



**NATIONAL SOCIAL SECURITY & WELFARE CORPORATION**  
**www.nasscorp.org.lr 15<sup>th</sup> Street & Payne Avenue, Monrovia nasscorp@nasscorp.org.lr**

**FORM A-41: SURVIVOR'S GRANT CLAIM FORM**

FULL NAME OF INSURED PERSON:	
ADDRESS:	
DATE OF BIRTH:	SOCIAL SECURITY NO.
FULL NAME OF PRESENT EMPLOYER:	

**DECLARATION:**

I declare that \_\_\_\_\_ died on \_\_\_\_\_  
I wish to claim a Survivor's Grant. He/She has worked for the following employer since September 1, 1988.

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**NAME OF CLAIMANT:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**EMPLOYER'S APPROVAL:** \_\_\_\_\_

**NAME OF PERSONNEL DIRECTOR:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**OFFICE STAMP**

**DATE:** \_\_\_\_\_