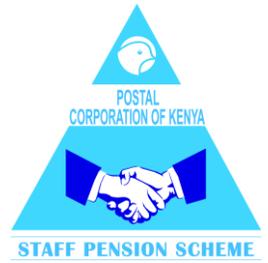


This Form is supplied free of charge. Please ensure the Form is fully and properly completed. Failure to do so will result in delays in processing your benefits

## PENSION SCHEME MEMBERS LEAVERS FORM

### PART A

1. Full Names: -----
2. Employer -----
3. Employment/Payroll No. -----
4. Sex: -----
5. Rank -----
6. Scale -----
7. Date of Birth ----- Day ----- Month ----- year-----
8. Date of Appointment -----Day----- Month ----- year-----  
*(attach Certified Copy of Appointment Letter)*
9. Date of Retirement -----Day -----Month -----year -----  
*(attach Certified Copy of Retirement Letter)*
10. Last Date of Service -----Day -----Month -----year -----
11. Total Pensionable Service to Date of Leaving Service (in months) -----
12. Age at leaving Service -----Years -----Months -----Days-----
13. Cause For Leaving -----
14. Monthly Pensionable Salary At Time of Retirement (Kshs)-----  
*(attach Certified copy of Last Pay Slip and/or Payment Voucher)*
15. Monthly Pensionable Salary Progression in the last year of pensionable service  
( Kshs)-----  
-----  
-----



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

16. Final Pensionable salary during Last Year of Pensionable Service

-----  
17. Please indicate whether there have been any breaks in service if yes, give reasons, duration, timing and monthly pensionable salary during each break.  
-----  
-----

19. **TYPE OF PENSION BENEFIT PAYABLE TO MEMBER (Please tick one of the below)**

**Normal Pension**

**Deferred Pension**

III –health Pension Attach

Return of contributions

(Certified copy of Medical Certificate)

Early pension (if aged 50 but less than 55)

If Ill-health and in case a Member is permanently injured in the actual discharge of his duty, please indicate if:

(a) such injury occurred without Member's default (Yes/No) -----

(b) such injury occurred in circumstances specifically attributable to the nature of the Member's duty (Yes/No)-----

(c) the Member's capacity to contribute to his own support is (medical certificate necessary):-  
Slightly impaired -----

Impaired -----

Materially impaired -----

Totally destroyed -----

If Normal, Deferred, III-health or Early Pension is chosen, please state proportion of pension to be commuted: \_\_\_\_\_% (Subject to Income Tax limits which is currently 25%)

**20. Forwarding Telephone/  
Address**

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

Contact Telephone/  
Address After Retirement

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

**20. Bank Details:**

Account No. \_\_\_\_\_

Type of Account  
(Savings or Current) \_\_\_\_\_

Bank Name \_\_\_\_\_

Branch: \_\_\_\_\_

Address: \_\_\_\_\_

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

---

**21. Employer Certificate**

Certified to be Correct -----Date -----

Signed

Full Names of the Officer Signing -----

Rank of the Officer Signing -----

Official Rubber Stamp -----

---

**PART B**

**FOR SECRETARIAT USE ONLY**

Form checked by: \_\_\_\_\_ Verified by: \_\_\_\_\_

Data capture checked by:- \_\_\_\_\_ Verified by: \_\_\_\_\_

---

Deferred pension