269.00	\$18.83
251.00	\$17.57	270.00	\$18.90
252.00	\$17.64	271.00	\$18.97
253.00	\$17.71	272.00	\$19.04
254.00	\$17.78	273.00	\$19.11
255.00	\$17.85	274.00	\$19.18
256.00	\$17.92	275.00	\$19.25
257.00	\$17.99	276.00	\$19.32

WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$	WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$
277.00	\$19.39	296.00	\$20.72
278.00	\$19.46	297.00	\$20.79
279.00	\$19.53	298.00	\$20.86
280.00	\$19.60	299.00	\$20.93
281.00	\$19.67	300.00	\$21.00
282.00	\$19.74	301.00	\$21.07
283.00	\$19.81	302.00	\$21.14
284.00	\$19.88	303.00	\$21.21
285.00	\$19.95	304.00	\$21.28
286.00	\$20.02	305.00	\$21.35
287.00	\$20.09	306.00	\$21.42
288.00	\$20.16	307.00	\$21.49
289.00	\$20.23	308.00	\$21.56
290.00	\$20.30	309.00	\$21.63
291.00	\$20.37	310.00	\$21.70
292.00	\$20.44	311.00	\$21.77
293.00	\$20.51	312.00	\$21.84
294.00	\$20.58	313.00	\$21.91
295.00	\$20.65	314.00	\$21.98

WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$	WEEKLY INCOME \$	WEEKLY CONTRIBUTION \$
315.00	\$22.05	318.00	\$22.26
316.00	\$22.12	319.00	\$22.33
317.00	\$22.19	320.00	\$22.40

CHAPTER 44

SOCIAL SECURITY (GOVERNMENT EMPLOYEES) REGULATIONS

ARRANGEMENT OF REGULATIONS

1. Short title.
2. Benefits.
3. Avoidance of double benefits.
4. Maternity benefits.

CHAPTER 44

49 of 1982.

SOCIAL SECURITY (GOVERNMENT EMPLOYEES)
REGULATIONS
(Sections 58 and 64)

[19th June, 1982]

Short title.

1. These Regulations may be cited as the

SOCIAL SECURITY (GOVERNMENT EMPLOYEES)
REGULATIONS.

Benefits.

2. Where any public officer, police officer, teacher or any other Government employee is entitled to receive any sickness benefit or maternity benefit under the Public Service Regulations, the Government (Open Vote) Workers' Regulations any other rules or regulations for the time being in force as well as from the Social Security Fund and receives any amount by the way of such benefit from the Government, the Government shall be entitled to recover from the Social Security Board so much of the amount as such public officer, police officer, teacher or other Government employee is entitled to under the Social Security Act, and the Social Security Board shall pay that amount to the Government in full satisfaction of any claim by any such, public officer, police officer, teacher or other Government employee.

Avoidance of double benefits.

3. (1) Subject to the provisions of sub-regulation (2) hereof a public officer, police officer, teacher or other Government employee who is entitled to and receives any sickness benefits or maternity benefits from the Government shall not receive sickness benefits or maternity benefits from the Social Security Fund for that same period.

- (2) Where the sickness benefits or maternity benefits under the Social Security Act are more favourable than those under the Public Service

Regulations for the Public Service, the Government (Open Vote) Workers' Regulations or other rules or regulations then in any such case an officer shall be entitled to receive from the Social Security Board the difference between those benefits under the Social Security Scheme and those entitlements under the Public Service Regulations, the Government (Open Vote) Workers' Regulations or other rules or regulations.

4. These Regulations shall not in any way affect the entitlement to a Maternity benefits. maternity grant provided for under the Social Security (Benefit) Regulations.

CHAPTER 44

**SOCIAL SECURITY (CARICOM AGREEMENT ON
SOCIAL SECURITY) (ADAPTATION) ORDER**

ARRANGEMENT OF REGULATIONS

1. Short title.
2. Interpretation.
3. Adaptation of Act.
4. Commencement.

SCHEDULE

CHAPTER 44**SOCIAL SECURITY (CARICOM AGREEMENT ON
SOCIAL SECURITY) (ADAPTATION) ORDER**
(Section 61)5 of 1998.
Ch. 34.[24th January, 1998.]

WHEREAS, section 61 of the Social Security Act provides that for the purposes of giving effect to any agreement with Caricom countries, being an agreement which provides for reciprocity in matters of social security, the Minister may, by Order, adapt or modify the provisions of the Social Security Act in their application to cases affected by the Agreement;

CAP. 44.

CAP. 44.

AND WHEREAS, the Caricom Agreement on Social Security was signed by the member states of the Caribbean Community at Georgetown, Guyana, on the 1st day of March, 1996, and Belize subsequently ratified the Agreement on the 5th day of September, 1996;

AND WHEREAS, it is necessary to make an Order adapting the provisions of the Social Security Act in their application to the said Agreement;

CAP. 44.

NOW, THEREFORE, it is hereby provided as follows: -

1. This Order may be cited as the Short title.

**SOCIAL SECURITY (CARICOM AGREEMENT ON
SOCIAL SECURITY) (ADAPTATION) ORDER.**

2. (1) In this Order, “Agreement” means the Caricom Agreement on Social Security signed at Georgetown, Guyana, on the 1st day of March, 1996, and ratified by Belize on the 5th day of September, 1996, a text of which is set out in the Schedule to this Order. Interpretation.

(2) The Interpretation Act shall apply to the Interpretation of this Order as it applies to the interpretation of an Act.

Adaptation of Act.
CAP. 44. 3. The provisions of the Social Security Act and any Regulations made thereunder in respect of old age contributory pension, invalidity pension, survivor's pension death benefit and disablement benefit, are, to the extent to which they are affected by the Agreement, deemed to be modified or adapted to give effect to the Agreement.

Commencement. 4. This Order shall come into force on the 30th day of December, 1997.

MADE by the Minister responsible for Social Security this 30th day of December, 1997.

