



NATIONAL SOCIAL SECURITY AND WELFARE CORPORATION
www.nasscorp.org.lr 15th Street & Payne Avenue, Monrovia nasscorp@nasscorp.org.lr

FORM D-41: SURVIVOR'S CLAIM FORM

FULL NAME OF DECEASED INSURED PERSON: _____
LAST ADDRESS: _____
DATE OF BIRTH: _____

DECLARATION:

I, _____ (widow, widower) of the above deceased insured, with the following dependent(s):

NAME	RELATIONSHIP	AGE	PARENT/GUARDIAN	PRESENT SCHOOL

Declare that _____ died on _____ I wish to claim survivor's benefit. He/She has worked for the following employers since September 1, 1988 and for the last Ten (10) years.

_____ from _____ to _____

_____ from _____ to _____

_____ from _____ to _____

Name of Claimants _____ Signed: _____

Attested by: Employer's Representative: _____

Official Stamp

Date: _____