



# EMPLOYER'S GUIDE TO NASSCORP SCHEMES

*Social Security – It touches the life of everyone!*

*Revised May 19, 2017*

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## FOREWORD

The 1975 *Social Security Act of Liberia*, revised February 2017, establishing the National Social Security & Welfare Corporation (NASSCORP), as well as, the related *General Regulations* (revised 2018), established responsibilities that all entities and persons registered under the Social Security Schemes as employers are required to satisfy. Within this context, the management of NASSCORP is providing you this educational tool to ensure that as an employer, you understand your rights and responsibilities under the Social Security laws of Liberia. As an employer, you are the fulcrum of the Social Security program. Your compliance therefore, is required for its successful implementation. Moreover, your compliance ensures that you and your employees enjoy the full benefits administered by NASSCORP.

Employers who fail to follow the guidelines and regulations established under the law, risk being penalized for failing to abide by the provisions of the Act and General Regulations of NASSCORP. You will find this document useful and it will help you as an employer, to remain in compliance with the law and avoid any defaults and breaches.

Since its existence, NASSCORP has made important strides in bringing Social Security to your doorsteps through the print and electronic media as well as through awareness workshops. Accordingly, this revised *Employer's Guide* simplifies your rights and responsibilities as an employer and how you can satisfy the provisions of the Act and General Regulations. The management of NASSCORP hopes you will make the best use of this guide to help you understand your rights and fulfill your obligations as well as claim benefit(s) on behalf of your employees.

## **NASSCORP'S MISSION AND MANDATE**

The mission of the National Social Security and Welfare Corporation (NASSCORP) is to provide financial security for insured employees (and their dependants) in the event of loss of natural ability to earn income temporarily or permanently, due to work-related injury, occupational disease, old age, invalidity, or death. Eligible employees include civil and public servants as well as workers in the private sector across Liberia. The Act creating NASSCORP empowers the Corporation to carry out several important functions to ensure that those who are covered will have means of financial-support when they are no longer in a position to rely on their own abilities as a source of livelihood. In short, NASSCORP is mandated to administer the Employment Injury Scheme, the National Pension Scheme and the Welfare Scheme by doing the following:

- Register employers and employees
- Collect contributions from employers and employees
- Establish and maintain proper and adequate records on contributions and insured earnings
- Encourage and enforce compliance
- Properly manage the funds in each Scheme
- Receive claims and pay legitimate Social Security benefits
- Invest a portion of contributions collected into safe assets of competitive yield and;
- Provide information and education on the Schemes to stakeholders and to the general public

## **NASSCORP'S CORE VALUES**

NASSCORP is committed to fulfilling its mission and mandates through observable adherence to its core values as stated below:

- **Stewardship**
- **Integrity**
- **Equity**
- **Transparency**
- **Accountability**
- **Efficiency**

## **PART I**

### **DEFINITION OF KEY TERMS**

#### **1.0 Employer**

An employer is defined as any person or entity that requires work from one or more individuals and pays for their labor. An employer may be the owner of a business or someone who acts on behalf of the owner as an agent and pays remuneration to his/her worker(s).

#### **1.1 Employee**

An employee is one who works or renders services for an employer for pay.

#### **1.2 Remuneration**

Remuneration includes salaries, wages, incentive payments, overtime bonuses, payments in kind and all other kinds of payments made to the employee by the employer for services rendered.

#### **1.3 Contribution**

A contribution is the money paid monthly or within a pay period by an insured employer and/or employee to the Social Security Schemes (EIS and NPS) to secure benefit coverage.

#### **1.4 Employment Injury Scheme (EIS)**

The EIS is a program that provides financial and/or material protection to members of the Social Security Schemes who sustain injuries from commuting accidents, industrial accidents, or contract occupational diseases. Also, when members die from job-related circumstances their families benefit financially.

#### **1.5 Commuting Accident**

This is an accident that may occur if and when an employee is traveling to work, on work assignment, or from work. For example, this would apply if your employee is in an automobile accident while driving to work in the morning.

#### **1.6 Industrial Accident**

This is an accident that may occur if or when an employee becomes injured while working with machinery, tools, or chemicals on the job. For example,

this would apply if your employee fell from a ladder and sustained injuries while on the job.

### **1.7 Occupational Disease**

Occupational diseases are any diseases that an employee might get as a result of the work they perform.

### **1.8 Safety Measure**

Safety measure may apply to security guidelines instituted or safety equipment and gadgets supplied by an entity to prevent accidents that may cause injuries or condition that could cause occupational diseases.

### **1.9 National Pension Scheme (NPS)**

The NPS is a program that provides financial help to old people who have given up work; young people who have had to stop work because of serious illness or disablement; and dependants of members of the Social Security Schemes who have died.

## **PART II**

## **AN OVERVIEW OF SOCIAL SECURITY IN LIBERIA**

### **2.0 The Establishment of NASSCORP**

The National Social Security & Welfare Corporation (NASSCORP) is an autonomous public institution charged with implementing three schemes designed to provide social protections to eligible persons. These schemes are:

- a) Employment Injury Scheme (or EIS) was launched February 1, 1980;**
- b) National Pension Scheme (or NPS) was launched September 1, 1988;**
- and**
- c) Welfare Scheme (or WS) is yet to be launched. These three schemes constitute the Social Security program in Liberia.**

The EIS is a Social Security program available to all persons working for a registered employer. It is designed to provide cash and material benefits to take care of employees who sustain injuries or become disabled as a result of job-related accidents or occupational diseases.

The NPS is a Social Security program designed to provide cash benefits to individuals who stop working for registered entities as a result of illness or disablement, to insured persons who have attained age 60 or 65; and to survivors (or dependants) of insured deceased persons.