(MANUEL ESQUIVEL)
Minister of Finance
Minister Responsible for Social Security

SCHEDULE

[Paragraph 2]

CARICOM AGREEMENT

ON

SOCIAL SECURITY

THE CONTRACTING PARTIES

CONSIDERING that one of the aims of the Caribbean Community is the fostering of unity among its members by functional cooperation in the area of social security;

RECOGNISING that harmonisation of the social security legislation of the Member States of the Caribbean Community is one of the ways envisaged to promote functional cooperation and regional unity;

AFFIRMING the principles of equality of treatment for residents of the Contracting Parties under their social security legislation, the maintenance of rights acquired or in the course of acquisition, as well as the protection and maintenance of such rights notwithstanding changes of residence among their respective territories - principles which underlie several of the Conventions of the International Labor Organisation,

HAVE AGREED as follows:

PART I**DEFINITIONS, SCOPE AND GENERAL PROVISIONS****ARTICLE I****DEFINITIONS**

In this Agreement, unless the context otherwise requires:

- (a) “benefit” means a periodical payment in cash in respect of the benefits specified in Article 2, including any components thereof and such increases, supplements or allowances as may be specified in the applicable legislation, and payable for a period exceeding fifty-two weeks;
- (b) “competent authority” means the Minister or other authority of a Contracting Party charged with responsibility for social security;
- (c) “competent institution means -
 - (i) the institution with which the person concerned is insured when claiming a benefit;
 - (ii) the institution from which a claimant is entitled to receive, or would be entitled to receive, a benefit if such a claimant were resident in the territory of the Contracting Party where that institution is situated; or
 - (iii) the institution designated by the competent authority of the Contracting Party concerned;
- (d) “competent jurisdiction” means the territory of the Contracting Party

where the competent institution is situated;

- (e) “Contracting Party” means any country which has signed and ratified this Agreement in accordance with paragraphs 1, 2 and 3 of Article 59 or has acceded thereto in accordance with paragraph 4 of Article 59 or in accordance with Article 60 and for which the Agreement is in force;
- (f) “dependant” means -
 - (i) a member of the family of an insured person and who is dependent on that person; or
 - (ii) some person who, though not being such a family member, is recognised as such by the applicable legislation; or
 - (iii) a surviving spouse of an insured person whether or not dependent on that person;
- (g) “institution” means the body responsible for administering the applicable legislation;
- (h) “Insurance period” means the contribution period defined or recognised as such by or under the applicable legislation;
- (i) “insured person” means an employed or a self-employed person, or any other person recognised as such by or under the applicable legislation;
- (j) “applicable legislation” means the relevant laws governing social security for the time being, in force in the territory of a Contracting Party,

- (*k*) “place of residence” means ordinary place of residence;
- (*l*) “stay” means temporary residence;
- (*m*) “survivor” means a person -
 - (*i*) defined or recognised as such by the applicable legislation, and
 - (*ii*) who is entitled to claim through an insured person dying in consequence of an employment injury or otherwise, and “survivors benefit” shall be construed accordingly.

2. Other words and expressions used in this Agreement have the meanings respectively assigned to them by the applicable legislation.

ARTICLE 2

SCOPE OF AGREEMENT

The provisions of this Agreement shall apply to the following payments of social security:

- (*a*) invalidity pensions;
- (*b*) disablement pensions;
- (*c*) old age or retirement pensions;
- (*d*) survivors’ pensions, and
- (*e*) death benefits in the form of pensions.

ARTICLE 3**APPLICATION OF THE AGREEMENT**

1. The provisions of this Agreement shall be applied to insured persons who are or have been subject to the applicable legislation of one or more Contracting Parties as well as to their dependants or survivors, as the case may be.
2. The provisions of this Agreement shall not be applied to diplomatic agents within the meaning of the Vienna Convention on Diplomatic Relations (1961), Consular Officers within the meaning of the Vienna Convention on Consular Relations (1963), or to persons of equivalent rank in international organisations of which a Contracting Party is a member.

ARTICLE 4**DETERMINATION OF CONTRIBUTION PERIODS
FOR VOLUNTARY INSURANCE**

Where the applicable legislation of a Contracting Party makes entitlement to voluntary insurance conditional upon the completion of a specified number of insurance periods, the competent institution shall take into account all insurance periods completed under the applicable legislation of other Contracting Parties as if they were insurance periods completed under its applicable legislation.

ARTICLE 5**REDUCTION, MODIFICATION, SUSPENSION, AND
FORFEITURE OF BENEFITS**

Unless otherwise specified in this Agreement, the benefits specified in Article 2 and provided for in the applicable legislation of Contracting Parties shall not be reduced, modified, suspended or forfeited by reason only of the fact that the claimant is resident in the territory of a Contracting Party other than that of the Contracting Party where the competent institution

liable to pay such benefits is situated.

PART II

PROVISIONS DETERMINING THE LAW TO BE APPLIED TO CERTAIN INSURED PERSONS

ARTICLE 6

EXCLUSIVITY OF APPLICABLE LAW

An insured person shall, at the material time, be subject in relation to that person's employment to the applicable legislation of only one Contracting Party.

ARTICLE 7

PERSONS EMPLOYED IN TRANSNATIONAL ENTERPRISES

Subject to the qualifications specified hereunder, an insured person who is employed in the territory of a Contracting Party shall be subject to the applicable legislation of that Contracting Party even if that person resides in the territory of another Contracting Party or even if the undertaking which employs that person has its principal place of business, or the residence of that person's employer is situated, in the territory of another Contracting Party:

- (i) an employed person who is employed in the territory of a Contracting party by an undertaking which is that person's regular employer and who is assigned by that undertaking to work for it in the territory of another Contracting Party, shall remain subject to the applicable legislation of the first Contracting Party, provided that the estimated duration of the employment does not exceed twenty-four months;
- (ii) where, due to unforeseen circumstances, the work to be

performed exceeds the estimated period of twenty four months, the applicable legislation of the Contracting Party in the territory of which the undertaking is located shall remain applicable until the work is completed, subject to agreement to this effect by the competent authorities of the two Contracting Parties concerned.

ARTICLE 8

ITINERANT EMPLOYED PERSONS

Subject to the qualifications specified hereunder, an employed person who is employed in the territory of a Contracting party shall be subject to the applicable legislation of that Contracting Party even if that person resides in the territory of another Contracting Party or even if the undertaking which employs that person has its principal place of business, or the place of residence of that person's employer is in the territory of another Contracting party:

- (a) an employed person other than one engaged in international transport, who normally works in the territories of two or more Contracting Parties, shall be subject to the applicable legislation of the Contracting Party where that person's place of residence is situated if -
 - (i) part of that person's occupation is carried on in the territory of that person's place of residence; or
 - (ii) that person is employed by two or more undertakings or employers having their principal places of business or residences, as the case maybe, in the territories of different Contracting Parties;
- (b) except as provided in sub-paragraph (a), an employed person within the meaning of that sub-paragraph shall be subject to the applicable

legislation of the Contracting Party in the territory of which the undertaking employing that person has its principal place of business or the place of residence of that person's employer.

