

#### **NOTES:**

Surname \*

First Name \*
Other Name(s)

- (1) This Form is to be completed by any person who wishes to claim for death benefits
- (2) Please use BLOCK LETTERS for completion of this Form
- (3) Please write "N/A" if not applicable
- (4) Attach a photocopy of any valid National ID (Voters ID, Passport, Driver's license, Ghana Card)
- (5) Attach all relevant documents under section IV

AFFIX RECENT PASSPORT (INDICATE NAME BEHIND PICTURE AND APPEND

The information given in this Form can be used by the Approved Trustee concerned and the National Pensions Regulatory Authority ("the Authority") in activities relating to the processing of the claim and may be disclosed to other parties for such purposes.

#### SECTION I - DECEASED MEMBER'S PERSONAL DETAILS

Date of Birth * (DD/MM/YYYY)									Da	ite c	of D	eath <sup>3</sup>	*										
SSNIT Number*																							
Ghana Card Number																							
HSOPS ID Number *												Staf	f ID	Nur	nbe	r*							
Marital Status		Marri	ed			Si	ngle					_ Di	vord	ced						Wid	owe	d	
Place of Death (Hospital/House name)																							
Burial Place																							
Hometown																							
Last Place of Work/Fac Name*	ility/In	stitu	tion																				
Residential Address/Lo (GPS Address Including Landmark)																							
SECTION II -Benefi	iciary	(s) (	Only	(Det	tails	of B	ene	ficia	ary	1)													
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Residential Address */GPS ADDRESS																										
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Other Name(s)																										
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#### **Health Sector Occupational Pension Scheme**

#### (DEATH BENEFIT APPLICATION FORM)

BENEFICIARY 2 ACCOUNT DETAILS (Kindly ensure that all account information provided is accurate to prevent undue

delays in the settleme	ent d	of yo	ur b	enei	fit)																					
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Account Number*																				·	·	·				
Name of Bank *																										
Rank Branch*																										



Postal Address \*

Residential Address \*/GPS ADDRESS Closest Landmark

Relationship (The deceased member is my) \*

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

I declare and certify that to the best of my knowledge and belief, the information provided on this Form and its												Арр	licant	Sign	ature	!						
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<sup>\*</sup> Where Applicants are more than 2 administrators/executors, kindly photocopy this part of Section III, complete and attach.



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3. All Administrators or Executors will of necession	ty have to provide a Letter of Administration or Probate
i. Letter of Administration or Probate where appli	
Administrator of the Estate or the Executor of the	TE ESTATE
DATE LETTERS OF ADMINISTRATION OR PROBATE WAS ISSUED	INDICATE WHERE LETTERS OF ADMINISTRATION OR PROBATE WAS ISSUED



#### **SECTION V- EMPLOYER DECLARATION**

1.We the employers of Mr	/Miss/Mrs./	
best of our knowledge and	I belief, the information given in this Form and	
-	and to my /our * full understanding that, I / w after made to the Scheme.	e* will be liable to prosecution for any false
Name of Facility/Instit	ution	Official Stamp of Organization*
Name of Head of Facil	ity / Institution	
Contact No.	Email *	
Signature*	Date (DD/MM/YYYY)	



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*  $\sqrt{}$  *as applicable*).

20101	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 (where beneficiary is a minor)			
8	Bank details of the beneficiaries			
9	Letters of Administration or Probate			
10	Copy of National ID: Ghana Card for ALL beneficiaries			
11	Employer's endorsement of form			
12	Mortuary placement documents			
13	Obituary			
14	Police report/coroner's report			

12	Mortuary placement documents			
13	Obituary			
14	Police report/coroner's report			
Deatl	n Benefit form was received and verified by:			
Name	<b>j</b> .	Official Stamp Date	(DD/MM/YYY	Υ)
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