



# SOCIAL SECURITY COMMISSION

Social Security Act, 1994

The Executive Officer  
Social Security Commission  
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## SICK LEAVE BENEFITS

### DECLARATION REGARDING EMPLOYMENT STATUS

*(This form must be completed before final payment of maternity leave benefits can be made)*

### TO BE COMPLETED IN BLOCK LETTERS BY THE CLAIMANT

1. Social Security registration number: .....
2. Surname: .....
3. First names: .....
4. Date of Birth: ..... 5. Identity Number: .....
6. Address: .....

Declaration:

I, .....declare:  
*(full name)*

(a) that I have not done any paid work during the period: .....to .....and  
that I am entitled to sick leave benefits for the period: .....to .....; and

(b) that I received N\$ ..... a month during the period .....to .....from  
.....under my contract of employment.

(Signed) .....

### WARNING

**“ Any person who knowingly makes any false statement for the purpose of obtaining payment of a benefit to which he or she is not entitled shall be guilty of an offence”.**