

1 CLAIM FOR DEPENDANT'S PENSION
(TO BE SUBMITTED IN DUPLICATE)

CLAIMANTS ADDRESS

Telephone _____

Date _____

The Chairman,
Board of Trustees,
TelPosta Pension Scheme,
P.O. Box 45610,
NAIROBI.

Dear Sir,

1. DECLARATION BY THE CLAIMANT

I hereby state that I am the Widow/Widower/Son/Daughter of the late Mr./Mrs./Miss/_____ and I do hereby claim payment of dependant's pension. I understand and accept that claim of dependant's pension is payable to me for a maximum of five (5) years from the date of death or for such a lesser period as I will remain unmarried and I undertake to inform the Board of Trustees of TelPosta Pension Scheme should I remarry during the five (5) years period. Dependant's pension is paid to the deceased unmarried child/children under the age of 21 years and such child should notify this office immediately he/she marries or attains the age of 21 years.

2. PARTICULARS OF THE DECEASED OFFICER OR PENSIONER

a) Full Names _____ Former Employer _____

b) Date of Appointment _____ Day _____ Month _____ Year _____

(Attach certified copy of Letter of Appointment) – Human Resources Department to submit



Telposta Towers
13th Floor
Kenyatta Avenue
P.O. Box 45610-00100
Nairobi, Kenya.
Tel: 254 - 020 2216752
Fax: 254- 020 246208

c) Employment/Payroll No. _____ Scale _____ Sex _____

d) Date of Birth _____ Day _____ Month _____ Year _____

e) Last Date of Service _____ Day _____ Month _____ Year _____

(Attach certified copy of Retirement Letter) – If death occurred after retirement (Human Resources Department to submit)

f) Date of Death _____ Day _____ Month _____ Year _____

g) Employment Status at Time of Death (Indicate if employee or pensioner)

h) Death Certificate No. _____ (attach copy)

Date of Issue: Day _____ Month _____ Year _____

3. **PARTICULARS OF THE CLAIMANT (Adult to attach copy of National ID - children to attach copies of Birth Certificate and relevant evidence of age)**

a) Full Names _____ Kenya Identity Card No. _____

b) Date of Birth _____ Day _____ Month _____ Year _____

c) Date of Marriage _____ Day _____ Month _____ Year _____

d) Marriage Certificate No. _____ (attach copy)

Date of Issue: Day _____ Month _____ Year _____

e) If the deceased has other Widows, Name them. (Full Names):

(1) _____

(2) _____

(3) _____

(4) _____

4. **PARTICULARS OF CHILDREN OF THE DECEASED WHO ARE UNDER 21 YEARS**

FULL NAMES	DATE OF BIRTH (D/ M/Y)	SEX (M or F)	MARITAL STATUS (Single/Married)	NAME OF SCHOOL (If in School)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. **PARTICULARS OF CHILDREN OF THE DECEASED WHO ARE OVER 21 YEARS**

FULL NAMES	DATE OF BIRTH (D/ M/ Y)	SEX (F or M)	MARITAL STATUS (Single/Married)	IF IN FULL TIME EDUCATION INDICATE NAME AND ADDRESS OF INSTITUTION AND DATE OF ENTRY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. **LETTERS OF ADMINISTRATION**

a) Indicate if Letters of Administration have been granted (Yes/No)

b) If yes give following details:-

i) Date of issue _____ Day _____ Month _____ Year _____
(Attach certified copy)

ii) Full names of the Administrator _____

- iii) Contact address of the Administrator _____
- iv) Relation of the Administrator to the deceased _____
- v) Current occupation of the Administrator _____

7. **DECLARATION BY THE CLAIMANT**

I hereby declare that the information given above is true and correct and I would like payment of the dependants' pension to be made to me Thro'

- a) Name of Bank _____
- b) Branch _____
- c) Account No _____
- d) Title of Account _____
- e) Claimant's Signature _____ Date _____

8. **DECLARATION BY WIDOW/WIDOWER ON MARRIAGE UNDER TRADITIONAL CUSTOM (Does not apply if a Certified Copy of Marriage Certificate is Attached)**

Note: (1) Where the marriage is by traditional customs the father of the Widow and the father of the deceased (or if they are not alive prominent persons in their respective families) must certify to this effect in the presence of the Chief of the Area: (see the certification form below).

(2) Where the pension is payable to more than one claimant each claimant should complete a separate form. The dependants' pension due will be shared equally amongst the eligible claimants.

(3) Where the pension is payable to the dependants children, each child should produce relevant certificate of birth.

A minor's bank account should be opened on behalf of dependants under the age of 18 years.

(4) All claim forms whether or not supported by marriage certificate should be certified by the Local Chief.

We, Mr./Mrs. _____ and Mr./Mrs. _____
being the parents or relatives of Mr./Mrs. _____ and
the late Mr./Mrs. _____ respectively do hereby confirm
that they married under traditional customs and that r./Mrs. _____
is entitled to the dependant's pension.

9. **PARENT/RELATIVE OF CLAIMANT** **PARENT/RELATIVE OF THE DECEASED**

Full Names _____ Full Names _____

ID No. _____ ID No. _____

Signature _____ Signature _____

Date _____ Date _____

Address _____ Address _____

10. **CERTIFICATE BY THE LOCAL CHIEF**

(If the deceased had other widows then indicate or attach a list of each widow and her children)

I hereby certify that I know the claimant who is the husband/Wife/Son Daughter of the late Mr./Mrs./Miss _____ and I believe his/her statement to be true.

(a) Full Names of the Chief

(b) Location _____

District _____

(c) Address _____

(d) Official Stamp:

(e) Signature _____ Date

11. **CERTIFICATE BY EMPLOYER**

Note: Part 11 to be completed by authorized Headquarters Human Resources Department Staff.

We hereby certify that the particulars contained herein correspond to information in our records.

Signed _____ Date _____

Name of the Officer Signing _____

Rank of the Officer Signing _____

Name of Employer _____

Official Rubber Stamp of the Employer _____

Monthly amount payable (Kshs.) _____ from Day ____ Month ____ Year ____

To Day _____ Month _____ Year _____

12. **FOR OFFICE USE ONLY (TPS)**

Prepared by _____ Date _____

Passed by _____ Date _____

Pension Payment to be made through _____

With effect from _____ Day ____ Month ____ Year ____

To cease on _____ Day ____ Month ____ Year ____