

Universities Staff Occupational Pension Scheme

DEATH BENEFIT APPLICATION FORM

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- (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

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.

AFFIX RECENT PASSPORT PICTURE WITH PLAIN BACKGROUND(INDICATE NAME BEHIND AND SIGN)

SECTION I - DECEASED MEMBER'S PERSONAL DETAILS

Surname *																			
First Name *																			
Other Name(s)																			
Date of Birth * (DD/MM/YYYY)							Dat	e of D	eath	*									
SSNIT Number*																			
Ghana Card Number																			
USOPS ID Number *									Sta	ff ID	Nur	nbe	r*						
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Place of Death (Hospital/House name)						8.													
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Place of Death (Hospital/House name) Burial Place Hometown Place of Work/Institution Residential Address/Loc	n*																		

SECTION II -Beneficiary(s) Only (Details of Beneficiary 1)

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First Name *																			
Other Name(s)																			
Date of Birth *								Age			Sex		Male	\Box		F	ema	le┌	
(DD/MM/YYYY)																			
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Residential Address */GPS ADDRESS																								l
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Closest Landmark

Relationship (The deceased member is my) *

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



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SECTION V- EMPLOYER DECLARATION

1.We the employers of Pro	f./Dr./ 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.
•	and to my /our * full understanding that, I / wo or hereafter made to the Scheme.	e* will be liable to prosecution for any
Name of Institution		Official Stamp of Organization*
Name of Director of HR/F	inance	
Contact No.	Email *	
Signature*	Date (DD/MM/YYYY)	



Universities Staff 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* $\sqrt{}$ 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 deceased			
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			

Death Benefit form was received and verified by:	
Name:	Official Stamp Date (DD/MM/YYYY)