

Employer Engagement Form

SECTION 1: General University Information

COMPLETE IN BLOCK LETTERS ONLY

Date (DD/MM/YYYY)

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Name of University

University Registration Number

SSNIT Registration Number

Subvented Institutions/Controller Payroll

University Official Email Address

University Official Phone Number

University Official Postal Address

University Locational Address/ Digital Address

Street Name

City/Town

Region

Landmark

Type of Scheme, Contribution and Membership

Tier - 2 Scheme

Total Monthly Contributions: GH¢ _____

Total Number of Staff: _____

- Number of Senior Members _____
- Number of Senior/Junior Staff _____
- Number of Staff paid by IGF _____

SECTION 2: Key Contact Person (Finance/Accounts):

This is the person all correspondence from the Scheme will be routed through or must be copied on all correspondence with your University and shall have administrative access to employer portal.

Position in Organization:	
First Name:	
Other Names:	
Family Name:	
Email Address:	
Mobile Phone number:	
Work Telephone number:	
signature:	

SECTION 3: Key Contact Person (Human Resource/Pension Desk):

This is the person all correspondence from the Scheme will be routed through or must be copied on all correspondence with your University and shall have administrative access to employer portal.

Position in Organization:	
First Name:	
Other Names:	
Family Name:	
Email Address:	
Mobile Phone number:	
Work Telephone number:	
signature:	

SECTION 4: Employer Declaration

We the undersigned undertake that:

- Any Benefit or Claim Forms delivered to your offices that appear to have been authorized by any two (2) of the above named benefit settlement Signatories should be considered a validly approved benefit request from our above name University, without the need for further verification by Scheme.
- All claim correspondences can be directed to the stated contact persons on this Form.
- Should any of the contact persons or Signatories resign or vacate their post with our organization, we will promptly notify University Staff Occupational Pension Scheme (USOPS) in writing, and provide details of the new authorized Signatories or contact persons.
- Prior to any notification of change in signatories or contact persons, we hereby indemnify the Trustees from any monetary losses or other liability or claims that may occur as a result of any of the stated Signatories wrongfully or fraudulently authorizing the Trustees to process a benefit.

Notice & Disclaimer: Anti Money Laundering/Countering Terrorist Financing

University Staff Occupational Pension Scheme (USOPS) is by law mandated to ensure that it does not participate in transactions involving the proceeds of unlawful activities or funds intended for use in terrorist activities. USOPS therefore requires its clients to:

- Warrant and undertake that monies being paid to USOPS are not the proceeds of unlawful activities and are not intended for use in terrorist activities;
- Indemnify USOPS and hold it harmless against all liability, responsibility, claims, expenses, losses or damages resulting from a breach of the warranty and undertaking in (ii); and
- Agree to provide any information or take any action USOPS may lawfully require in order for USOPS to fulfil its statutory or regulatory obligations or to assist USOPS in the event of a breach of the warranty and undertaking in (ii).

By signing below, you confirm you understand and agree with the foregoing.

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SECTION 5: Details of Director of Finance

In this section we need details of the head of finance to know who to refer key issues about your University account held with the USOPS. He or She will **NOT** be saddled with day-to-day operational requests and enquiries on the account.

Position in Organization:	
First Name:	
Other Names:	
Family Name:	
Email Address:	
Mobile Phone number:	
Work Telephone number:	
signature:	

SECTION 5: Details of Director of Human Resource

In this section we need details of the head of business to know who to refer key issues about your University human resource issues with the USOPS. He or She will **NOT** be saddled with day-to-day operational requests and enquiries on Staff/members matters.

Position in Organization:	
First Name:	
Other Names:	
Family Name:	
Email Address:	
Mobile Phone number:	
Work Telephone number:	
signature:	

**NB: Complete the form, print and sign and finally email it to usops.pension23@yahoo.com
USOPS Office Contact: 030 395 5510 or 025 734 4495.**