**NOTE:** The Welfare Scheme is not yet in operation.

## 2.1 Administration of the Schemes

NASSCORP is a Public Corporation supervised by an 11-member Board of Directors representing the government, employers and workers. The management of the Corporation is headed by a Director General, assisted by a Deputy Director General and a team of managers.

NASSCORP has Regional Offices located in strategic areas of the country. Their locations are shown on the table below.

REGION	COUNTY	OFFICE LOCATIONS
Region I	Montserrado	15 <sup>th</sup> Street & Payne Ave., Sinkor, Monrovia
Region II	Grand Bassa & River Cess	Robert & Tubman Street, (opp. Catholic Mission) Buchanan
Region III	Bomi, Cape Mt. & Gbarpolu	Konveh Community, Tubmanburg City
Region IV	Margibi	Executive Ground, Kakata City
Region V	Bong & Lofa	Executive Dr., Gboveh High Sch. Rd., Gbarnga City
Region VI	Nimba	Glanu Community, Ganta City
Region VIII	Maryland, River Gee & G/Kru	Maryland Ave., Harper City
Region IX	Sinoe & Grand Gedeh	Johnstone Street, downtown Greenville City

**NOTE:** Each region is managed by a Regional Director. All Social Security matters are directed through the nearest Regional Office.

## 2.2 The Purpose of the Social Security Program

The Social Security program, as administered by NASSCORP, is designed to address certain social risks and vulnerabilities which workers face all too often. While the income employer pay to their employees addresses important livelihood needs and concerns, more pressing issues may arise for employees when they are forced to deal with job-related and non-job-related injuries, diseases, old age and death.

During those times, it becomes very difficult if not impossible, for employees to maintain a standard of living that enables them to take care of their basic needs and to provide for their families. The vulnerabilities of employees in this context therefore require social security programs that can provide help



when the need arises. In short, Social Security provides workers with an important safety net that may enable them to protect their income and continue providing for their families in spite of job-related injuries, diseases, old age and/or death.

## **2.3 The Employment Injury Scheme (EIS)**

### **2.3.1 What Are the Benefits Provided Under EIS?**

There are six kinds of benefits under the EIS:

- (a) Medical Benefit**
- (b) Temporary Disablement Benefit**
- (c) Permanent Disablement Benefit**
- (d) Constant Attendance Allowance,**
- (e) Lump sum Death Benefit, and**
- (f) Funeral Grant.**

### **2.3.2 Medical Benefit (MB)**

Medical Benefit is the cost of medical treatment paid back to an entity or individual who underwrites the cost of medical treatment of an insured person who sustains injury on the job or suffered occupational disease for less than 14 days.

### **2.3.3 Temporary Disablement Benefit (TDB)**

TDB is a cash benefit that is awarded to an insured person who sustains injury in a job-related accident or contract occupational disease that lasts for more than 14 days. The amount of cash benefit is 65% of the injured employee's last twelve months' average earnings (remuneration) before the injury.

### **2.3.4 Permanent Disablement Benefit (PDB)**

PDB is a cash benefit awarded to an insured employee who suffers job-related injury or occupational disease resulting to loss of earning capacity.

**NOTE:** (a) If the loss of earning capacity is assessed as total; which is 100%, the cash benefit is 65% of the affected employee's last twelve months' average earnings.

(b) If the loss of earning capacity is assessed as less than 100%, then the cash benefit is the percentage as specified in the Regulations. The loss of earning capacity as a result of job-related injury or occupational disease is determined by NASSCORP's Medical Board during its sitting/hearing.

### **2.3.5 Constant Attendance Allowance (CAA)**

CAA is a cash benefit paid to a person recommended to NASSCORP by a beneficiary who is permanently and totally disabled and required the

services of a personal attendant. The personal attendant is paid 25% of the beneficiary's entitlement.

**NOTE:** This 25% is an addition to the beneficiary's entitlement and is not deducted from his/her Permanent Disablement Benefit.

### **2.3.6 Lump sum Death Benefit (LSDB)**

Should an insured employee die as a result of a job-related injury or occupational disease, the widow/widower and children (up to the age of 21 years) will receive Lump sum Death Benefit. If the insured deceased was younger, he/she will be deemed as sixty years old. If sixty years and above, the benefit will be calculated in respect of the insured deceased age upon death. See the chart below.

<b>Age Insured Employee Dies</b>	<b>Allotted Years of Benefit Payment</b>
Age 60 or below	15 years
Age 65	10 years
Age 70	5 years
Age 75 or above	1 year

### **2.3.7 Funeral Grant (FG)**

FG is a **one-time** cash benefit of US\$500.00 or equivalent in LD (dependent on contribution currency) awarded to the person who incurs funeral expenses of an insured deceased person.

## **2.4 The National Pension Scheme (NPS)**

### **2.4.1 What Are the Benefits provided under NPS?**

There are three kinds of pension benefits under the NPS: (a) Invalidity Pension; (b) Retirement Pension and (c) Survivor Lump sum Benefit.

### **2.4.2 Invalidity Pension (IP)**

IP is a cash benefit awarded to a person who has not attained age 60/65 but proves to the satisfaction of a medical board constituted by NASSCORP that he/she by reason of some bodily or mental disablement or illness is likely to remain permanently incapable of work.

**NOTE:** Claimant for IP must paid 50 or more monthly contributions during the last 60 consecutive months immediately before the month in which the claim for IP is filed or must have contributed during at least two-thirds of the number of complete months comprised in the period falling between

his/her first entry unto insurable employment and the date he/she makes a claim for IP.

