

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 <u>TWO (2) YEARS</u> 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 <u>TWELVE (12) MONTHS</u> FROM THE END OF THE CONTRIBUTION YEAR DURING WHICH THE CONTRIBUTION WAS PAID.

CLAIMANT'S PARTICULARS

4 5

NAME OF INSURED PERSON	NAME OF EMPLOYER					
SOCIAL SECURITY NUMBER	EMPLOYER'S BUSINESS NO.					
INSURED PERSON'S ADDRESS	BUSINESS ADDRESS					
NAMES OF EMPLOYERS & BUSINESS NUMBERS	NAMES OF EMPLOYEES AND SOCIAL SECURITY NUMBERS					
1						
2						
3						

CONTRIBUTIONS WERE OVERPAID TO SOCIAL SECURITY AS FOLLOWS:

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

THE REASON FOR THE ERRONEOUS CONTRIBUTIONS IS

SIGNATURE OF EMPLOYER/INSURED PERSON

I CERTIFY THAT DEDUCTIONS WERE MADE FOR THE ABOVE PERIOD

INSPECTOR

DP 7 (REVISED MAY 2014)

DATE

DATE