ARTICLE 9

PERSONS EMPLOYED IN INTERNATIONAL TRANSPORT

Subject to the qualifications specified hereunder, an employed person who is employed in the territory of a Contracting Party shall be subject to the applicable legislation of that Contracting Party even if that person resides in the territory of another Contracting Party or even if the undertaking which employs that person has its principal place of business, or the place of residence of that person's employer is in the territory of another Contracting Party:

an employed person who is employed in international transport in the territories of two or more Contracting parties as travelling personnel employed in the service of an undertaking which, on behalf of others or on its own behalf, is engaged in the transport of passengers or goods by road, inland waterway or air shall be subject to -

- (a) the applicable legislation of the territory where the principal place of business is located if the principal place of business of the undertaking is in the territory of a Contracting Party;
- (b) the applicable legislation of the territory where a subsidiary, branch or agency of an undertaking is located if that person is employed by any of the same and the location is different from the territory in which the principal place of business of that undertaking is situated;
- (c) the applicable legislation of the place of residence, if that person is mainly employed in the territory of a Contracting Party in which that person is ordinarily resident even if the undertaking employing that person has neither its principal place of business, nor a branch,

subsidiary or agency in that territory.

ARTICLE 10

PERSONS EMPLOYED ON SHIPS

Subject to the exceptions set out hereunder, persons employed on board ships flying the flag of a Contracting Party shall be subject to the applicable legislation of that Contracting Party:

- (i) employed persons who are employed by an undertaking which is their regular employer, either in the territory of a Contracting Party or on board a ship flying the flag of a Contracting Party, and who are assigned by that undertaking to work for it on board a ship flying the flag of another Contracting Party, shall remain subject to the applicable legislation of the first Contracting Party, subject to the conditions set out in (i) and (ii) of Article 7;
- (ii) employed persons normally engaged in their occupations in the territorial waters or in a port of a Contracting Party or on board a ship flying the flag of another Contracting Party but who are not members of the ship's crew shall be subject to the applicable legislation of the first Contracting Party;
- (iii) employed persons who are employed on board a ship flying the flag of a Contracting Party and who are paid in respect of their occupation by an undertaking having its principal place of business, or by a person residing in the territory of another Contracting Party, shall be subject to the applicable legislation of the second Contracting Party if they reside in its territory and the undertaking or person

paying the remuneration shall be regarded as the employer for the purpose of the application of the said legislation.

ARTICLE 11

PERSONS EMPLOYED IN DIPLOMATIC MISSIONS, CONSULATES AND INTERNATIONAL ORGANISATIONS

The Provisions of Articles 9, 10 and 11 shall also be applied to members of the service staff of diplomatic missions, consulates or international organisations and persons employed in the private service of officials of such organisations but such person who are nationals of a Contracting Party which is a sending State may opt for the application to them of the relevant legislation of that Contracting Party.

ARTICLE 12

SELF-EMPLOYED PERSONS

Subject to the qualifications specified hereunder a self-employed person who follows that person's occupation in the territory of a Contracting Party shall be subject to the applicable legislation of that Contracting Party even if that person resides in the territory of another Contracting Party:

- (a) a self-employed person who resides in the territory of one Contracting Party and that person's occupation in the territory of another Contracting Party shall be subject to the applicable legislation of the first Contracting Party if the second Contracting Party has no legislation applicable to that person;
- (b) a self-employed person who normally follows that person's occupation in the territories of two or more Contracting Parties shall be subject to the applicable legislation of the Contracting Party in the territory in which that person resides, if that person works

partly in that territory;

- (c) where the self-employed person referred to in paragraph (b) does not follow part of that person's occupation in the territory of the Contracting Party where that person resides, or where that Contracting Party has no legislation applicable to that person, that person shall be subject to the legislation agreed on by the competent institutions of the Contracting Parties concerned.

ARTICLE 13

EXCLUSION OF ARTICLES 6 TO 12 IN RESPECT OF VOLUNTARY INSURANCE

The provisions of Articles 6 to 12 shall not be applied to voluntary insurance.

ARTICLE 14

ENTITLEMENT TO MEMBERSHIP IN COMPULSORY AND VOLUNTARY INSURANCE SCHEMES

1. Where the application of the relevant legislation of two or more Contracting Parties would result in the person concerned becoming insured under a compulsory insurance scheme and at the same time permit membership as a voluntary contributor to another compulsory insurance scheme, the person concerned shall be subject only to the applicable legislation of the first-mentioned compulsory insurance scheme.
2. In cases where the application of the relevant legislation of two or more Contracting Parties would permit membership as a voluntary contributor to two or more compulsory insurance schemes, the person concerned shall be entitled to be insured under the insurance of the Contracting Party where that person resides, or if that person is not resident in the territory of one of the Contracting Parties, under the scheme of the Contracting Party the legislation of which last applied to that person.

ARTICLE 15**EXCLUSION OF THE PROVISIONS OF PART II**

The competent authorities of two or more Contracting Parties may, by mutual consent, make exceptions to any of the provisions of Articles 6 to 14 in the interests of persons affected thereby.

PART III**PROVISIONS GOVERNING INVALIDITY OLD AGE,
RETIREMENT, SURVIVORS' AND DISABLEMENT
PENSIONS, AND DEATH BENEFIT****ARTICLE 16****DETERMINATION OF BENEFITS**

Where an insured person has been subject successively or alternatively to the applicable legislation of two or more Contracting Parties and has satisfied the conditions for a benefit in the jurisdiction of any of those Contracting Parties, such insured person or the survivors of that person as the case may be, shall be entitled to the benefit in accordance with the applicable legislation of each of the Contracting Parties concerned.

ARTICLE 17**TOTALISATION OF CONTRIBUTION PERIODS**

Where the applicable legislation of a Contracting Party makes entitlement to benefits conditional on the completion of a specified number of insurance periods and Article 16 does not apply, the competent institution shall take account of all insurance periods completed under the applicable legislation of other Contracting Parties in determining the fulfilment of the condition at the material time.

ARTICLE 18**PAYMENT OF A PARTIAL BENEFIT**

Where, at the material time, a claimant has satisfied the conditions for entitlement to a benefit in the jurisdiction of one Contracting Party but not the conditions for a benefit under the legislation of another Contracting Party in the territory of which the insured person concerned was employed, the competent institution of the other Contracting Party shall pay to such insured person or persons claiming through that person a portion of the benefit to which such person would have been entitled if that person had satisfied the relevant conditions. The portion of the benefit payable shall bear the same ratio which the contributions of that person bear to the total qualifying contributions.

