

**MINISTRY OF SOCIAL INTEGRATION, SOCIAL SECURITY AND NATIONAL SOLIDARITY****(SOCIAL SECURITY DIVISION)****APPLICATION FOR CONTINUATION OF BENEFIT****(Section 45K of the National Pension Act)****(Application should be supported by documentary evidence)****PART A: PERSONAL DETAILS OF BENEFICIARY**

Date of Application:

Centre:

1. National ID No:

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2. Full Name:

3. Benefit Type:

CF No:

Unit No:

4. Date of Birth:

5. Address:

6. Address Abroad:

7. Tel No:

Mobile No:

8. Email Address:

9. Passport Number:

Foreign Passport Number (If any):

Country of Issue:

**PART B: REASON FOR STAY ABROAD (Tick One)**

- ☐ Studies Abroad
- ☐ Medical Treatment Abroad
- ☐ One off Exemption for stay abroad

**PART C: DETAILS OF STUDIES ABROAD (To be filled, if applicable)**

1. Name of Institution :
2. Contact No of Institution:
3. Email Address of Institution:
4. Country & City:
5. Course Name :
6. Expected Date of Departure:
7. Course Duration:

**PART D: DETAILS OF MEDICAL TREATMENT ABROAD (To be filled, if applicable)**

1. Nature of Illness/Condition:
2. Name of Hospital/Clinic:
3. Contact No of Hospital/Clinic:
4. Email Address of Hospital/Clinic:
5. Country & City:
6. Expected Duration of Treatment:
7. Expected date of departure/ Departure date:
8. Expected Date of Return:

**PART E: ONE OFF EXEMPTION FOR STAY ABROAD (To be filled, if applicable)**

1. Country visited or to be visited:
2. Expected date of departure/ Departure date:
3. Expected date of arrival /Arrival date:

**PART F: PROXY DETAILS**

1. National ID No.

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2. Full Name:
3. Relation To Beneficiary:
4. Address:
5. Tel No :
6. Email Address :

Mobile:

**PART G: DECLARATION BY THE BENEFICIARY/PROXY**

I, .....declare that the statement made and given by me and recorded on this form has been read over / translated and explained to me in ..... and is true and correct to the best of my knowledge and belief.

.....

Date:.....

Signature /Thumbprint

Application registered by:

Signature of SSO:

Application checked by:

Signature of HSSO: