



NATIONAL SOCIAL SECURITY & WELFARE CORPORATION

www.nasscorp.org.lr

15th Street & Payne Avenue, Monrovia

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FORM C-41: RETIREMENT PENSION CLAIM FORM

FULL NAME OF INSURED PERSON: _____

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

FULL NAME OF PRESENT EMPLOYER: _____

DECLARATION

I declared that I am _____ years of age and retired from work on _____ or I intend to retire from work on _____. I wish to claim my Retirement Pension. I have work for the following employer since September 1, 1988. And for the last ten (10) years

_____ From _____ to _____

_____ From _____ to _____

_____ From _____ to _____

NAME OF CLAIMANT: _____ SIGNATURE: _____

ATTESTED BY: EMPLOYER'S REPRESENTATIVE: _____

NAME

SIGNATURE: _____

OFFICIAL STAMP

DATE: _____