



STATE INSURANCE COMPANY OF MAURITIUS LTD

You're really covered

MEMBER'S CODE	
CLAIM NO.	

EMPLOYEE BENEFITS FORM

FUND/SCHEME:

.....

EMPLOYEE BENEFITS IN RESPECT OF

Mr Mrs Miss Ms Widow

.....

.....

.....

.....

FORM PN /01

..... **PENSION FUND/SCHEME**

PARTICULARS OF MEMBER

Name of Employee (in full):

Date of Birth:

Social Security No:

National Identity No:

Address:

.....

Telephone No:

PARTICULARS OF SERVICE AND SALARY

Date of appointment on pensionable establishment in present organisation:

Date of retirement / death:

Previous pensionable service. Please specify name(s) of organisation(s):
.....
.....

Break in service, if any:

Cause of retirement / death:

Monthly pensionable salary:
(as provided in the Statutory Bodies Pension Funds Act 1978 (as amended)/Rules of the Scheme at time of retirement/death)

CERTIFICATION BY EMPLOYER

(to be signed by an officer whose status is not lower than that of a personnel officer and should be sealed)

This is to certify that the above particulars are correct.

Name: Title:

Signature: Date:

