



CLAIM FOR REFUND OF CONTRIBUTIONS

Section A: To be completed by Employer/Self-Employed Person:

For official use only

- 1. Name of Business/Self-Employed Person: _____
- 2. N.I. #:

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- 3. Telephone #: _____
- 4. P. O. Box: _____ 5. Street Address: _____
- 6. How did the contributions come to be paid in error? (Please tick one)
 - Maternity Benefit Sickness Benefit Industrial Benefit Duplicate Payment
 - Other (please specify): _____
- 7. Were contributions deducted from employee's wages? Yes No
- 8. I declare that the contributions as described in Section C (or on the separate sheet) were paid in error. As the Employer/Self-Employed person, I claim refund of the amount paid less any amount owed to National Insurance.
- 9. Print Name: _____ 10. Position: _____
- 11. Signature: _____ Date: _____
dd/mm/yyyy

**Affix Employer/Self Employed Stamp
or Seal in box**

Section B: Particulars of Employed Person

- 12. Mr./ Mrs./ Ms. _____
Last NameFirst NameMiddle Name(s)
- 13. N.I.#:

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 14. Date of Birth: _____
dd/mm/yyyy
- 15. House # & Street: _____ 16. Home Phone: _____
- 17. Work Phone: _____ 18. Cell Phone: _____
- 19. P.O. Box: _____ 20. Email Address: _____
- 21. In the event of more than one employer, provide name of:-
Primary Employer: _____
Secondary Employer: _____

Section C: Period and Amount of Contributions Involved

PERIOD		CONTRIBUTIONS PAID		CONTRIBUTIONS DUE		CONTRIBUTIONS OVERPAID		
From dd/mm/yy	To dd/mm/yy	Employer's share	Employee's share	Employer's share	Employee's share	Employer's share	Employee's share	
**** Continue on a separate sheet if necessary						TOTALS	\$	\$

22. I declare that the contribution as described in Section C (or on the separate sheet) paid in error by my Employer on my behalf **were** **were not** recovered by deductions from my wages. I, therefore, claim refund of the amount involved and wish repayment to be made **to me** **to my Employer**.

23. Signature: _____ Date: _____
dd/mm/yyyy

- Note:**
1. Contributions may be refunded if they have been paid in error by an Employer or Self Employed person.
 2. Application for Refund must be made **within two (2) years** from the end of the contribution year for which the contribution was made. (A Contribution Year is defined as the year beginning the first Monday in July of each year and ending with the last Monday in June of the following year.)
 3. In calculating the refund, there will be taken into account:-
 - a. the amount of contribution, which was properly paid;
 - b. the amount of any benefit received because of the contribution paid in error; and
 - c. any other sum owed to National Insurance by a person entitled to the refund.
 4. Where the Refund of Contributions is claimed for an employed person:-
 - a. the Employer must complete and sign Section A and C.
 - b. the Employee must complete and sign Section B.
 5. A separate claim form is required for each employed person.

IMPORTANT NOTE: Any person who for the purpose of obtaining benefit under the National Insurance Act, for himself or for some other person, knowingly makes any false statement or false representations or produces any document, etc. which he knows to be false, shall be liable to a fine not exceeding Two Thousand Five Hundred Dollars (\$2,500), or to imprisonment for a period not exceeding twelve (12) months or both.

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