ARTICLE 19**APPORTIONMENT OF TOTALISED BENEFITS**

1. The competent institution of each Contracting Party shall determine in accordance with the applicable legislation whether and to what extent an insured person or the survivor of that person, as the case may be, satisfies the conditions for entitlement to benefit under Article 16, 17 or 18.
2. Where the institution concerned determines, by applying the provisions of Article 17, that an insured person satisfies the relevant conditions for entitlement to benefit, such institution shall calculate the notional amount of benefit such person could claim if the contribution periods completed under the legislation of all, the Contracting Parties concerned had been completed under its applicable legislation.
3. The actual amount payable by each of the institutions concerned shall bear a direct ratio to the notional amount which the number of insurance periods completed in the territories of the interested Contracting Parties bears to the total number of insurance, periods completed in all of their territories.

ARTICLE 20**DETERMINATION OF LIABILITY TO CONTRIBUTE TO
THE NOTIONAL AMOUNT IN CERTAIN CIRCUMSTANCES**

Where the legislation of an interested Contracting Party requires benefits to be calculated by reference to total insurable earnings or number of contributions, the earnings or contributions to be taken into account by the competent institution of that Contracting Party for the purpose of determining its liability to contribute to the notional amount referred to in paragraph 3 of Article 19 shall be calculated on the basis of the average earnings or the contributions recorded for the periods completed under its applicable legislation.

ARTICLE 21**DEPENDANTS**

Where the applicable legislation of a contracting Party provides that the amount of the benefit shall vary according to the number of dependants of an insured person, the competent institution shall also take account of dependants resident in the territory of another Contracting Party as if those dependants were resident in the territory of the first Contracting Party.

ARTICLE 22**COMMENCEMENT DATE OF PAYMENTS**

1. Where, by the application of Article 17, an insured person is determined to be entitled to a benefit and the qualifying age for the receipt of such benefit varies under the applicable legislation of the interested Contracting Parties, the commencing date for the receipt of such benefit shall be determined by the applicable legislation of the Contracting Party to which such insured person was last subject.
2. Where the qualifying age under the applicable legislation of an interested Contracting Party is lower than the qualifying age under the legislation of the Contracting Party to which the

insured person was last subject, the competent institution of the first Contracting Party shall pay directly to the insured person or the survivors of that insured person, as the case may be, from the applicable commencement date, such amounts as represent the liability of the said Contracting Party.

3. Where the qualifying age under the legislation of an interested Contracting Party is higher than the qualifying age under the legislation of the Contracting Party to which the insured person was last subject; the insured person shall not be entitled to receive the portion of the benefit payable by such contracting Party in accordance with paragraph 3 of Article 19 before attaining the qualifying age stipulated in the applicable legislation of such Contracting Party.

ARTICLE 23

LIABILITY FOR CERTAIN SURVIVORS' BENEFITS

Where, by the application of Article 17 the survivors of an insured person are determined to be entitled to a benefit which is not provided for under the applicable legislation of one or more interested Contracting Parties, the Contracting Party under the legislation of which such a benefit is provided for shall be liable to pay such portion of the benefit as corresponds to its liability according to the provisions of paragraph 3 of Article 19.

ARTICLE 24

CONVERSION OF INVALIDITY BENEFITS

1. Subject to the applicable legislation of interested Contracting Parties, invalidity pensions shall, as appropriate, be converted into old age or retirement pensions and the provisions of Articles 16 to 19 of this Agreement shall apply.

2. Where the recipient of an invalidity pension payable under the applicable legislation of one or more interested Contracting Parties becomes entitled to old age or retirement pension, the competent institution of an interested Contracting Party with a continuing liability in that behalf shall continue to pay invalidity pension until the provisions of paragraph 1 hereof become

applicable.

PART IV

APPLICATION OF THE AGREEMENT

SECTION 1

GENERAL PROVISIONS

ARTICLE 25

COMPOSITION OF THE COMMITTEE

1. The heads of the Social Security Schemes established by the Contracting Parties shall constitute a Committee (hereinafter called “the Committee”) which shall settle every administrative question arising out of the provisions of this agreement without prejudices to the right of the competent authorities, competent institutions or interested persons to have recourse to the procedures and jurisdictions provided for in the applicable legislation of Contracting Parties.
2. Specimens of certificates, statements, claims, declarations, and other documents required for the application of this Agreement shall be prepared by the Committee.
3. The Committee may assemble information on provisions of the legislation to which this Agreement applies at the request of the competent authorities of any Contracting Party.
4. The Committee may prepare written information for the purpose of informing the persons concerned of their rights and the administrative formalities required to secure them.

ARTICLE 26**ACCESS TO COMPETENT INSTITUTIONS**

Any institutions of a Contracting Party and any person residing or staying in the territory of a Contracting Party may approach the competent institution of another Contracting Party directly.

ARTICLE 27**SUPPLY OF INFORMATION**

1. Each Contracting Party, as soon as possible after this Agreement enters into force, shall supply the Secretary-General of the Caribbean Community (hereinafter referred to as “the Secretary-General”) with the following information:

- (a) the name or names of the competent authority or authorities;
- (b) the name or names of the competent institution or institutions.

2. Any modifications made to the information supplied in accordance with paragraph 1 shall be transmitted to the Secretary-General within three months of the said modifications.

SECTION II**APPLICATION OF PART I OF THE AGREEMENT****ARTICLE 28****SUBMISSION OF CERTIFICATES BY CLAIMANTS**

In order to benefit from the provisions of Article 4, the person concerned shall submit to the competent institution of the interested Contracting Party a certificate of the periods of insurance

completed under the legislation of any other Contracting Party. The certificate shall be issued at the request of the person concerned or the competent institution by the institution or institutions under the legislation of which the periods in question were completed.

ARTICLE 29

APPLICATION OF ARTICLE 5

1. In applying the provisions of article 19, the competent institutions of interested Contracting Parties shall be entitled to take account of the benefits, income or remuneration entailing reduction, suspension or disqualification in respect of the benefits due from it solely for the purpose of the reduction, suspension or disqualification of the amount referred to in paragraph 3 of Article 19.
2. The entitlement referred to in paragraph I shall not be exercised to calculate the notional amount referred to in paragraph 2 of Article 19:

Provided, however, that account shall be taken of such benefits, income or remuneration only to the extent of that fraction of the amount corresponding to the ratio of the periods completed as prescribed in paragraph 3 of Article 19.

3. The provisions of this article shall apply where a person in receipt of a benefit under the applicable legislation of one Contracting Party is also entitled to benefits under the applicable legislation of one or more of the other Contracting Parties.