### **2.4.3 Retirement Pension (RP)**

RP is a cash benefit paid to a person who has attained age 60 or 65 years, retired from work and has paid at least 100 monthly contributions (for persons born before 1980) or 144 monthly contributions (for persons born 1980 and after). The minimum amount paid as retirement pension benefit is 25% of the retired person's best five years average monthly earnings for the last ten years before retirement. However, for every 10 monthly contributions paid in addition to the 100 or 144 contributions, the 25% rate of pension is increased by 1%.

### **2.4.4 Survivor's Lump sum Benefit (SLsB)**

Should an insured employee die as a result of natural cause, before or after retirement, the surviving widow/widower and children (up to the age of 21 years) will receive Survivor's Lump sum Benefit, if the insured employee had paid fifty (50) or more monthly contributions. If insured deceased employee was younger, he/she will be deemed as sixty years old. If sixty years and above the benefit will be calculated in respect of insured employee's age upon death. ***See the chart on page 5.***

**NOTE:** If there is no widow/widower but there are children, the children will receive equal share of the insured deceased pension as provided for by law.

If there are no widow/widower and children, a dependent parent of the insured deceased will receive the share of the benefit that would have been awarded to the widow or widower.

## **PART III**

## **ELIGIBILITY FOR COVERAGE UNDER THE SCHEMES**

### **3.0 Coverage under the EIS**

Any employer with one (1) or more employees is eligible to register under the EIS. Thus any employee with that employer is eligible for coverage under the EIS, as well (in keeping with the revised Social Security Law of Liberia, February 2017).

### 3.1 Coverage under the NPS

Any employer with one or more employees is eligible to register under the NPS. Thus any employee of that employer is eligible for coverage under the NPS, as well. See example below:

Employer's Name	Number of Employees	Coverage Eligibility & Payment Liability
Broad Street Fabrics 1	1	EIS & NPS
Reliable Janitorial Services	7	EIS & NPS

### 3.2 Persons not Eligible for Coverage under the EIS and NPS.

- a) Members of the Armed Forces including the Naval and Air Force;
- c) Members of any military forces of any country other than Liberia;
- d) Members of the employer's family dwelling in his/her house;
- e) Wives working for their husbands; vice versa.
- f) Domestic servants and hires;
- g) Persons employed on board vessels, ships, boats or canoes, etc. flying Liberian flag;
- h) Persons born before September 1, 1959, and
- (b) Persons under the age of 18 or above the age of 55 (for persons born before 1980) and above the age 52 (for persons born 1980 and after)

### 3.3 Why are these persons not covered?

**Answer:** There are special pension plans and life insurance policies for those in the army and others who are not covered by NPS and EIS. Some of these individuals are extremely high risk employees and they perform their jobs under conditions that are difficult to monitor.

## PART IV

### EMPLOYERS' RESPONSIBILITIES UNDER THE SOCIAL SECURITY PROGRAM

The Social Security Act (revised 2017) and General Regulations (revised 2018), define and impose certain responsibilities and obligations on employers and employees in order for them to enjoy the benefits discussed earlier in this Guide. The responsibilities are mention thus.

#### 4.0 Registration of Employer

An employer or entity that has not registered with NASSCORP must do the following:

- a) **Obtain and complete an Employer Registration Form, also called Form 1.** This form is the application for registration of an employer. It can be printed from NASSCORP's website: **[www.nasscorp.org.lr](http://www.nasscorp.org.lr)**, provided by any of the Regional Offices or obtain from NASSCORP's central office in Monrovia.  
If your entity has several branches and each branch is part of the same business and does not operate independently, a single *Employer Registration Form 1* can suffice.
  - b) **Return the completed Form 1 to the Regional Office** serving your area for processing and completion of your registration.
  - c) **Obtain your Registration Certificate with a 7-digit Employer's Code** to complete your application for registration with NASSCORP; and
  - d) **Use this code** on all your communication and correspondence with NASSCORP.
- ❖ *Your code expedites the process of locating your records.*

#### 4.1 Registration of Employees (Old and New)

To ensure that your employees are registered with NASSCORP, you as an employer **must** do the following:

1. Inquire from every employee whether he/she has been previously issued a 9-digit Social Security number. Employees with this 9-digit SSID number are registered with NASSCORP and need not register again.
2. Have each employee who does not have a 9-digit Social Security number, to complete an **Employee Registration Form, also called Form 2**, attach one recent color passport-sized photo of himself/herself.  
❖ ***No erasure or correction is permitted on Form 2; in case of any error on the form, have the employee fill in a new Form 2 instead.***
3. List all the new employees on **Form 3 (Roll of Employment)** and attach all newly completed *Employee Registration Form* (utilize as many pages of Form 3 as may be necessary).
4. Submit all the forms to the NASSCORP Regional Office that is serving your area (See Regional Offices Locations, p. 3).
5. Receive a SSID Card bearing a unique 9-digit Social Security Identification number for each of your new employees to complete your application for employee registration.

6. Upon receipt of the employees' Social Security ID Cards, verify that employees' names, photos and 9-digit Social Security ID numbers are correct and correspond with your employees' personal details.
7. Distribute the cards to your employees.
8. Being an employer, you are required to incorporate registration with Social Security into your personnel recruitment services.
9. When an employee goes to a new job, he/she continues to use the 9-digit Social Security ID number.

**NOTE:** Form 3 can also be used to provide roll of employees who have left your employment.

#### **4.2 Updating of Records on an Employee**

In the event, an insured employee(s) cease working for you, as employer, you are required to complete the reversed side of Form 3 (**Form 3B**) with this information and submit the particulars of those departing employee(s) to NASSCORP in order to update your records accordingly.

