



# **Employer's Guide To NASSCORP SCHEMES**

*Revised February 19, 2024*

***NASSCORP, we secure your financial future***

*Designed and produced by PIET  
2024*

# NOTES

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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 and 2023, respectively), 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 informative guide 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, electronic and social 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.

**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
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



## NASSCORP'S CORE VALUES

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

- ❖ **Stewardship**  
We commit to professionally managing the National Social Security program, being ever mindful to serve diligently, courteously and responsibly
- ❖ **Integrity**  
We commit to ethical and honest management of the assets entrusted to our care
- ❖ **Equity**  
We endeavor to treat all our beneficiaries fairly and equally
- ❖ **Transparency**  
We commit to comply with all industrial standards and best practices as well as providing regular, accurate and timely information to our esteemed stakeholders
- ❖ **Accountability**  
We commit to maintaining accurate records and timely reporting of our financial and operational performance and activities
- ❖ **Efficiency**  
We commit to enhancing the quality of our service through the adoption of innovative solutions and so as to develop business processes that will maximize the Corporation's resources

PART 3	DETAILS OF ACCIDENT	
<input style="width: 150px; height: 20px;" type="text"/> Date	<input style="width: 50px; height: 20px;" type="text"/> Time	<input style="width: 150px; height: 20px;" type="text"/> 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 <input type="checkbox"/> or No <input type="checkbox"/> 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 persons 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? <input style="width: 80px; height: 20px;" type="text"/> <input style="width: 80px; height: 20px;" type="text"/>		
6a Nature and extend of injury (e.g. Loss of finger, fracture,etc.) _____		
6b Has the injured person returned to work? Yes <input type="checkbox"/> or No <input type="checkbox"/> If YES give date <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		
6c If the injured has died give date of birth <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		
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 <input type="checkbox"/> or No <input type="checkbox"/>		
I certify that to the best of my knowledge and belief the above particulars are correct in every respect.		
Wishes to claim Medical Benefit		Temporary Disablement Benefit
Permanent Disablement Benefit		Death Benefit
Signature _____		Date _____
Position _____		Employers Stamp _____

**PART I**  
**DEFINITION OF KEY TERMS**

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

---

**PART 1** **DETAILS OF EMPLOYER**

Name of Employer	Industry	Employer Code No.
Address of Employers	P.O. Box No	Telephone No.

---

**PART 2** **DETAILS OF INJURED PERSON**

Full Name	Date of Birth	Social Security No.
Address	Sex (M, F)	Occupation
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  or No  If No give further details

\_\_\_\_\_

\_\_\_\_\_

**Please turn over**

**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 disease is any disease 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 persons who are retired from work; persons younger than 60 years of age who have stop work because of serious illness or bodily disablement; as well as dependents of a Social Security pensioner 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 employers as a result of **(1)** retirement having attained age 60 or older; or **(2)** illness or disablement being younger than age 60. Also, survivors (or dependents) of insured deceased persons are entitled to receive benefits.

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

### 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: \_\_\_\_\_









**2.4.3 Retirement Pension (RP)**

RP is a cash benefit paid to an insured person who is age 60 or over, 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 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 person die as a result of a natural cause, before or after retirement, the surviving widow/widower and children (up to the age of 21 years) are paid 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 at age 60. If age 60 or above, the benefit will be calculated in respect of insured employee's age upon death. See the chart on page 8.

**NOTE:** *If no widow/widower but there are children, they will be paid equal share but the total payment will not exceed 100% of the Survivor's Lump sum Benefit.*


*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).



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

**FORM 2: EMPLOYEE REGISTRATION**

Please Attach Photo

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														
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
<b>DEPENDENTS</b>														
Name	Date of Birth (MM/DD/YY)	Relationship												
<small>Use back for additional dependents</small>														
<p style="text-align: center;"><b>Contact Information</b></p> <p>Cell: _____          Home: _____          Email: _____</p>			<p style="text-align: center;"><small>Please Affix Your Signature or Finger Print here</small></p> <p>Signed _____          Date _____</p>											
<small>I have affixed my signature/finger print above to confirm that the information given is true and correct.</small>														
<p><b>NASSCOP OFFICIAL USE ONLY:</b>                  New Social Security Number</p> <table border="1" style="width: 100%; height: 20px; margin: 5px auto;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> <p>Entered By _____ QA _____ DMS scanned By _____</p>														

<b>DEPENDENTS</b>		
Name	Date of Birth (MM/DD/YY)	Relationship



**NATIONAL SOCIAL SECURITY AND WELFARE CORPORATION**  
 www.nasscorp.org.lr 15<sup>th</sup> Street & Payne Avenue, Monrovia nasscorp\_liberia1975@yahoo.com

**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
-----------------	-------------------

**DECLARATION BY EMPLOYER**

I hereby declare that the statement given above is correct to the best of my knowledge and belief and undertake to carry out my obligations under the National Social Security and Welfare Act and Regulations.

