



Benefit Payment Form for Health Sector Occupational Pension

Affix passport picture
(Indicate Name
behind picture and
append signature)

Complete where applicable using block letters or

NOTES:

1. This Form is to be completed by any person who wishes to apply for payment of accrued
2. Please use BLOCK LETTERS for completion of this Form
3. Please write "N/A" if not applicable
4. All fields marked * is mandatory
5. Attach a photocopy of any valid ID (Voters ID, Passport, Driver's license)
6. Attach all relevant documents under section IV based on the grounds for claiming accrued benefit

Section I - Details of Claimant

Surname *

First Name *

Other

Date of Birth (DD/MM/YYYY) *

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Age *

Sex

Staff ID*

Scheme ID Number

Passport Number/Voter id/ Driver license

SSNIT Number*

Residential Address

Postal Address

Email*

Fixed Line

Mobile Number(s)*

Date of joining scheme (DD/MM/YYYY) *

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Date of exiting scheme (DD/MM/YYYY)*

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Last place of work /Facility/Institution Name *

Last grade*

Section II - Ground for Benefit Request

Grounds for claiming accrued benefits: (Please tick '✓' one box)*

I. Retirement (scheme member reaches the retirement age of 60)

II. Early Retirement

a. Scheme member reaches the age of 55 and has applied for voluntary retirement

b. Scheme member between the ages of 50 and 54 (Self-employed or Unemployed) and has applied for voluntary retirement

III. Total Incapacitation

IV. Permanent Emigration from Ghana (expatriates)

Section III - Documents Enclosed

You must attach the following documents in respect of the claim for payment on grounds of (Please tick '✓' the appropriate box)

a. Retirement

- i. A copy of your valid ID card for verification of your identity
- ii. Retirement notification letter from Employer
- iii. SSNIT Pension payment advice slip
- iv. Copy of SSNIT Biometric ID card

b. Early Retirement

Scheme member reaches the age of 55 and has applied for voluntary retirement

- i. A copy of your ID card for verification of your identity
- ii. The original copy of a statutory declaration on early retirement (an affidavit sworn by the member)
- iii. SSNIT Pension payment advice slip
- iv. Copy of SSNIT Biometric ID card

c. Early Retirement (Self-employed or Unemployed)

Scheme member between the ages of 50 and 54 and has applied for voluntary retirement

- i. A copy of your ID card for verification of your identity
- ii. The original copy of a statutory declaration on early retirement (an affidavit sworn by the member)
- iii. A copy of the letter of termination of appointment or letter of acceptance of resignation from the employer
- iv. A formal application letter from the member addressed to the Labor Department requesting for his/her employment status
- v. Copy of SSNIT Biometric ID card

d. Permanent Emigration from Ghana

- i. A copy of your ID card for verification of your identity
- ii. A copy of the immigration visa/foreign passport/ Entry Permit (for Ghanaian Residents)/others* etc. _____ (Please specify type of other documents) giving the member the permission to reside permanently or for an indefinite period in a place outside Ghana.
- iii. The original copy of the statutory declaration on permanent emigration
- iv. Copy of SSNIT Biometric ID card

Section IV - Member Declaration

1. I declare and certify that to the best of my knowledge and belief, the information given in this Form and its attachment(s) are correct and complete;
2. I am duly informed and understanding that I will be liable to prosecution for any **FALSE** information or declaration herein or hereafter made to the Scheme.

Signature (EMPLOYEE)

Signed Date (DD/MM/YYYY)

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Section V- Employer Declaration*

1. We the employers of Mr./Miss/Mrs./..... Declare and certify that to the best of our knowledge and belief, the information given in this Form and its attachment(s) are correct and complete;
2. We* are duly informed and to my/our * full understanding that, I/we* will be liable to prosecution for any false declaration herein or hereafter made to the Scheme.

Name of Facility/Institution		Official Stamp of Organization*
Name of Head of Facility/Institution		
Contact No.*	Email *	
Signature*	Date	

Section VI - Payment Instruction

Account Details- Member Benefits

- a. Ensure that the bank account details supplied are in respect of your own account number.
- b. Note however that the value that will be paid into the account stated below will be less any outstanding bank charges relating to your payment.
- c. Do make DOUBLE SURE that all account information is correct to prevent undue delays in the settlement of your benefit

Account Name*

Account Number*

Bank Name *

Branch Name*

Prepared by..... Official stamp.....

OFFICIAL USE ONLY

Section VII – Estimates of Amount of Benefit

Total Contributions made GH¢	Total Investment returns GH¢	Grand Total of Benefit due GH¢

Section VIII - Board of Trustees Approval

1. I/We the undersigned member of the board of The Health Sector Occupational Pensions Scheme Declare and certify that to the best of my knowledge and belief, that the information given in this Form and its attachments is correct and complete;
2. I/We am duly informed and to my full understanding that I will be liable to prosecution for any false declaration herein or hereafter made to the Scheme.

<i>Name of Board Member</i>		<i>Official Stamp of Organization*</i>
<i>Designation</i>		
<i>Contact No.</i>	<i>Email *</i>	
<i>Signature*</i>	<i>Date</i>	
<i>Name of Board Member</i>		
<i>Designation</i>		
<i>Contact No.</i>	<i>Email *</i>	
<i>Signature*</i>	<i>Date</i>	