#### **4.3 Contribution Payment Obligation**

The Social Security Act of Liberia requires ONLY employers to finance benefits of employees under the EIS and BOTH employers and employees to finance benefits under the NPS through monthly contribution payments.

#### **4.4 Contribution Rates**

In keeping with the revised Social Security Act of February 2017, the total contribution rate for you, as an employer under the EIS and NPS coverage, is six percent (6%) of each of your employee's total remuneration each month or each pay period. Two percent (2%) is for the EIS coverage, while four percent (4%) is for the NPS coverage.

❖ ***EIS coverage of 2% is financed by you, the employer.***

**NOTE:** No deduction is to be made from the employee's remuneration by you for (EIS).

#### **IMPORTANT:**

The total contribution rate for each employee under the NPS is 4% percent of the respective employee's total monthly remuneration. ***It is an offence under the Social Security law for employers to deduct EIS contribution from earnings of employees.***

#### **4.5 Calculation of Contribution Amounts**

Your contributions to the EIS and NPS are to be paid together to NASSCORP at the end of each month. The total combined payment is ten percent (**10%**) of each employee's remuneration for the month.

**NOTE:** This means that as an employer, you are required to pay to NASSCORP a contribution of 6% of your employees' total monthly gross compensation (This amount is not deducted from the monthly pay of the employees) and you are also to deduct 4% of each employees' monthly gross remuneration. (This amount is directly deducted from the employees' monthly remuneration).

**IMPORTANT: See example of payment rate of 10% below:**

Employee Monthly Pay	EIS Contribution (2% of employee monthly pay, <i>NOT</i> deducted from pay)	NPS Contribution (4% of employee monthly pay, <i>NOT</i> deducted from pay)	4% Employee Direct monthly Pay Deduction	10% Total Payment Remittance to NASSCORP Each Month
\$850	\$17.00	\$34.00	\$34.00	\$85.00
\$1,500	\$30.00	\$60.00	\$60.00	\$150.00

#### 4.6 How to Pay Contributions

**a)** To pay Social Security contributions you must prepare a check or cash transfer for the amount due in favor of NASSCORP. Please write out the full name (National Social Security & Welfare Corporation) on the check or transfer document.

**b)** Attach to the check a copy of the payroll for the month or pay period for which the contribution is being made. (Use the NASSCORP payroll submission format available for download on our website at [www.nasscorp.org.lr](http://www.nasscorp.org.lr). You may also obtain a copy of the payroll format from any NASSCORP Regional Office. You are required to submit copy of your payroll electronically to this email account: [crecords@nasscorp.org.lr](mailto:crecords@nasscorp.org.lr)

**c)** Proceed to deposit the check or make cash transfer in NASSCORP's account at the banking window of the Central Office.

**d)** Collect your copy of your deposit slip from the bank teller and present it to NASSCORP's cashier who will issue you an official NASSCORP contribution payment receipt.

- e) If the NASSCORP Central Office is not convenient to you, deposit the check into NASSCORP's designated account at a local bank which is most accessible to you.
- f) Take the deposit slip issued you by the bank to NASSCORP's Central Office where NASSCORP's cashier will issue you an official receipt
- g) If you are located outside of Monrovia and do not have access to such banking services, present the check directly to NASSCORP's Regional Director at the Regional Office serving your area
- h) The Regional Director will receive the check and issue you a temporary payment receipt. (Names and photos of NASSCORP's Regional Directors are published periodically in the local newspapers).
- i) Regional Director deposits the payment in a bank on your behalf, complete the payment process and obtain an official NASSCORP receipt which you must demand from the Regional Director. **Note:** NASSCORP issues periodic statement of accounts (update of employees' contribution made to NASSCORP) to employees whose employers submit their payroll information using the prescribed format.

#### **4.7 Contribution Payment for Employees with More than One Job**

When an employee has more than one job, EIS and NPS contributions are to be paid on his/her behalf by each employer. When NASSCORP is calculating the amount of benefit to be paid to an employee, the employee will enjoy the advantage of receiving benefit payments that will take into account his/her salaries/remunerations from all places of work.

#### **4.8 Inspection of Employers' Contribution Records**

All registered employers are required by law to allow NASSCORP Inspectors to perform the following functions:

- a) To visit your premises or place of business at all reasonable time to examine, inquire or obtain information from you, the employer for the purpose of verifying the registration status of employers and employees.
- b) To enter the premises or place of business of an employer and be allowed to examine documents and other records relating to the employment, promotion, attendance, remunerations, contributions or liability to contribute by or on behalf of the workers, and for inspection to take copies or extracts of documents.
- c) To require from an employer copies of documents and records relating to past transactions at the office of the inspector or by any other government office or at any other place where such documents can be produced as required by the inspector.



#### **4.9 Safe Working Environment**

It is required of all employers to provide a safe working environment for their employees. This includes the availability of safe working tools and gadgets related to the functions of the employee and sanitary conditions in the environment in which the employees work. This is very important in order to reduce the incidences of hazards that often lead to job-related injuries and/or death.

## **PART V**

### **PROCESSING BENEFIT CLAIMS**

#### **5.1 EIS Benefits**

Claims under EIS will normally arise from causes directly related to the job, such as injuries sustained from accidents or diseases contracted from the job, etc.

##### **5.1.1 Temporary Disablement Benefit (TDB)**

TDB is paid to an insured employee who is unable to work for 14 or more days, due to an injury sustained from a job-related accident.

