

PNF 03-11a

MEMBER'S CODE:

CLAIM NO.:

**STATE INSURANCE
COMPANY
OF
MAURITIUS LTD**

***MEMBERSHIP CESSATION FORM
FOR CASES
OTHER THAN RETIREMENT***

SCHEME:

.....

**EMPLOYEE
BENEFITS
IN RESPECT
OF
Mr / Mrs / Miss / Ms/ Widow**

.....

.....

.....

STATE INSURANCE COMPANY OF MAURITIUS LTD

FORM PN /02

..... **PENSION FUND**

PARTICULARS OF MEMBER

Name of Employee (in full):

Date of Birth: Tel No:

Social Security No:

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National Identity No:

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Address:
.....
.....

PARTICULARS OF SERVICE AND SALARY

Date of Appointment on Pensionable Establishment

In present Organisation:

Date of Leaving:

Previous Pensionable Service:

(Please specify name(s) of Organisation(s):

Break in Service, if any:

Cause of Leaving:

New organisation joined (if applicable):.....

Date of Appointment on Pensionable Establishment in new organisation:

Monthly Pensionable Salary (as provided in the Statutory Bodies Pension Funds Act 1978 (as amended) / Rules of the Scheme at time of Leaving):

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:

OPTION OF EMPLOYEE – LEAVING A STATUTORY BODY

Members leaving a Statutory Body to join another Statutory Body or Public Service or Local Authority will be eligible for accrued pension benefits to be transferred accordingly.

Option for employees having at least 5 years Pensionable Service and taking employment in the Private Sector or becoming self-employed.

Option 1 Transfer portable benefits to Superannuation Fund established by new employer.

Option 2 Transfer portable benefits to a Personal Pension Scheme approved by the Director General of the Mauritius Revenue Authority.

In case option 2 is chosen, please provide below the following information:

Name of Insurance Company:

Proposal/Policy No:

Signature:

Date:

OPTION OF EMPLOYEE – PRIVATE BODIES

In accordance with the rules of the Scheme

To be completed if employee has at least 5 years Pensionable Service

*I hereby opt to have my **benefits** paid as per option No. below*

I understand that my option is irrevocable

Option 1 Transfer to the Superannuation Fund established by new Employer.

Option 2 Retain in the Superannuation Fund of ex-Employer for the payment of a pension upon reaching the appropriate retiring age.

Option 3 Transfer to a Personal Pension Scheme approved by the Director General of the Mauritius Revenue Authority.

In case option 3 is chosen, please provide below the following information:

Name of Insurance Company:

Proposal/Policy No:

Signature:

Date:

FOR OFFICE USE

BENEFITS PAYABLE

Prepared by: Verified by:
Date: Date: