Website: nssa.org.zw

PENSION AND OTHER BENEFITS SCHEME
STATUTORY INSTRUMENT 393 OF 1993

NPS CLAIM FORM

This form must be fully completed and sent to the nearest NSSA Office with the required documents under Section B

SECTION A: DETAILS OF CONTRIBUTOR/EMPLOYEE

SSN _____ NATIONAL I.D No. _____

SURNAME _____ FORENAMES _____

SEX

M	F

DATE OF BIRTH

DATE	MONTH	YEAR

EC/WORKS NUMBER _____

DATE	MONTH	YEAR

DATE OF RETIREMENT/INVALIDITY/DEATH
(Please tick applicable)

MARITAL STATUS (tick)

SINGLE	MARRIED	DIVORCED	SEPARATED	WIDOWED

If married provide the following details of spouse(s)

SURNAME	FORENAME(S)	SSN	I.D. NO.	DATE OF BIRTH	DATE OF MARRIAGE

CONTRIBUTOR'S OWN CHILDREN BELOW 18 YEARS OR BELOW 25 YEARS IF STILL GOING TO SCHOOL *(N.B. Indicate if child is disabled by a star in front of the child's name, and provide medical evidence).*

SURNAME	FORENAME(S)	DATE OF BIRTH	I.D NO.	SEX

POSTAL ADDRESS

_____
_____
_____
_____
_____

RESIDENTIAL ADDRESS

_____
_____
_____
_____
_____

Telephone (Business/Home)_____ Mobile Number_____ E-mail Address _____

EMPLOYMENT HISTORY

LAST DATE OF EMPLOYMENT:

DATE	MONTH	YEAR

LAST MONTH'S SALARY

$	C

GIVE NAMES OF EMPLOYERS SINCE 1ST OCTOBER 1994 (Start with current employer)

NAME OF EMPLOYER	SSR	PERIOD OF EMPLOYMENT	
		FROM	TO

SECTION B : BENEFIT TYPE (Please tick the appropriate box of benefit being claimed and submit the indicated documents)

BENEFIT			DOCUMENTS REQUIRED:
RETIREMENT	GRANT	☐	P9/10 Form , Certified Copy of ID/Driver's Licence/Valid Passport, Payslips (for the last 3 months), Current Bank Statement
	PENSION	☐	
INVALIDITY	GRANT	☐	P9/10 Form, Certified Copy of ID/Driver's Licence/Valid Passport/P11a Form, Payslips (for the last 3 months), Current Bank Statement
	PENSION	☐	
SURVIVOR'S	GRANT	☐	P9/10 Form, Certified Copy of Claimant's ID/Driver's Licence/Valid Passport. Certified Copy of Death Certificate, Certified Copy of Marriage Certificate/Original Affidavit. Payslips (for the last 3 months) Current Bank Statement, Certified Copy of Certificate of Guardianship Letter of Guardianship. Certified Copies of Children's Birth Certificates.
	PENSION	☐	
FUNERAL	GRANT	☐	P9/10 Form, Certified Copy of Claimant's ID/Driver's Licence/Valid Passport/Payslips, Certified copy of Burial Order/Notice of Death/Death Certificate, Payslips (for the last 3 months), Current Bank Statement, Marriage Certificate/Affidavit

SECTION C: DETAILS OF CLAIMANT/GUARDIAN

SURNAME: _____ FORENAMES: _____

DATE OF BIRTH:

DATE	MONTH	YEAR

ID NUMBER _____

SOCIAL SECURITY NUMBER (if any) _____

POSTAL ADDRESS

_____

_____

_____

_____

_____

RESIDENTIAL ADDRESS

_____

_____

_____

_____

_____

Telephone (Business/Home)_____ Mobile Number_____ E-mail Address _____

Relationship to contributor _____

SECTION D : EMPLOYMENT DETAILS (To be completed by the Employer)

EMPLOYER'S CERTIFICATE IN SUPPORT OF CLAIM

I certify that the above named employee was employed by me/us

Company Name..... SSR NO.....

From (Date)..... To (Date).....

At (address where work was done).....

As (Job title)..... Telephone Number.....

E-mail Address .....

BREAKDOWN OF INSURABLE EARNINGS AND CONTRIBUTIONS IN THE LAST 12 MONTHS OF EMPLOYMENT

	MONTH AND YEAR (Start with the last month of employment)	MONTHLY INSURABLE EARNINGS $	CONTRIBUTION PAID (6% OR 7%) $
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

SECTION E: IRREGULAR OR BROKEN PERIODS OF EMPLOYMENT

(To be completed by employer for employees whose employment was irregular)

Dates of Employment for each period

	FROM(Date)	TO(Date)
1		
2		
3		
4		
5		
6		
7		
8		

DECLARATION BY EMPLOYER

I hereby certify that the Information I have provided is correct and accurate and I am aware that giving false Information shall render me liable to prosecution.

SIGNATURE OF AUTHORISED PERSON _____ FULL NAMES IN CAPITAL LETTERS _____

POSITION IN COMPANY OR FIRM.....

COMPANY STAMP

EMPLOYER'S SOCIAL SECURITY NO .....

SECTION F : PAYMENT METHOD (To be completed by Contributor/Claimant/Guardian)

1. BANK DEPOSIT

Name of Bank/Building Society/POSB

Account Number

Branch

2. MOBILE MONEY TRANSFER

Name of Services Provider

Mobile Number

NB: Please ensure that the line is registered in your name

DECLARATION BY CLAIMANT:

I hereby declare that the information I have provided is correct and I am aware that giving false information shall render me liable to prosecution. I undertake to repay any monies paid to me by the Authority in the event of a wrongful claim. I further declare that the information given by my employer is correct.

SIGNATURE_____ **DATE**_____

OR THUMBPRINTS

Left Hand	Right Hand