To receive a **TDB** an employer must submit the following:

- (a) Formal transmittal letter
- (b) A completed NASSCORP Accident Report Form (Form B26)
- (c) Medical report, along with medical bills & original receipts
- (d) One recent passport size color photo of the injured employee
- (e) Two eyewitnesses' statements (in case of Industrial Accident); or  
Police report (in case of Commuting Accident)
- (f) Social Security Benefits Claim Form (C-1)

##### **5.1.2 Permanent Disablement Benefit (PDB)**

PDB is a cash benefit paid to an insured person who sustains job-related injury or illness from occupational disease resulting to the loss of earning capacity. In order to qualify for PDB an employee must submit himself/herself to a NASSCORP Medical Board Examination to determine the loss of earning capacity as a result of the injury. The Board determines whether the loss of earning capacity and duration of the disability is assessed to be provisional or permanent.

For example, if it is determined that the employee loss of earning capacity is 100%, his/her rate of benefit shall be 100% of 65% of his/her average monthly earnings.

### 5.1.3 Constant Attendance Allowance (CAA)

CAA is cash benefit paid to a person recommended to NASSCORP by a beneficiary who is permanently and totally disabled to care for himself/herself. The cash benefit paid to the personal attendant is 25% of the beneficiary's PDB.

### 5.1.4 Lump sum Death Benefit (LsDB)

To receive LsDB, the employer must submit the following to NASSCORP:

- (a) Formal transmittal letter from employer/claimant
- (b) Certificate of marriage (traditional or civil law), or letter of attestation from a prominent person in the community
- (c) Certificate of death of the insured deceased person
- (d) One recent group color photo of dependents
- (e) Police report (in case of Commuting Accident); or two eyewitness' statements (in case of Industrial Accident)
- (f) NASSCORP Accident Report Form (B26)
- (g) Social Security Benefit Claim Form (C1)

### 5.1.5 Funeral Grant (FG)

Funeral Grant is a **one-time** cash benefit of US\$500.00 or the equivalent in LD (depending on contribution currency) paid in lump sum to a person who proves to the satisfaction of NASSCORP that he/she has incurred expenses in connection with the deceased insured person's funeral.

### 5.1.6 Medical Benefit (MB)

In order to receive MB in cash or kind from NASSCORP as a result of job-related injuries or occupational disease, employer must submit the following documents:

- (a) Original medical expense receipt(s)
- (b) Medical Report

**IMPORTANT: *An insured injured person whose condition required medical treatment and attendance must seek medical treatment only at accredited medical institutions.***

**NOTE:** In addition, NASSCORP provides wheelchairs, crutches, prostheses, eyeglasses, etc. as medical benefits based on the nature of injury sustained under the Medical Benefit package.

**SPECIAL NOTE:** All employers in the various regions must submit within the specified time all of the above mentioned requirements to the appropriate Regional Offices for speedy claim processing.

## **5.2 NPS Benefits**

Registered insured Persons who have retired from work, persons who are incapable of work as a result of illness or disablement and survivors of deceased insured persons are to claim benefit under the NPS.

### **5.2.1 How does employee qualify for Retirement Pension?**

**Answer:** To qualify for Retirement Pension, your employee must satisfy three conditions: (1) age condition (2) contribution payment condition and (3) retirement condition.

**i. Age Condition:** Your employee must attain age 60 or 65;

**ii. Contribution Payment Condition:** Persons born before 1980 must pay a minimum of 100 monthly contributions; while persons born 1980 and after must pay a minimum of 144 monthly contributions.

**iii. Retirement Condition:** Your employee must retire from work. Failure to satisfy one of the three conditions makes your employee not qualify for Retirement Pension.

### **5.2.2 How does my employee claim Retirement Pension?**

**Answer:** Three months prior to his/her 60<sup>th</sup> birthday, NASSCORP will inform your employee that he/she is about to reach pension age. Your employee may also inform NASSCORP directly of his/her decision to be pensioned at age 60. If your employee chooses to be pensioned, you as the employer must pension him/her and submit his/her name to NASSCORP. In order to begin the pension process, NASSCORP requires you to submit the following documents:

- Transmittal letter from employer
- One recent passport sized color photo of the employee
- Social Security Employee's Work History Form (Form C-1)

### **5.2.3 What percentage of an employees' income will they receive as retirement pension?**

**Answer:** The percentage of your employees' income they will receive as retirement pension depends on the number of monthly contributions that were made on their behalf to the National Pension Scheme. For employees born before 1980 who made 100 monthly contributions (or for employees born 1980 and after who made 144 monthly contributions), they will receive 25% of their salary. However, for every 10 monthly contributions that are

made on behalf of your employees in addition to the 100 or 144 monthly contributions, they will receive 1% increment. Note that the increment will not exceed 40%. See the example below:

<b>Number of Contributions Paid</b>	<b>Average Monthly Earnings</b>	<b>Pension Rate %</b>	<b>Monthly Retirement Benefit</b>
100/144	\$750.00	25%	\$187.50
110/154	\$825.00	26%	\$214.50
120/164	\$900.00	27%	\$243.00
130/174	\$925.00	28%	\$259.00

#### **5.2.4 How can survivors qualify for Survivor's Lump sum Benefit?**

**Answer:** For survivors to qualify for Survivor's Lump sum Benefit, an insured employee must have paid before his/her death a minimum of 50 monthly contributions to the National Pension Scheme.

#### **5.2.5 What is the rate of Survivor's Lump sum Benefit?**

**Answer:** Should an insured employee die as a result of natural cause, before or after retirement, the surviving widow/widower and children (up to the age of 21 years) will receive Survivor's Lump sum Benefit, if the insured employee had paid fifty (50) or more monthly contributions. If insured deceased employee was younger, he/she will be deemed as sixty years old. If sixty years and above the benefit will be calculated in respect of insured employee's age upon death.