SECTION III

APPLICATION OF PART II OF THE AGREEMENT

ARTICLE 30

APPLICATION OF ARTICLES 7-10

1. In cases to which sub-paragraph (i) of Article 7, paragraph (a) of Article 9 and

sub-paragraph (i) of Article 10 of this Agreement apply, the institution designated by the competent authority of the Contracting Party the legislation of which is applicable shall issue to the employed person at that person's request or on the request of that person's employer, if the required conditions are fulfilled, a certificate of such employment abroad stating that that person is still subject to that legislation.

2. The agreement referred to in paragraph (ii) of Article 7 of this Agreement shall be requested by the employer. The consent of each employed person concerned shall be required if it is so provided in the applicable legislation of the Contracting Party referred to in paragraph 1.

ARTICLE 31

APPLICATION OF ARTICLES 8 AND 9

Where, under Articles 8 and 9 of this Agreement the applicable legislation of a Contracting Party is applicable to an employed person whose employment is not in the territory of that Contracting Party, that legislation shall apply as if the person were employed at that person's place of residence in the said territory, particularly for determining the competent institution.

SECTION IV

THE AGGREGATION OF INSURANCE PERIODS

ARTICLE 32

APPLICATION OF THE TOTALISATION PRINCIPLE

1. In the cases referred to in Articles 4 and 17 of this Agreement, insurance periods shall be added together in accordance with the following rules:

- (a) to the insurance periods completed under the provisions of the applicable legislation of one Contracting Party shall be added the

insurance periods completed under the provisions of the applicable legislation of any other Contracting Party to the extent necessary to make up the total insurance period required under the provisions of the applicable legislation of the first mentioned Contracting Party for the acquisition or maintenance of entitlement to benefit, provided always that these periods do not overlap. In the case of invalidity, old age, retirement or survivors benefits to be paid by the institutions of two or more Contracting Parties in accordance with the provisions of Article 19 of this Agreement, each of the institutions concerned shall separately add together all the insurance periods completed by the person concerned under the provisions of the applicable legislation of all the Contracting Parties to which that person has been subject;

- (b) where a period of compulsory insurance completed under the applicable legislation of one Contracting Party coincides with a period of voluntary insurance completed under the provisions of the applicable legislation of another Contracting Party, the first period only shall be taken into account;
- (c) where the time at which certain periods of insurance were completed under the provisions of the applicable legislation of a Contracting Party cannot be accurately determined, such periods shall be presumed not to overlap with periods completed under the applicable legislation of another Contracting Party and shall be taken into account as may be necessary;
- (d) where, according to the applicable legislation of one Contracting Party, certain insurance periods are taken into account only if they have been completed within a specified time, the institution which applies this legislation shall take into account only periods completed under the provisions of the applicable legislation of another Contracting Party as have been completed within the same specified

time.

2. Where under the provisions of the applicable legislation of a Contracting Party a Social Security scheme falling within the scope of this Agreement takes account of insurance periods in respect of schemes not falling within the scope of this Agreement, such insurance periods shall be considered by the Contracting Parties to be taken into account for the purpose of aggregation.

SECTION V

APPLICATION OF PART III OF THE AGREEMENT

ARTICLE 33

APPLICATION OF ARTICLE 18

1. In order to benefit from the provisions of Article 18, the Claimant shall submit to the competent institution or institutions of the interested Contracting Party or Contracting Parties, as the case may be, liable to pay a portion of a benefit, a certificate stating that the insured person concerned has satisfied the qualifying conditions for a benefit under the applicable legislation of another Contracting Party.

2. The certificate shall be issued by the competent institution or institutions, as the case maybe, of one or more other Contracting Parties under the applicable legislation of which such insured person had qualified for the benefit, at the request of the claimant or the competent institution of the interested Contracting Party against whom the claim for payment of a portion of a benefit has been made.

ARTICLE 34

SUBMISSION OF CLAIMS

1. In order to receive the benefits under Articles 16 to 18, 21 and 24 of this Agreement the claimant shall submit a claim to the institution of the claimant's place of residence in the manner

prescribed by the applicable legislation. If the insured person entitled had not been subject to that legislation, the institution of the place of residence shall transmit the claim to the institution or institutions of the Contracting Party or Contracting Parties, as the case may be, to the legislation of which such person was subject and also indicate the date on which the claim was submitted. That date shall then be considered as the date of submission of the claim of the last-mentioned institution.

2. Where the claimant resides in the territory of a Contracting Party to the legislation of which neither the claimant nor the deceased person has been subject, the claimant may submit the claim to the institution of the Contracting Party to the legislation of which the claimant or the deceased person was last subject.

ARTICLE 35

DOCUMENTS TO ACCOMPANY CLAIMS

1. The submission of the claims referred to in Article 34 shall be subject to the following rules:

- (a) the claim shall be accompanied by the requisite supporting documents and shall be submitted on the forms prescribed-
 - (i) either by the legislation of the Contracting Party in the territory of which the claimant resides, in cases referred to in paragraph 1 of Article 34; or
 - (ii) by the legislation of the Contracting Party to which the claimant or the deceased person was last subject, in the case referred to in paragraph 2 of Article 34;
- (b) the accuracy of the information furnished by the claimant shall be substantiated by official documents attached to the claim form, or corroborated by the authorities of the Contracting Party in the

territory of which the claimant resides;

- (c) the claimant shall indicate, as far as possible, the invalidity, retirement, old-age, or survivors' benefit institution or institutions of each of the Contracting Parties to the legislation of which the claimant or the deceased has or had been subject, or the employer or employers by whom the claimant or the deceased person has or had been employed in the territory of any Contracting Party, and submit any certificates of employment that may be in the possession of the claimant or had been in the possession of the deceased person.

ARTICLE 36

CERTIFICATION OF DEPENDANTS

1. In order to benefit from the provisions of Article 21 of this Agreement, the claimant shall, where required, submit a certificate regarding dependants who are residing in the territory of a Contracting Party other than that where the institution which pays the benefit is situated. The certificate shall be issued by the institution designated by the competent authority of the Contracting Party in the territory of which the said dependants reside.

2. The certificate referred to in the preceding paragraph shall be valid for a period of twelve months from the date of issue and shall be renewable. When renewed, its validity shall run from the date of renewal. The claimant shall immediately notify the competent institution of any change to be made in the certificate which shall have effect from the date on which it occurred.

3. Instead of the certificate referred to in paragraph I of this Article, the competent institution may require the claimant to submit other relevant documents of proof of relationship of the dependents who are residing in the territory of a Contracting Party other than that of the competent jurisdiction, if such documents are normally issued by authorities of that Contracting Party.

4. The provisions of Article 21 and of the preceding paragraphs of this Article are to be construed without prejudice to the consideration of dependants, residing outside of the territory of any Contracting Party.

