

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:

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:

Foreign Passport

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.

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

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: