



National Social Security and Welfare Corporation

www.nasscorp.org.lr

15th Street & Payne Avenue, Monrovia

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Claim for Refund of National Pension Scheme Contributions on Repatriation

FAMILY NAME OF INSURED PERSON

FIRST NAME

DATE OF BIRTH

SOCIAL SECURITY NO.

NATIONALITY

NAME AND ADDRESS OF EMPLOYER

.....

DECLARATION BY INSURED PERSON

I certify that I am leaving my employment on and that I will be leaving Liberia onto go toand I have no intention of returning to Liberia. I do not wish to retain any rights to benefit under the Nationals Pension Scheme and I claim a refund of the employees' contributions that I have paid under that scheme. I wish amount due to be paid (delete which method is not suitable)

a) by cheque to me at an office of the Corporation

to the following person who is hereby authorized to receive payment on my behalf

.....Signature

.....Date

DECLARATION BY EMPLOYER

I certify that.....is leaving this employment on.....and that the circumstances stated above are correct to the best of my knowledge. Details of employees National Pension Scheme contributions paid bySince.....(the end of the last contribution period – either December 31 or June 30 are provided below)

Month 1.....Month 2..... Month 3.....

Month 4.....Month 5..... Month 6..... TOTAL \$

.....Signature

.....Position

.....Date

WARNING: IF YOU DELIBERATELY MAKE A FALSE STATEMENT YOU MAY BE PROSECUTED