***See the chart on page 5.***

#### **5.2.6 How is the Survivor's Lump sum Benefit claimed?**

**Answer:** To claim a Survivor's Benefit, the survivor and the employer must submit the following to the appropriate NASSCORP Regional Office:

- Formal transmittal letter from the employer/claimant
- Group color photo of widow/widower and child/children
- Social Security Benefit Form (Form C1)
- Certificate of death
- Certificate of Marriage (Traditional or Civil law) or Letter of attestation from an imminent person

#### **5.2.7 What is Survivor's Lump sum Benefit?**

**Answer:** Survivor's Lump sum Benefit is a **one-time** benefit paid to dependants, (widow, widower and children) of an insured deceased person.

#### **5.2.8 What happens to Survivors of an insured employee who did not pay 50 monthly contributions before his/her death?**

**Answer:** If your employee paid less than 50 monthly contributions but paid 12 or more monthly contributions, the survivors of the insured deceased receive Survivor's Grant (**SG**). SG includes all the contributions paid by the insured deceased, including an interest.

#### **5.2.9 What is Invalidity Pension?**

**Answer:** "Invalidity" in this case refers to one's permanent inability to work due to disability or contracting a disease. Should an insured employee be declared and proven permanently incapable of working, (despite the fact that he/she has not attained 60 or 65 years for retirement), he/she will qualify for Invalidity Pension.

#### **5.2.10 What specific conditions qualify an employee for Invalidity Pension?**

**Answer:** To qualify for Invalidity Pension, an employee must satisfy two conditions:

- i. Medical Condition:** The employee has to sit for the NASSCORP Medical Board Examination to determine if he/she is permanently disabled and totally incapable of work.
- ii. Contribution Condition:** The employee must have paid at least 50 or more monthly contributions prior to the date he/she stopped work.

#### **5.2.13 How does a worker apply for Invalidity Pension?**

**Answer:** To apply for Invalidity Pension, the employer or insured must submit the following:

- Formal transmittal letter to the appropriate Regional Office informing NASSCORP that the insured has been declared invalid or permanently unable to work by a licensed Doctor.
- a copy of the medical report declaring him/her invalid
- one recent colored passport sized photo
- a complete C-1 Form signed and stamped by employer & insured
- sit NASSCORP Medical Board Examination

The Medical Board assessment will facilitate final processing and payment of claim. The minimum rate of Invalidity Pension is 25% of an insured employee's average monthly earnings for at least 50 monthly contributions.

#### **5.2.14 What happens to a Persons' Invalidity Pension if they did not pay 50 monthly contributions?**

**Answer:** If an insured did not pay 50 monthly contributions, but paid at least 12 or more monthly contributions, he/she will receive **Invalidity Grant**. An IG is a lump sum refund of all contributions plus an interest thereon.

## **PART VI**

### **OTHER IMPORTANT INFORMATION ABOUT THE SCHEMES**

#### **6.0 Records to Maintain**

As an employer, you must maintain accurate records of all the accident events or injuries as well as the nature of the employees' job and/or conditions which led to the accident or injury.

#### **6.1 Accident Book**

As the employer, you are required to maintain an Accident Book to record the details of all job-related accidents. You are required to keep it in a known and accessible place to enable your employees to record details of any accident that may happen at any time. The Accident Book should be kept for at least 5 years and must contain the following particulars: (a) Full name, age, occupation and address of the injured person; (b) Date and time of accident;

(c) Place of accident; (d) Cause of accident; (e) Name and address of the person making the entry, if not the injured person; (f) Description of what took place; and (g) Names, addresses, and occupations of two eye-witnesses.

##### **6.1.1 Notice of Accident**

You are required to tell your employees that if they are ever involved in a job-related accident, the foreman, supervisor or the designated person must immediately or as immediately as possible record the details of the accident in the Accident Book. That individual must notify management within 48 hours. If the injured employee does not inform you of the accident, but the accident takes place in your presence or the presence of the supervisor, you or the supervisor must prepare a written accident report.

### **6.1.2 Following Notice of Accident**

When you are notified of an accident, you must first check to know whether the details of the accident or the injury have been recorded in the Accident Book. If the accident details were not recorded, you must do it yourself in time. Fill in Form B26 (Accident Report) and send it to the nearest NASSCORP Regional Office (Regional Office in the area where the accident occurred). **Important:** You must send the Form (B26) to the regional office **within 48 hours** of the accident, if the accident is **very severe** and likely to cause death or permanent disablement. If the accident is less serious, you may send the report within 14 days.

### **6.2 What should an insured employee do who loses his/her current job, has not reached age 60, is now self-employed, but wishes to continue paying contributions under the NPS?**

**Answer:** The insured employee in this position should write a letter to the Director General of NASSCORP, requesting permission to continue paying contributions toward the NPS. The letter will describe the exact nature of self-employment and exactly how much the individual now earns monthly. If the application is approved, the person will be required to pay a rate of 7% of his/her gross monthly earnings.

### **6.3 Is it true that some non-Liberians (foreigners) are not eligible for coverage?**

**Answer:** All non-Liberians (foreigners) except those who are excluded by law are eligible for coverage under NASSCORP schemes. All non-Liberians (foreigners) employed by an employer

in Liberia and who are receiving earnings in Liberia are covered. Upon permanent departure from Liberia, non-Liberians (foreigners) who have been receiving earnings in Liberia can apply for a refund of all contributions paid to the NPS or receive pension at age 60 or above in Liberia.