NAME	SIGNATURE	POSITION	DATE/OFFICE STAMP
Contact Number (s)			

**NASSCORP OFFICIAL USE ONLY:**

EMPLOYER 'S CODE

Entered By \_\_\_\_\_ QA \_\_\_\_\_ DMS scanned By \_\_\_\_\_

**3.1 Coverage under the NPS**

Any employer with one (1) 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.

**Example**

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 in Liberia and who are receiving earnings in Liberia are covered. Upon permanent departure from Liberia, non-Liberian citizens 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. employers and employees in order for them to enjoy the benefits discussed earlier in this Guide. The responsibilities are mention thus.*

**PART VI**

Employer's responsibilities under the Social Security Programs

**4.0 Registration of Employer**

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

- 1) 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.

2) Return the completed Form 1 to the Regional Office serving your area for processing and completion of your registration.

3) Obtain your Registration Certificate with a 7-digit Employer's Code to complete your application for registration with NASSCORP; and

4) 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**, or **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 an unmarked 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).

a) Submit all the forms to the NASSCORP Regional Office that is serving your area (See Regional Offices Locations, p. 3).

b) 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.

#### 6.2 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-Liberian citizens are not eligible for coverage?** **Answer:** *All non-Liberian citizens except those who are excluded by law are eligible for coverage under NASSCORP schemes. All non-Liberian citizens employed by an employee operating and working in the Republic of 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 the Labor Law Pension regime still being practiced?

**Answer:** *No! With the passage into law of the amended Social Security Act in February 2017, the Labor Law Pension was annulled. However, those persons who are in receipt of pension benefits under the Civil/ Public Service Pension Program will continue to do so under NASSCORP administration of the Government of Liberia pension scheme. Also, persons being retired after the passage of the amended Social Security Act (2017) must subscribe to NASSCORP conditions for pension: (1) pay one hundred (100) monthly contributions (if born before 1980) or one hundred forty-four (144) monthly contributions (if born 1980 and after); (2) attain age 60 or older, and (3) be retired from active employment.*

### 5.2.12 What happen to a persons' Invalidation Pension if they did not pay 50 Monthly Contributions?

**Answer:** *If an insured did not pay at least 50 monthly contributions, but paid at least 12 or more monthly contributions, he/she will receive Invalidation 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) Name, addresses, and occupation 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 NASSCORP nearest Regional Office 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 a 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 (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.

- c) 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.
- d) Distribute the cards to your employees.
- e) Being an employer, you are required to incorporate registration with Social Security into your personnel recruitment services.
- f) 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.**

### 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 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 contribution payment rate of 10%:**

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

**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 may submit copy of your payroll electronically by email through NASSCORP's email account: [creords@nasscorp.org.rl](mailto:creords@nasscorp.org.rl)
- 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) the 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.

**5.2.7 What is Survivors' Lump sum Benefit?**

**Answer:** Survivors' Lump Sum Benefit is a **one-time** benefit paid to dependents, (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 (or 72) 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 contraction of a disease. Should an insured employee be declared and proven permanently incapable of working, despite the fact that he/she has not reached retirement, he/she will qualify for Invalidity Pension (despite the fact the he/she has not attained 60 or 65 years for retirement).

**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 72) monthly contributions prior to the date he/she stopped work.

**5.2.11 How does a worker apply for Invalidity Pension?**

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

- Formal transmittal letter to appropriate Regional Office informing NASSCORP that the insured has been declared invalid or permanently unable to work by a licensed medical 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% an insured person's average monthly earnings for 50 monthly contributions.

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:

Number of Contributions Paid	Average Monthly Earnings	Pension Rate %	Monthly Retirement Benefit
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 the 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
- Certificate of Marriage (Traditional or Civil law) or Letter of attestation from an imminent person

#### 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 copy 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

#### 5.0 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)

An employee is unable to work for 14 days or more due to an injury sustained from a job-related accident, is entitled to a cash benefit called TDB.

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 eye witnesses' statements in case of industrial accident
- (f) Police report in case of motor accident
- (g) Social Security Benefits Claim Form (C1)

### 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 a 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 entitlement.

### 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
- (c) Certificate of death of the deceased insured person
- (d) One recent group colored photo of dependents
- (e) Police report (in case of commuting accident)
- (f) Two eye witnesses' statements (in case of industrial accident)
- (g) NASSCORP Accident Report Form (B26)
- (h) 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. An injured insured person whose condition requires medical

treatment and attendance must seek medical treatment only at accredited medical institutions.

**NOTE:** NASSCORP provides wheelchair, crutches, prostheses, etc. under the MB package.

Also in addition, NASSCORP provides wheelchairs, eye glasses, etc., as medical benefits based on the nature of injury sustained.

**SPECIAL NOTE:** *All employers in the various regions must timely submit 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 older and be retired from work;

**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. You or 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: (a) Transmittal letter from employer (b) One recent passport sized colored photo of the employee (c) 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