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## **BENEFITS CLAIM FORM**

**PF:** \_\_\_\_\_

The Chairman  
Board of Trustees  
PCK Staff Retirement Benefits Scheme  
P.O. Box 46621 -00100  
NAIROBI

Dear Sir,



NHIF Building  
9<sup>th</sup> Floor  
1<sup>st</sup> Ngong Avenue  
P.O. Box 46621-00100  
Tel: 2737976/2720065 - Nairobi

### **POSTAL CORPORATION OF KENYA STAFF RETIREMENT BENEFITS SCHEME**

**[Part 1 to be filled only by Members aged 50 years and above and those leaving on Medical Grounds. Part 2 to be filled only by members aged below 50 years]**

I refer to the attached copy of letter of retirement date \_\_\_\_\_

#### **PART 1: MEMBERS AGED 50 YEARS AND ABOVE OR LEAVING ON MEDICAL GROUNDS**

- a) I wish to be paid as follows (Tick as appropriate): -
- i) \_\_\_\_\_ of my benefits (Upto a Maximum of 1/3 of total benefits)
  - ii) Transfer the balance of my benefits to: (Name of Insurance Provider from where pension can be purchased)
- \_\_\_\_\_

**NOTE:** If pension to be purchased is below **50%** of the prescribed minimum wage and therefore trivial, a member **MAY** be allowed to take the full entitlement. (The current trivial pension is **Kshs 7,795.00**)

- b) I undertake not to revoke my choice of how I wish my benefits to be paid.

## **PART 2: MEMBERS AGED UNDER 50 YEARS**

I wish to be paid (Indicate percentages against each)

- (i) \_\_\_\_\_ % of employee contributions with investment income
- (ii) \_\_\_\_\_ % of employer contributions with investment income

**NOTE:** An employee can access up to 100% of Employee Benefit and upto 50% of the Employer Benefit, the balance will be deferred until attainment of retirement age.

## **PART 3: PAY POINT**

I wish to be paid my benefits through: -

Bank Name: \_\_\_\_\_ Bank Code: \_\_\_\_\_

Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Savings/Current Account No: \_\_\_\_\_

## **PART 4: OFFICIAL NAMES**

My full names as shown in my National Identity Card (attach a copy) are:

\_\_\_\_\_  
\_\_\_\_\_

## **PART 5: RECORD OF MEMBERS IN MY FAMILY.**

(Complete Part (a) only in case of one spouse)

[Complete Part (b) and the other parts depending on the number of wives].

[In case the wife is deceased her full names and children by her should be given].

### **(a) FULL NAME OF SPOUSE**

\_\_\_\_\_

(attach copy of marriage Certificate)

(Indicate if alive or deceased)

FULL NAMES OF  
CHILDREN BY HER

DATES OF BIRTH  
OF THE CHILDREN

OCCUPATION OF  
CHILDREN (WHETHER

(attach copies of Birth Certificates)	Day	Month	Year	MARRIED IN SCHOOL etc)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

(b) **FULL NAME OF WIFE:** \_\_\_\_\_  
 (Full Names of children by her  
 (attach copies of birth Certificates)  
 (indicate if alive or deceased)

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(c) **FULL NAME OF WIFE:** \_\_\_\_\_  
 (Full Names of children by her  
 (attach copies of birth Certificates)  
 (indicate if alive or deceased)

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

## PART 6: CONTACT ADDRESS

### RESIDENTIAL ADDRESS AND TELEPHONE CONTACT AFTER RETIREMENT

Mobile No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ Code: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**PART 7: MEMBERS SIGNATURE**

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Designation \_\_\_\_\_

Member's Scale \_\_\_\_\_

**Employer Certificate**

Certified to be accurate according to employment records.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of Officer Signing \_\_\_\_\_

Rank of Officer Signing \_\_\_\_\_

Name of Employer \_\_\_\_\_

Official Rubber Stamp \_\_\_\_\_