ARTICLE 37

DETERMINATION OF INVALIDITY

In determining the degree of invalidity the institution of a Contracting Party shall take account of all the medical and administrative information assembled by the institutions of any other Contracting Party, but each institution shall retain the right to have the claimant examined by a doctor of its choice at its own expense.

ARTICLE 38

EXAMINATION OF CLAIMS

1. Claims shall be examined by the institutions to which they have been submitted or to which they have been transmitted, as the case may be, as provided for in Article 34.
2. The examining institution shall immediately advise all the institutions concerned so that the claim may be examined by them simultaneously and without delay.

ARTICLE 39

PROCEDURES OF EXAMINING INSTITUTIONS

1. In examining claims, the examining institution shall use a form setting out details of, and the total of, the insurance periods completed by the persons concerned or in respect of the deceased person under the applicable legislation of all the Contracting Parties concerned.
2. The transmission of the form referred to in paragraph 1 to the institution of any other Contracting Party shall be in lieu of the transmission of supporting documents.

ARTICLE 40**DUTIES OF EXAMINING INSTITUTIONS**

1. The examining institution shall enter on the form referred to in paragraph 1 of Article 39 the insurance periods completed under the provisions of its own legislation and shall send a copy of the form to the appropriate institution of each Contracting Party to the legislation of which the person concerned or the deceased person has or had been subject and attach employment certificates produced by the claimant.
2. Where only one institution is involved, that institution shall complete the form sent to it in accordance with the provisions of the preceding paragraph indicating the insurance periods completed under its applicable legislation. It shall then determine entitlement under that legislation having regard to the provisions of Article 17, and shall state on the form the notional and actual amount of the benefit calculated in accordance with the provisions of paragraphs 2 and 3 of Article 19 and, where appropriate, the amount of any benefit which could be claimed, without applying the provisions of Article 17 to 21 solely for the periods completed under the provisions of the applicable legislation. The form, which should also contain information concerning the procedure for appeals including time limits, shall then be returned to the examining institution.
3. Where there are two or more institutions involved, each institution shall complete the form submitted to it in accordance with the provisions of paragraph 1 of this Article, indicating the insurance periods completed under its applicable legislation, and return the form to the examining institution. That institution shall send the completed form to the other institutions involved, each of which shall determine entitlement under its applicable legislation having regard to the provisions of Article 17 and shall state on the form the notional and actual amounts of any benefit calculated in accordance with the provisions of paragraphs 2 and 3 of Article 19, and, where appropriate, the amount of any benefit which could be claimed, without applying the provisions of Articles 17 to 21 solely for the periods completed under the provisions of the applicable legislation. The form, which should also contain information concerning the procedure for appeals including time limits, shall then be returned to the examining institution.
4. Where the examining institution has received all the information referred to in paragraphs

2 and 3 of this Article, it shall determine entitlement under its applicable legislation, having regard to the provisions of Article 17, and shall calculate the notional and actual amounts of the benefit in accordance with the provisions of paragraphs 2 and 3 of Article 19, and where appropriate, the amount of any benefit which could be claimed without applying the provisions of Articles 17 to 21 solely for the periods completed under its applicable legislation.

ARTICLE 41

PAYMENT TO CLAIMANTS

1. If the examining institution determines that the claimant is entitled to benefit under the provisions of its applicable legislation without reference to periods completed under the provisions of the legislation of other Contracting Parties to which the person concerned or the deceased person was subject, it shall make an immediate payment of the benefit directly to the claimant on a provisional basis, subject to the provisions of paragraph 6 of this article.
2. Where the examining institution pays a benefit under paragraph 1 of this Article, it shall deduct from the amount of such benefit the amount of benefit paid by any other institution as soon as it is ascertained.
3. If, while a claim is being examined, an institution other than the examining institution determines that the claimant is entitled to benefit in accordance with its applicable legislation without having to take account of periods completed under the provisions of the applicable legislation of other Contracting Parties to which the person concerned or the deceased person was subject, it shall pay the claimant the benefit on a provisional basis and advise the examining institution accordingly, without prejudice, however, to the provisions of paragraph 2 of this Article.
4. Where an institution is required to pay a benefit under paragraphs 1 and 3 of this Article, it shall pay only the highest rate of benefit, without prejudice, however, to the provisions of paragraph 2 of this Article.
5. Where the examining institution does not pay a benefit under paragraph 1 of this Article,

and in cases where there might be delay, it shall make to the person concerned a recoverable advance determined in accordance with the provisions of paragraphs 1 to 3 of Article 19.

6. When the final settlement of the benefit claimed is determined, the examining institution and other interested institutions shall adjust their accounts as regards the amount of any provisional benefit paid or the advance made in accordance with the relevant provisions of this Article and any sum overpaid by the said institutions may be deducted from the amount of benefits they are required to pay to the person concerned.

ARTICLE 42

CONSULTATIONS AMONG INTERESTED INSTITUTIONS

After the examining institution has consulted with each of the interested institutions and those institutions have agreed on the extent of their liability, the examining institution shall inform the claimant of the component part of the total benefit payable by each institution concerned. The examining institution shall also inform the claimant concerning the procedure for appeals, including the limits prescribed by the applicable legislation.

ARTICLE 43

MEDICAL SUPERVISION OF BENEFICIARIES

1. If the recipient of any benefit referred to in Article 2 stays or resides in the territory of a Contracting Party other than the competent jurisdiction, administrative and medical supervision shall be exercised at the request of the competent institution by the institution of the place of stay or residence in accordance with the rules prescribed by the applicable legislation of the latter institution but the competent institution may require the recipient to be examined by a medical practitioner of its choice at its own expense.

2. If the supervision referred to in the preceding paragraph reveals that a person receiving a benefit or payment by way of assistance is employed or has means in excess of the prescribed limit, that information and any other information requested shall be reported to the competent

institution by the institution of the place of stay or residence.

ARTICLE 44

RESUMPTION OF BENEFITS

Where after the suspension of benefits which a person had been receiving, that person becomes qualified again for benefits while residing in the territory of a Contracting Party other than the competent jurisdiction, the institution concerned shall exchange all the information necessary to enable the payment of benefits to be resumed.

ARTICLE 45

PAYMENT OF BENEFIT IN NORMAL CASE

The competent institution of a Contracting Party shall, in the normal case, pay a benefit directly to a beneficiary residing in the territory of another Contracting Party, but where in any particular case the competent institution of a Contracting Party pays a benefit directly to the competent institution of another Contracting Party, the person entitled to such benefit shall be informed accordingly.

