



**SOCIAL SECURITY
(CHAPTER 44 OF THE LAWS OF BELIZE)**

APPLICATION FOR REFUND OF CONTRIBUTIONS

NOTE: (1) APPLICATION FOR **REFUND OF CONTRIBUTIONS PAID IN ERROR** MUST BE MADE WITHIN **TWO (2) YEARS** FROM THE END OF THE CONTRIBUTION YEAR DURING WHICH THE CONTRIBUTION WAS PAID.
 (2) APPLICATION FOR **REFUND OF CONTRIBUTIONS PAID BY TWO OR MORE EMPLOYERS** FOR THE SAME CONTRIBUTION WEEK MUST BE MADE WITHIN **TWELVE (12) MONTHS** FROM THE END OF THE CONTRIBUTION YEAR DURING WHICH THE CONTRIBUTION WAS PAID.

CLAIMANT'S PARTICULARS

NAME OF INSURED PERSON _____ NAME OF EMPLOYER _____

SOCIAL SECURITY NUMBER _____ EMPLOYER'S BUSINESS NO. _____

INSURED PERSON'S ADDRESS _____ BUSINESS ADDRESS _____

<p align="center">NAMES OF EMPLOYERS & BUSINESS NUMBERS</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p>	<p align="center">NAMES OF EMPLOYEES AND SOCIAL SECURITY NUMBERS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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CONTRIBUTIONS WERE OVERPAID TO SOCIAL SECURITY AS FOLLOWS:

Period MTH/YR TO MTH/YR	Number SOCIAL SECURITY OR BUSINESS	Paid				Payable				Overpayment			
		Contribution Rate				Contribution Rate				Employer Share (\$)	Employee Share (\$)	Total Amount Overpaid (\$)	
		Rate	Employer Share (\$)	Employee Share (\$)	Total Amount	Rate	Employer Share (\$)	Employee Share (\$)	Total Amount				
Total Refund Due													

THE REASON FOR THE ERRONEOUS CONTRIBUTIONS IS _____

SIGNATURE OF EMPLOYER/INSURED PERSON

DATE

I CERTIFY THAT DEDUCTIONS WERE MADE FOR THE ABOVE PERIOD

INSPECTOR

DATE