

Total Incapacitation Payment Form

NOTES:

- (1) This Form is to be completed by any person who wishes to claim for payment of accrued 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 II based on the grounds for claiming accrued benefit

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 - DETAILS OF CLAIMANT

Surname *																													
First Name *																													
Other Name																													
Date of Birth *	D	D	M	M	Y	Y	Y	Y	Age		Sex	Male <input type="checkbox"/>		Female <input type="checkbox"/>															
Select Appropriate ID *	Passport <input type="checkbox"/>		Voter ID <input type="checkbox"/>		Drivers License <input type="checkbox"/>		Ghana Card <input type="checkbox"/>																						
ID Number *									Staff ID Number*																				
SSNIT Number *																													
USOPS Scheme ID Number*																													
Mobile Number *																													
Email Address *																													
Postal Address *																													
Residential Address *																													
Closest Landmark																													
Name of Institution *																													
Last Grade																													
Date of Joining Scheme	D	D	M	M	Y	Y	Y	Y	Date of Exiting Scheme *	D	D	M	M	Y	Y	Y	Y												

SECTION II - DOCUMENTS ENCLOSED

Total Incapacitation (Required Supporting Documents)

You must attach 'ALL' the following documents in respect of the claim for payment on grounds of (Please tick '✓' the appropriate box)

i. A copy of your national ID card for verification of identity card number(s)	<input type="checkbox"/>
ii. A copy of the medical certificate certifying Total Incapacitation	<input type="checkbox"/>
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 kind of work has been or will be terminated due to Total Incapacitation.	<input type="checkbox"/>
iv. The original copy of the Statutory declaration of Total Incapacity if the benefit is made by the scheme member.	<input type="checkbox"/>
v. SSNIT payment advice on invalidity pension	<input type="checkbox"/>

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SECTION III - PAYMENT INSTRUCTION

Account Details- Member Benefits

- Ensure that the bank account details supplied are in respect of your own account number.
- 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.
- Do make **DOUBLE SURE** that all account information is correct to prevent undue delays in the payment of your benefit.

Account Name*

Account Number*

Bank Name *

Branch Name *

SECTION IV - MEMBER DECLARATION

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

- 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.
- 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 (MEMBER) *

Signed Date (DD/MM/YYYY)

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b) This form was completed on my behalf by another person and.

- 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.
- 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.

Thumb Print (MEMBER)

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>							
Thumb Date	D	D	M	M	Y	Y	Y

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SECTION V – JURAT

If the Applicant cannot read and write English, the following Jurat should be signed.

I certify that this Application Form, before being signed by the Applicant was first audibly, clearly and distinctly read over and explained to him/her in my presence and hearing and the said Applicant appeared perfectly to have understood same before making his/her mark hereto.

DETAILS OF WITNESS

Surname *																									
First Name *																									
Other Name																									
Date of Birth *	D	D	M	M	Y	Y	Y	Y	Age					Male <input type="checkbox"/>					Female <input type="checkbox"/>						
Select Appropriate ID *					Passport <input type="checkbox"/>					Voter ID <input type="checkbox"/>					Driver's License <input type="checkbox"/>					Ghana Card <input type="checkbox"/>					
ID Number *																									
Signature*											Date *	D	D	M	M	Y	Y	Y	Y						