ARTICLE 46

NOTIFICATION OF CHANGE OF RESIDENCE

Where the recipient of a benefit payable under the applicable legislation of one or more Contracting Parties transfers the residence of the recipient from the territory of one Contracting Party to that of another Contracting Party the recipient shall notify the competent institution or institutions responsible for the payment of such benefit.

ARTICLE 47**MEDICAL EXAMINATION OF PENSIONERS**

If the recipient of a pension stays or resides in the territory of a Contracting Party other than that of the competent jurisdiction, administrative and medical supervision and also such medical examinations as are necessary for the revision of pensions shall be carried out at the request of the competent institutions by the institution of the place of stay or residence in accordance with the rules in the applicable legislation of the latter institution, but, the competent institution may require the recipient to be examined by a doctor of its choice at its own expense.

ARTICLE 48**COOPERATION BY INSTITUTIONS**

The institution of the place of residence of a person who has received benefits that were not payable to that person, or the institution designated by the competent authority of the Contracting Party in the territory of which that person resides, shall cooperate with the institution of any other Contracting Party which has paid such benefits if the latter institution seeks recovery from the person in question.

ARTICLE 49**COOPERATION IN RECOVERING EXCESS PAYMENTS**

Where the institution of a Contracting Party has paid to a beneficiary a sum in excess of the beneficiary's entitlement, that institution may request the institution of any other Contracting Party responsible for the payment of corresponding benefits to that person, to deduct the amount overpaid from the payments it is making to the beneficiary. The latter institution shall withhold that amount to the extent to which such a deduction is permissible under the provisions of its applicable legislation as if the overpayment had been made by it and transfer the amount so withheld to the creditor institution.

ARTICLE 50**COOPERATION IN RECOVERING ADVANCE PAYMENTS**

Where the institution of a Contracting Party has made an advance payment of benefits, it may request the institution of any other Contracting Party responsible for payment of corresponding benefits to that person to deduct the amount of the advance from the payments due to the person concerned. The latter institution shall transfer the amount withheld to the creditor institution.

ARTICLE 51**PAYMENT OF BENEFITS PENDING SETTLEMENT OF DISPUTES**

In the event of a dispute between competent institutions or authorities of two or more Contracting Parties concerning either the legislation applicable under Part II of this Agreement, or the institution which is to provide the benefit, the person who would have been able to claim the benefit in the absence of such a dispute shall provisionally receive the benefit prescribed by the legislation which the institution of the place of residence is to apply or, where the person does not reside in the territory of one of the Contracting Parties concerned, by the legislation of the Contracting Party to which he was last subject. After settlement of the dispute, the cost of the benefits paid provisionally shall be borne by the institution declared liable to pay such benefits.

PARTV**MISCELLANEOUS PROVISIONS****ARTICLE 52****COMMUNICATIONS BETWEEN COMPETENT
AUTHORITIES OF CONTRACTING PARTIES**

1. The competent authorities of Contracting Parties shall communicate to each other:

- (a) all information concerning measures taken by them for the application of this Agreement;
- (b) all information concerning their legislation which may affect the application of this Agreement; and
- (c) all statistical information concerning beneficiaries and the amount of benefits paid under this Agreement.

2. For the purpose of the application of this Agreement, the competent authorities and competent institutions of the Contracting Parties shall:

- (a) assist one another as if they were applying their own legislation; and
- (b) provide administrative assistance free of charge, but the competent authorities of the Contracting Parties may agree to reimburse certain expenses.

3. For the purpose of the application of this Agreement, the competent authorities and competent institutions of the Contracting Parties may communicate directly with one another and with the persons concerned or their representatives.

ARTICLE 53

NON-DISCRIMINATION FOR EXEMPTION FROM TAXES AND DUTIES

Any exemption from, or reduction of, taxes, stamp duty, legal or registration costs specified by the legislation of one Contracting Party with respect to the certificates, documents or other documentary evidence to be submitted under the legislation of that Party shall be extended to cover similar certificates, documents or other documentary evidence to be submitted under the legislation of another Contracting Party or under this Agreement.

ARTICLE 54**TIME LIMIT FOR SUBMISSION OF APPLICATION**

1. If the claimant is resident in the territory of a Contracting Party other than that of the competent jurisdiction, the claimant may validly submit the claim to the institution of the claimant's place of residence; which shall refer it to the competent institution or institutions mentioned in the application.

2. Any claim, application, declaration or appeal which should have been made under the legislation of a Contracting Party within a prescribed time to an authority, institution or jurisdiction of that Party shall be admissible if it is submitted within the same time to an authority, institution or jurisdiction of another Contracting Party. In such an event, the authority, institution or jurisdiction receiving the claim, application, declaration or appeal shall transmit it without delay to the competent authority, institution or jurisdiction of the first Contracting Party, either directly or through the competent authorities of the Contracting Parties concerned. The date on which any claim, application, declaration or appeal was submitted to an authority, institution or jurisdiction of the second Contracting Party shall be deemed to be the date on which it was lodged with the competent authority, institution or jurisdiction.

ARTICLE 55**INVESTIGATIONS AND MEDICAL EXAMINATIONS**

Investigations or medical examinations prescribed by the legislation of one Contracting Party may, at the request of the institution which administers such legislation, be carried out in the territory of another Contracting Party by the institution of the place of stay or residence, and in such a case they shall be deemed to have been made in the territory of the first Contracting Party.

ARTICLE 56**CURRENCY OF PAYMENT**

1. Competent institutions shall discharge their financial obligations under this Agreement in their national currencies, subject to paragraph 2 hereof.
2. Where under this Agreement a competent institution is required to pay a benefit to a beneficiary resident in the territory of another Contracting Party or to another competent institution in such territory, it shall discharge its obligation in the currency of such other Contracting Party.
3. In the application of paragraph 2 hereof, the conversion rate shall be the rate of exchange in effect on the date of payment.
4. Benefit shall be paid to beneficiaries free from any deductions for administrative or other expenses.

ARTICLE 57**DISPUTES SETTLEMENT**

1. Any dispute arising between two or more Contracting Parties concerning the interpretation or application of this Agreement shall first be subject to negotiation between the Contracting Parties concerned.
2. Where the dispute is not settled within three months from the request for commencement of negotiations as set out in paragraph 1, the dispute shall be submitted to arbitration on the written request of any of the Contracting Parties. Such request shall be addressed to the Secretary-General who shall promptly notify the parties to the dispute of the receipt of the request for arbitration.
3. Any dispute to be submitted to arbitration shall be referred to a tribunal consisting of three arbitrators. Each party to the dispute shall appoint an arbitrator and the two arbitrators so

appointed shall appoint the third arbitrator who shall be the chairman. The chairman must be a person with legal qualifications.

