



**NSSF STAFF
PENSION
SCHEME**
Own Your Tomorrow

**NSSF STAFF PENSION SCHEME
POST RETIREMENT MEDICAL FUND
APPLICATION FORM**

SECTION 1- MEMBER DETAILS

Full names..... MNO.....

ID No.D.O.B.....Station/ Department

Mobile No.....Next of Kin.....Mobile
No.

SECTION 2- CONTRIBUTIONS

i) NEW CONTRIBUTION

I wish to start PMRF contribution of Kshs..... w.e.f.....

ii) VARIATION OF CONTRIBUTION

I wish to **VARY** my contribution from Kshs to Kshs

111) CANCELLATION OF CONTRIBUTION

I wish to cancel my contribution until further notice W.E.Fdate

SECTION 3 – DECLARATION

- 1) I Declare that the information provided is complete and correct
- 2) I understand that my regular PRMF must be preserved until I become eligible to receive medical benefits under the scheme
- 3) I understand that I will be bound by provisions of the Trust Deed and Rules regulation of the Scheme as amended from time to time and that I can inspect these documents on request.

Signature.....Date.....

Witnessed by: NameSignature.....

OFFICIAL USE

Name officerSignature

Date & Stamp Date.....