**6.4 Can a person choose to cease to be a member of the Social Security Schemes?**

**Answer:** No person can choose to remove himself/herself from the Schemes. According to the Social Security Law of Liberia, Social Security is a compulsory Social Insurance Program instituted by the Government of Liberia to insure all entities and their employees operating and working in the Republic of Liberia.

**6.5 What effect does the NPS have on special pension programs offered by you to your employees?**

**Answer:** The NPS does not interfere with any pension plans you may offer your employees. However, your special pension plan must not interfere with or prevent any employer or employee from contributing to the national Social Security Pension program.

**6.6 Is there any difference between the NPS and Labor Law Pension?**

**Answer:** Yes. The Labor Law Pension requires that an employee works for an employer for 25 or more consecutive years to qualify for pension. However, under the NPS, an employee [*if born before 1980*] may work for as many employers as possible over a minimum of one hundred months, or [*if born 1980 and after*] a minimum of one hundred and forty-four months. Once an insured person meets the contributions, age and retirement conditions for pension they qualify, rather than for 25 or more years of service as required by the Labor Law.



## APPENDIX: SAMPLE OF VARIOUS FORMS



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

### FORM 1: APPLICATION FOR REGISTRATION BY EMPLOYER

#### NOTE:

This form is to be completed by an employer who has not previously been registered under the National Social Security and Welfare Act. Please find attached supporting document from which you can select the appropriate organizational type, economic sector and business activity.

OLD EMPLOYER CODE:		BUSINESS REGISTRATION NUMBER:	
FULL NAME OF THE BUSINESS			
STREET	DISTRICT, VILLAGE OR CITY	COUNTY	P.O. BOX NUMBER

TELEPHONE NUMBER	NUMBER OF EMPLOYEES	DATE BUSINESS COMMENCED			ORGANIZATION TYPE
EMAIL ADDRESS:		DD	MM	YYYY	

ECONOMIC SECTOR	BUSINESS ACTIVITY
-----------------	-------------------

<b>DECLARATION BY EMPLOYER</b> I hereby declare that the statement given above is correct to the best of my knowledge and belief and Under take to carry out my obligations under the National Social Security and Welfare Act and Regulations.			
NAME	SIGNATURE	POSITION	DATE /OFFICE STAMP
Contact Number (s)			

<b>NASSCORP OFFICIAL USE ONLY:</b>	
EMPLOYER'S CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Entered By _____ QA _____	DMS scanned By _____



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

Please  
Attach  
Photo

**FORM 2:**

**EMPLOYEE REGISTRATION**

First Name	Middle Name	Last Name	Suffix
------------	-------------	-----------	--------

Date of Birth (MM/DD/YY)	County of Birth	Nationality	Sex	Marital Status
--------------------------	-----------------	-------------	-----	----------------

Home Address
--------------

Work Address
--------------

Previous Place(s) of Work	Period (Month & Year)
1	— — / — —
2	— — / — —
3	— — / — —

Do you have a SS ID CARD? Yes ( ) or NO ( ) If Yes, provide your Social Security Number below

--	--	--	--	--	--	--	--

DEPENDENTS		
Name	Date of Birth (MM/DD/YY)	Relationship
Use back for additional dependents		

Contact Information
Cell:
Home:
Email:

Please Affix Your Signature or Finger Print here
Signed
Date

I have affixed my signature/finger print above to confirm that the information given is true and correct.

NASSCORP OFFICIAL USE ONLY:										
New Social Security Number										
Entered By					QA	DMS scanned By				





## PART A


## EMPLOYER'S NAME

## EMPLOYER'S CODE

I give below the names and other particulars of new employees as defined in Section 89, 70 (4) recruited during the month \_\_\_\_\_. New employees who do NOT have the 9-digit Social Security Number should complete Form 2 – (EMPLOYEE REGISTRATION).

[illegible]

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Position in Firm \_\_\_\_\_ Date and Stamp of Employer \_\_\_\_\_

See **REVERSE SIDE** for **PART B** in respect of employees who have ceased employment. (Please Stamp all Pages) Page \_\_\_\_ of \_\_\_\_ Page(s)

## PART B

[illegible]

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Position in Firm \_\_\_\_\_ Stamp and Date \_\_\_\_\_

## PAYROLL FORMAT

[illegible]

## REQUISITION FOR ELECTRONIC DATA SUBMISSION

**Employer's Name:** \_\_\_\_\_

**Employer's Code:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physical Address:**

**Country :** \_\_\_\_\_ **City:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**Contact Number 1:** \_\_\_\_\_

**Official email address:** \_\_\_\_\_

**Important Note:**

NASSCORP will only honor electronic document (s) originating from the email address provided above by your entity. If any change promptly inform NASSCORP by completing and submitting another requisition form.

**Authorized Personnel Name:** \_\_\_\_\_

**Authorized Personnel Signature:** \_\_\_\_\_

**Position in Entity:** \_\_\_\_\_



## NATIONAL SOCIAL SECURITY & WELFARE CORPORATION

[www.nasscorp.org.lr](http://www.nasscorp.org.lr) 15<sup>th</sup> Street & Payne Avenue, Monrovia [nasscorp@nasscorp.org.lr](mailto:nasscorp@nasscorp.org.lr)

### FORM B26 ACCIDENT REPORT FROM EMPLOYER

This form must be completed and sent to the appropriate office of the Corporation.

