





## Health Sector Occupational Pension Scheme (DEATH BENEFIT APPLICATION FORM)

Residential Address */GPS ADDRESS																				
Closest Landmark																				
Relationship (The deceased member is my) *																				

**BENEFICIARY 1 ACCOUNT DETAILS** *(Kindly ensure that all account information provided is accurate to prevent undue delays in the settlement of your benefit)*

Account Name*																				
Account Number*																				
Name of Bank *																				
Bank Branch*																				

<p><i>I declare and certify that to the best of my knowledge and belief, the information provided on this Form and its attachments is correct and complete and I 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></p>	<p style="text-align: center;"><i>Applicant Signature</i></p>																			
Date (DD/MM/YY)																				

**Beneficiary(s) Only (Details of Beneficiary 2)**

Surname *																																												
First Name *																																												
Other Name(s)																																												
Date of Birth * (DD/MM/YYYY)																					Age																					Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Select One National ID *	Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Drivers License <input type="checkbox"/> Ghana Card <input type="checkbox"/>																																											
ID Number *																																												
Mobile Number *																																												
Email Address *																																												
Postal Address *																																												
Residential Address */GPS ADDRESS																																												
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**BENEFICIARY 2 ACCOUNT DETAILS** (Kindly ensure that all account information provided is accurate to prevent undue delays in the settlement of your benefit)

Account Name*	
Account Number*	
Name of Bank *	
Bank Branch*	

<p><i>I declare and certify that to the best of my knowledge and belief, the information provided on this Form and its attachments is correct and complete and I 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></p>	<p>Applicant Signature</p>
<p>Date (DD/MM/ YY)</p>	

**Beneficiary(s) Only (Details of Beneficiary 3)**

Surname *																				
First Name *																				
Other Name(s)																				
Date of Birth * (DD/MM/YYYY)														Age				Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Select One National ID *	Passport <input type="checkbox"/>			Voter ID <input type="checkbox"/>			Drivers License <input type="checkbox"/>			Ghana Card <input type="checkbox"/>										
ID Number *																				
Mobile Number *																				
Email Address *																				
Postal Address *																				
Residential Address */GPS ADDRESS																				
Closest Landmark																				
Relationship (The deceased member is my) *																				

**BENEFICIARY 3 ACCOUNT DETAILS** (Kindly ensure that all account information provided is accurate to prevent undue delays in the settlement of your benefit)

Account Name*	
Account Number*	
Name of Bank *	
Bank Branch*	



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<i>I declare and certify that to the best of my knowledge and belief, the information provided on this Form and its attachments is correct and complete and I 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>	Applicant Signature												
Date (DD/MM/YY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

Where Applicants are more than 3 beneficiaries, kindly photocopy this part of Section II, complete and attach.

### SECTION III – FOR ADMINISTRATOR(S)/EXECUTOR(S) DETAILS OF CLAIMANT 1

Surname *														
First Name *														
Other Name(s)														
Date of Birth * (DD/MM/YYYY)								Age				Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Select One National ID *	Passport <input type="checkbox"/>		Voter ID <input type="checkbox"/>		Drivers License <input type="checkbox"/>			Ghana Card <input type="checkbox"/>						
ID Number *														
Mobile Number *														
Email Address *														
Postal Address *														
Residential Address */GPS ADDRESS														
Closest Landmark														

### DETAILS OF CLAIMANT 2

Surname *														
First Name *														
Other Name(s)														
Date of Birth * (DD/MM/YYYY)								Age				Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Select One National ID *	Passport <input type="checkbox"/>		Voter ID <input type="checkbox"/>		Drivers License <input type="checkbox"/>			Ghana Card <input type="checkbox"/>						
ID Number *														
Mobile Number *														
Email Address *														
Postal Address *														
Residential Address */GPS ADDRESS														
Closest Landmark														
Relationship (The deceased member is my) *														

\* Where Applicants are more than 2 administrators/executors, kindly photocopy this part of Section III, complete and attach.



## Health Sector Occupational Pension Scheme (DEATH BENEFIT APPLICATION FORM)

### DECEASED ESTATE ACCOUNT DETAILS FOR ADMINISTRATOR/EXECUTOR

Account Name*	
Account Number *	
Name of Bank*	
Bank Branch *	

*We(I) declare and certify that to the best of our(my) knowledge and belief, the information provided on this Form and its attachments is correct and complete and We(I) are(am) duly informed and to our (my) full understanding that, we (I) will be liable to prosecution for any false declaration herein or hereafter made to the Scheme.*

Signature	Name	Date

### SECTION IV - DOCUMENTS TO BE ENCLOSED BY CLAIMANT(S)

1. Kindly Enclose **All** documents in the below Section\_ (Please tick '✓' the appropriate box)

i. A copy of each applicant(s) valid national ID card for verification of identity	<input type="checkbox"/>
ii. Death Certificate / Burial Permit *	<input type="checkbox"/>

2. In addition to the above kindly Enclose **ANY TWO** of the below documents (Please tick '✓' the appropriate box)

i. Medical Cause of Death	<input type="checkbox"/>
ii. Mortuary Placement Documents	<input type="checkbox"/>
iii. Obituary	<input type="checkbox"/>
iv. Police /Coroners Report	<input type="checkbox"/>
v. Affidavit from Chief of Village/Town or Head of Family	<input type="checkbox"/>

3. All Administrators or Executors will of necessity have to provide a Letter of Administration or Probate

i. Letter of Administration or Probate where applicant is either the Administrator of the Estate or the Executor of the Estate	<input type="checkbox"/>
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**DATE LETTERS OF ADMINISTRATION OR PROBATE WAS ISSUED**

**INDICATE WHERE LETTERS OF ADMINISTRATION OR PROBATE WAS ISSUED**



## Health Sector Occupational Pension Scheme (DEATH BENEFIT APPLICATION FORM)

### 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 attachments is 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 (DD/MM/YYYY)	



## Health Sector Occupational Pension Scheme (DEATH BENEFIT APPLICATION FORM)

FOR OFFICE USE ONLY (Not to be completed by applicant)

### Check List of Documents to be submitted with Death Benefit Form

Death processing officer must verify and confirm (if in doubt) the authenticity of the documents submitted before escalating the application to next stage of approval. (*Tick ✓ as applicable*).

	Document required	Verified	Not verified	Not Applicable
1	Form fully Completed			
2	Copy of death certificate of the deceased			
3	Copy of National ID of the <i>deceased</i>			
4	SSNIT Number of the deceased			
5	Burial permit			
6	Medical cause of death			
7	Copy of Children birth certificate ( <i>where beneficiary is a minor</i> )			
8	Bank details of the beneficiaries			
9	Letters of Administration or Probate			
10	Copy of National ID: Ghana Card for <b>ALL</b> beneficiaries			
11	Employer's endorsement of form			
12	Mortuary placement documents			
13	Obituary			
14	Police report/coroner's report			

Death Benefit form was received and verified by:

.....  
Name:

.....  
Official Stamp Date (DD/MM/YYYY)