4. For the purpose of appointing a tribunal referred to in the preceding paragraph, a list of arbitrators consisting of persons experienced in the practice of social security shall be drawn up and maintained by the Secretary-General. To this end, every Contracting Party shall be invited to nominate two persons and the names of the persons so nominated shall constitute the list. The term of an arbitrator, including that of any arbitrator nominated to fill a vacancy, shall be three years and can be renewed. The chairman need not be appointed from the list.

5. If within thirty days following the date of notification by the Secretary-General in accordance with paragraph 2 of this Article, either party fails to appoint an arbitrator, any party may request the Secretary-General to appoint the other arbitrator. If within fifteen days of the appointment of the last of the two arbitrators the chairman has not been appointed, either party may request the Secretary-General to appoint the chairman.

6. Where more than two Contracting parties are parties to a dispute, the parties concerned shall agree among themselves on the arbitrators to be appointed from the list. In the absence of such an appointment within the prescribed period, the Secretary-General shall appoint a sole arbitrator whether from the list or otherwise for the purpose.

7. The arbitral tribunals so established shall make a determination within ninety days from the date of its constitution. The decision of a sole arbitrator or of a majority in other cases shall be accepted by the parties to the dispute as final.

8. The procedure of the tribunal shall be determined by the arbitrators but the chairman shall be empowered to settle all questions of procedure in any case where there is disagreement.

9. The parties to a dispute shall bear the cost of the arbitration equally.

PART VI**TRANSITIONAL AND FINAL PROVISIONS****ARTICLE 58****ENTITLEMENT BEFORE AGREEMENT IS IN FORCE**

1. Subject to paragraph 3, where title to benefit arose before the entry into force of this Agreement, the benefits payable under such title shall be dealt with under appropriate national legislation.
2. Every insurance period completed under the applicable legislation of a Contracting Party before the date on which this Agreement enters into force shall be taken into account for the purpose of determining rights under it.
3. Any benefit which has not been assessed or paid or which has been suspended on account of the residence of the person concerned in the territory of any Contracting Party other than that of the territory where the institution liable to pay the benefit is located shall by the request of the person concerned, be assessed and paid, or its suspension terminated as from the date this Agreement enters into force.
4. Where the request referred to in the preceding paragraph is made within two years of the date on which this Agreement enters into force, entitlement and rights arising in accordance with the provisions of this Agreement shall be acquired as from that date, and no provision to the contrary in the applicable legislation of any Contracting Party with respect to entitlement or rights-lapsing or becoming statute-barred shall apply to the person concerned.
5. Where the request referred to in paragraph 3 is made more than two years after the date on which this Agreement enters into force, any entitlement or rights which are not held to be statute-barred or to have lapsed shall be payable only from the date on which the request was made, unless there are more favourable provisions in the applicable legislation of the Contracting Party concerned.

ARTICLE 59**ENTITLEMENT TO SIGN AND RATIFY ACCEPT OR ACCEDE**

1. This Agreement shall be open for signature by the Members of the Caribbean Community and shall be subject to ratification or acceptance. Instruments of ratification or acceptance shall be deposited with the Secretary-General.
2. The Agreement shall enter into force on the first day of the third month following that in which the third instrument of ratification or acceptance is deposited with the Secretary-General.
3. Countries ratifying or accepting the Agreement after its entry into force shall become parties thereto one month following the deposit of an appropriate instrument of ratification or acceptance.
4. Countries mentioned in paragraph 1 may accede to the Agreement at any time. Accession shall take effect one month following the deposit of an appropriate instrument of accession.

ARTICLE 60**PARTICIPATION BY OTHER COUNTRIES**

1. After the entry into force of this Agreement, the Contracting Parties may, by unanimous vote, invite any other country to accede to it.
2. Accession shall be effected by the deposit of any appropriate instrument of accession with the Secretary-General and shall take effect three months after the date of such deposit.

ARTICLE 61**AMENDMENTS**

1. This Agreement may be amended by a two-thirds majority vote of the Contracting

Parties.

2. Any such amendment shall enter into force three months thereafter without prejudice to any rights accruing to an insured person or persons claiming through such insured person prior to the amendment.

ARTICLE 62

REVIEW OF THE AGREEMENT

The Contracting Parties may review this Agreement three years after its entry into force.

ARTICLE 63

DENUNCIATION

1. Any Contracting Party may denounce this Agreement not less than five years after its entry into force for that Contracting Party by giving notice in writing to that effect to the Secretary-General and withdraw therefrom.
2. Withdrawal shall take effect six months after the date of the written notice mentioned in paragraph 1.

ARTICLE 64

DEPOSITARY

The Secretary-General shall perform all depositary functions in relation to this Agreement.

ARTICLE 65**TERMINATION**

1. This Agreement shall terminate if at any time less than three Contracting Parties continue to participate in the regime established by this Agreement. In the absence of such termination, this Agreement shall remain in force indefinitely.
2. In the event of withdrawal from or termination of this Agreement, all rights acquired thereunder shall be maintained, and negotiations shall take place for the settlement of any rights then in the course of acquisition by operation of the provisions hereof .

CHAPTER 44

SOCIAL SECURITY (INTEREST ON CONTRIBUTIONS)
REGULATIONS

ARRANGEMENT OF REGULATIONS

1. Short title.
2. Interest on.
3. Commencement.

CHAPTER 44

104 of 1999.
Ch. 34.

**SOCIAL SECURITY (INTEREST ON CONTRIBUTIONS)
REGULATIONS****ARRANGEMENT OF REGULATIONS**

(Section 64)

[18th September, 1999.]

Short title.

1. These Regulations may be cited as the

**SOCIAL SECURITY (INTEREST ON CONTRIBUTIONS)
REGULATIONS.**

Interest on.

2. Without prejudice to any penalties under the unpaid or late Act, where an employer fails to pay within the contributions prescribed time any sum in respect of contributions payable by him in respect of an employed person under these Regulations, he shall pay interest as follows: -

- (i) interest of one dollar per week or part of a week in respect of each employee shall be paid on all contributions due and not paid;
- (ii) interest of ten percent per annum shall be paid on contributions assessed, subject to a minimum charge of five dollars; and
- (iii) interest shall be paid no later than thirty days after the date the interest is levied.

Commencement.

3. These regulations shall come into force on signature.

MADE by the Minister Responsible for Social Security this 13th day of September, 1999.

(RALPH FONSECA)

*Minister of Budget Planning and Management,
Economic Development, Investment and Trade
Minister Responsible for Social Security*