Within 48 hours of the accident being reported to you, if the injured person is likely to suffer permanent disablement or death

Within 14 days of the accident being reported to you in other cases

Where possible the form should be accompanied by the following: a Medical Certificate and Claim Form for whichever benefit is claimed

Form providing details of the injured person's earnings (except where only a claim for medical expenses is being made)

It is an offense under the Social Security Act to fail to report an accident to the Corporation within specified time limits

PLEASE TYPE OR USE BLOCK LETTERS in answering the following questions

<b>PART 1</b>			<b><u>DETAILS OF EMPLOYER</u></b>		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Name of Employer		Industry	Employer Code No.		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Address of Employers		P.O. Box No	Telephone No.		
<b>PART 2</b>			<b><u>DETAILS OF INJURED PERSON</u></b>		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Full Name		Date of Birth	Social Security No.		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Address		Sex (M, F)	Occupation		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Department/Shift Working Location		Works No. (If any)	Date of Starting Employment		
Do you agree that this person was your employee at the time of the accident? Yes <input type="checkbox"/> or No <input type="checkbox"/> If No give further details					
<input type="text"/>					
<input type="text"/>					

**Please turn over**

## PART 3

## DETAILS OF ACCIDENT

Date

Time

Location of Accident

2a Exactly what was the injured person doing at the time of the accident? \_\_\_\_\_

2b Was this something which he was authorized to do in connection with his job? Yes ☐ or No ☐ If No give further details \_\_\_\_\_

3 If the accident did not happen on your premises please explain why the injured person was there? \_\_\_\_\_

4a Between what hours was the injured person supposed to work on the day of accident? \_\_\_\_\_

4b Between what time did he start work in that day \_\_\_\_\_ and what time did he finish work? \_\_\_\_\_

5a Describe briefly how the accident happened \_\_\_\_\_

5b Name and address of witnesses (2 if possible) \_\_\_\_\_

5c When was the accident reported to you?

6a Nature and extend of injury (e.g. Loss of finger, fracture, etc.) \_\_\_\_\_

6b Has the injured person returned to work? Yes ☐ or No ☐ If YES give date

6c If the injured has died give date of birth

6d Name of the physician dispensary or hospital from whom or where the injured person received or \_\_\_\_\_  
Is receiving treatment \_\_\_\_\_

7 Are you paying wages to the injured person while he is absent from work? Yes ☐ or No ☐

I certify that to the best of my knowledge and belief the above particulars are correct in every respect.

Temporary Disablement Benefit

Wishes to claim Medical Benefit

Death Benefit

Permanent Disablement Benefit

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Employers Stamp \_\_\_\_\_





**NATIONAL SOCIAL SECURITY AND WELFARE CORPORATION (NASSCOP)**

15<sup>th</sup> Street & Payne Avenue, Sinkor, Monrovia, Liberia

**SOCIAL SECURITY BENEFITS CLAIM FORM C1**

Claims Must Be Submitted Through Formal Transmittal Letters

COLOR  
PHOTOGRAPH

**SECTION 1: PARTICULARS OF EMPLOYER AND EMPLOYEE (To be filled in for all claims)**

Employer's/Entity's Full Name

SS Code

Contact Information

Insured person's Full Name (Last Name, First Name Middle Name)

SS Number

Date of Birth

Occupation/Type of Job

**SECTION 2: DEPENDENTS (widow, widower, children, parents, grandparents)**

Fill in for DEATH AND SURVIVOR benefits

Names of Dependents	Age or Date of birth	Sex	Relationship

**SECTION 3: EMPLOYMENT HISTORY SINCE SEPTEMBER 1, 1988**  
(Fill in only if the insured person is not or was not already receiving Social Security pension)

Previous Employer's Name	From Year	To Year	Currency of Earnings
			USD

**SECTION 4: REQUIREMENTS PER TYPE OF CLAIM (To be attached)**

Temporary Disablement Benefit (Accident, Industrial or Occupational)

1. Formal Transmittal Letter from Employer
2. NASSCOP Accident Report from Employer (Form B 26)
3. Two passport size color photos
4. Police Report in case of motor accident or Industrial Accident Report (B 26)
5. Two Eyewitnesses' Statements in case of Industrial accident
6. Medical Report/Bill
7. Original Medical Expense Receipt(s) for Re-Imbursement

Death Benefit or Survivor's Pension Benefit/Grant

1. Formal Transmittal Letter from Employer/Claimant
2. Certification of Marriage
3. Certification of Death of the Deceased Insured Person
4. One Group Color Photo of Dependents \*\*
5. Police Report in case of motor accidents
6. Two Eyewitnesses' Statements in case of an industrial accident

Retirement Pension/Grant & Invalidity Pension/Grant

1. Formal Transmittal Letter from Employer/Claimant
2. Two Passport Size Color Photos

\*\* Dependents include widow, widower, parents, grandparents, children under age 18 years and up to age 21 years for children in school full time

**NATIONAL SOCIAL SECURITY & WELFARE CORPORATION  
(NASSCORP)  
15<sup>th</sup> Street & Payne Avenue, Sinkor, Monrovia, Liberia**

PERIOD	YEAR													
MONTH				YEAR	YEAR	YEAR	YEAR	YEAR						
January														
February														
March														
April														
May														
June									YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
July														
August														
September														
October														
November														
December														
Total														

**SECTION 5: EARNING HISTORY OF CLAIMANT [Monthly earnings over last ten years or for the tenure of employment if length of employment with current Employer is less than ten years]. Monthly earnings for the last twelve (12) months in case of Employment Injury.  
[Fill in by Employer]**

I declare that I, or the aforementioned insured person, was (retired, injured, invalidated, deceased) on the date

Name \_\_\_\_\_ Signature \_\_\_\_\_ Contact # \_\_\_\_\_

**ENDORSEMENT BY EMPLOYER'S AUTHORIZED REPRESENTATIVE**

Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPANY STAMP**

## NOTES