

BEN.2

**THE UNITED REPUBLIC OF TANZANIA
PUBLIC SERVICE SOCIAL SECURITY FUND**



**Beneficiary's
Coloured
Photo**

APPLICATION FOR SURVIVOR'S BENEFIT

(Made under regulation 20(5) & (6))

To be completed by appointed administrator of the deceased member

WARNING:

Any person who for the purpose of obtaining any benefit for himself or any other person knowingly makes any false statement or representation or produces or furnishes or causes to be produced or furnished any document or information which he knows to be false in material particulars, commits an offence.

A. PARTICULARS OF A DECEASED MEMBER

PSSSF/Employee Number	█	National ID	█
Salutation (Please Tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other: █		
First Name	█		
Middle Name	█		
Surname	█		
Previous/Maiden Names	█		
Permanent Address	█		
Date of Birth	█	Nationality	█
Gender	█	Marital Status	█
Mobile Number	█	E-mail Address	█

B. MEMBERSHIP PARTICULARS

Date of First Appointment	█		
Name of Present Employer	█		
Address of the Employer	█		
Date of Joining the Scheme	█	Date of Death	█
Date Contributions commenced	█	Last month of Contribution	█
Salary at Death	█	Last month of Contribution	█
Benefit Applied For (Please Tick)	<input type="checkbox"/> Statutory Retirement <input type="checkbox"/> Voluntary Retirement		

A. PREVIOUS CLAIMS

Have you ever applied for or been paid any benefit by the Fund? (Please Tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If the response in part C is 'YES', please state:

Type of Benefit	█	Date Paid	█
Amount Paid	█	Other Comments	█

B. LIST OF PREVIOUS EMPLOYERS

Name of the Employer	Start Date			End Date		
	Date	Month	Year	Date	Month	Year
1.						
2.						
3.						
4.						

C. APPLICANT'S PARTICULARS

National ID	█					
Salutation (Please Tick)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other: █
First Name	█					
Middle Name	█					
Surname	█					
Relationship with the member	█					
Permanent Address	█					
Date of Birth	█	Nationality			█	
Gender	█	Marital Status			█	
Mobile Number	█	E-mail Address			█	

D. NAME AND ADDRESSES OF DEPENDANTS OF THE DECEASED MEMBER

Names	Relationship	Mobile	Address
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

A. DISTRIBUTION OF CPG TO BENEFICIARIES

1. Spouse

NAMES	%	Bank Name	Account No.
1.			
2.			
3.			
4.			

2. Children

NAMES	%	Bank Name	Account No.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

B. DISTRIBUTION OF MONTHLY PENSION

1. Spouse

NAMES	%	Bank Name	Account No.
1.			
2.			
3.			
4.			

2. Children

NAMES	%	Bank Name	Account No.
1.			
2.			
3.			
4.			

Right Thumb prints of the Applicant	
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Signature		Date	
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A. DECLARATION BY THE EMPLOYER OF DIRECT DEPOSIT

I certify that employee [redacted] of PSSSF/Employee Number [redacted] died on (date) [redacted] I understand that the survivors' benefits will be paid direct into their accounts. I also attach the documents indicated below to support the benefit claim.

Documents Needed in Support of This Claim (Please Tick, if attached to this Application)

- Duly filled Application Form, BEN 2
- Letter of appointment
- Certified Death Certificate
- Certified copy of Minutes of meeting appointing Administrator
- Certified copy of marriage certificate(s)
- Certified copies of birth certificated of children and spouse attached with passport size photograph
- Certified copy of Court certification of the appointed Administrator of the estate of the Deceased
- Original/Certified copy of Medical certificate of disabled child(s)
- Court Survivors Benefit Distribution Form (Form No. VI)
- Dully filled Education form (BEN.9)
- Certified copy of School Joining Instruction
- Certified copy of Fees Structure for all levels
- Dully filled bank certification form (BEN. 10)
- Legal evidence for the children guardianship
- A Bank Statement certified by the payee's Bank of Beneficiaries
- Recently salary slip
- Certified copy of National ID/ or Voter's ID or Driver's License
- Copy of last promotion letter certified by employer
- Totalization Notification Letter from a Member before any payment has been made (for a contributor of more than one Fund)

Name of Certifying Officer	[redacted]	Designation and ID	[redacted]
Signature	[redacted]	Date	[redacted]

Official Stamp	[redacted]
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B. DECLARATION BY THE REGIONAL MANAGER

This is to certify that [redacted]has submitted benefit claims with all the supporting documents. The member's particulars have been verified.

Manager's Name	[redacted]	Designation and ID	[redacted]
Signature	[redacted]	Date	[redacted]

Official Stamp	[redacted]
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