



Benefit Payment Form for Health Sector Occupational Pension

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 benefits
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. Staff ID is mandatory for permanent staff
6. Attach a photocopy of any valid ID (Voters ID, Passport, Driver's license)
7. Attach all relevant documents under section IV based on the grounds for claiming benefits

Affix recent passport picture

(Indicate Name behind picture and append signature)

Section I - Details of Claimant

Surname *

First Name *

Other

Date of Birth (DD/MM/YYYY) *

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)

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

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

II. Voluntary Retirement

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

b. Scheme member is 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. **Compulsory Retirement**

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

b. **Voluntary 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. Copy of SSNIT Biometric ID card

c. **Voluntary 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

e. **Total Incapacitation**

- i. A copy of your ID card for verification of identity card number(s)
- ii. A copy of the medical certificate certifying Total Incapacitation
- iii. A copy of the letter from the employer (if employed immediately before Total Incapacitation) or the last employer (if employment has been terminated before Total Incapacitation) certifying that the contract of employment for that particular kind of work has been or will be terminated due to Total Incapacitation
- iv. The original copy of the Statutory Declaration on Total Incapacity if the benefit is made by the scheme member or SSNIT payment advice on invalidity pensions

Section IV - Member Declaration

a. I completed this form in my own handwriting and;

i. 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;

ii. I am duly informed and to my full 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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b. This form was completed on my behalf by another person and ;

I. I declare and certify that to the best of my knowledge and belief, the information given in this has been duly explained to my full understanding and satisfaction.

II. I am duly informed and to my full understanding that I will be liable to prosecution for any FALSE information or declaration herein or hereafter made to the Scheme.

Thump Print (EMPLOYEE)

Section V - 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 *

OFFICIAL USE ONLY

Section VI – Estimates of Amount of Benefit

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

Prepared by.....Date.....

Section VII - Board of Trustees Approval

This form has been validated and approved on behalf of the Board of Trustees.

<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>	