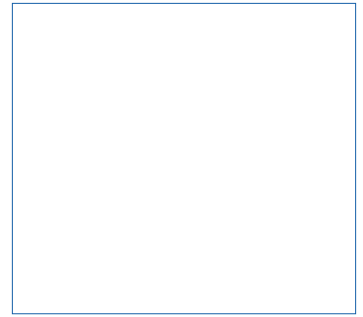




Official use only  
 Ref No...../...../...../...../.....  
 W/F No.....  
 Branch .....



**NATIONAL SOCIAL SECURITY FUND  
 CLAIM FORM FOR NSSF BENEFITS**

Please read through before completing this form, use BLOCK CAPITALS throughout.

**SECTION I: BENEFIT CLAIM SPECIFICATION**

Please tick the appropriate box for the type of Benefit Claim you would like to lodge?

- |                            |                          |  |                          |
|----------------------------|--------------------------|--|--------------------------|
| 1) Age Benefit at 55 years | <input type="checkbox"/> | 2) Withdrawal Benefit at 50 years and out of employment. | <input type="checkbox"/> |
| 3) Emigration Grant        | <input type="checkbox"/> | 4) Withdrawal Benefit (following exempted employment)    | <input type="checkbox"/> |
| 5) Invalidity Benefit      | <input type="checkbox"/> | 6) Survivors Benefit                                     | <input type="checkbox"/> |

**SECTION II: MEMBER DETAILS**

- Surname:.....
- Maiden name (If registered before marriage) .....
- Other names:.....
- |   |   |
|---|---|
| 3. New NSSF Number  | Old NSSF No. (if applicable)  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
- If you have more than one old NSSF number, please indicate in the spaces provided.  
 .....  
 .....
- Nationality:..... Date of Birth: (DD) .....(MM).....(YY).....
- Place of Birth: LC Zone..... Village .....
- Parish .....Town/City ..... Sub-County .....
- County..... District.....
- |                     |                   |
|---------------------|-------------------|
| 7. Father's Name(s) | Surname .....     |
| (Even if deceased)  | Other Names ..... |
| Mother's Name(s)    | Surname .....     |
| (Even if deceased)  | Maiden Name.....  |
|                     | Other Names ..... |
- Full Postal Address .....Tel.....
- Email (If any).....
- |                              |                 |                 |
|------------------------------|-----------------|-----------------|
| Current Residential Address: | LC Zone .....   | Village .....   |
| Parish.....                  | Town/City ..... | Sub-County..... |
| County .....                 | District .....  |                 |

### SECTION III: EMPLOYMENT RECORD

List all your employers starting with the last/current Employer (full name of organisation).  
DO NOT INCLUDE employers before 1967

	Employer's Name	Department/ Section	Period of employment				Staff ID Number
			From		To		
			Month	Year	Month	Year	

Continue on a plain piece of paper if necessary

### SECTION IV: FOR CLAIMANTS OF SURVIVOURS BENEFITS ONLY

Beneficiary Surname: .....

Beneficiary other Names: .....

Relationship with the Deceased: .....

Nationality: .....

Current Residential Address: .....

Beneficiary Place of Birth: District: ..... Town: ..... Village: .....

Postal Address: .....

Contact Tel. Number: ..... Email: .....

Deceased Date of Death: .....

Beneficiary's Date of Birth: ..... Sex: .....

Beneficiary's Marital Status: .....

Beneficiary's Father's Full Names: .....

Beneficiary's Mother's Full Names: .....

**SECTION V: ELECTRONIC FUNDS TRANSFER**

Beneficiary's Bank Details Collection Form

NSSF NUMBER:	
FULL ACCOUNT HOLDER' NAMES:	
BANK NAME:	
BANK BRANCH:	
BANK ACCOUNT NUMBER:	
CURRENCY:	
SWIFT CODE/SORT CODE AND IBAN NO (FOR EURO FOREIGN ACCOUNTS)	
ROUTING NO (USA)	

Left hand Thumb print



Right hand Thumb print



Left hand Thumb print



Right hand Thumb print



Claimant's Signature .....Date .....  
(To be signed in the presence of an NSSF Officer)

**OFFICIAL USE ONLY:**

**SECTION VI: DECLARATION BY NSSF STAFF**

I (Name)..... (Title)..... hereby confirm that the thumbprints and photograph attached belong to the claimant and has been identified as per documentation provided.

Signature ..... Date.....

# BENEFITS REQUIREMENTS PER CLAIM TYPE

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## General Requirements

1. Current passport size photograph.
2. Personal Identification e.g. photocopy of Identity Card, Voters Card, Driving Permit, Passport, Financial Card, National Identity Card
3. Proof of Bank Account details e.g. Bank slip, Bank Statement
4. Present original documents when submitting claim for comparison with copies.

## Specific Requirements

### Age Benefit at 55 years

1. Introduction letter from the Employer OR Local Council OR National Identity Card
2. Work permit for Non Ugandans

### Withdraw benefit at 50 years

1. Disengagement letter OR Termination OR End of Contract letter OR Introduction letter from Employer
2. Work permit for Non Ugandans

### Withdrawal Benefit (following exempted employment)

1. Disengagement letter OR Termination OR End of Contract letter of previous employer
2. Certified copy of appointment letter **AND** posting instructions
3. Certified copy of current pay slip – For any of the last 3months worked under Exempted Employment
4. Salary Bank statement for the last 3months
5. Current Employer Identity Card
6. Warrant card for police officers and Movement order for the Army.
7. Introduction Letter from the Parliamentary Commission for Parliament Staff.

## Emigration Grant

1. Disengagement letter OR Termination OR End of Contract letter
2. Introductory letter from the Embassy – Ugandans permanently relocating
3. Evidence of permanent residence status or citizenship e.g. Passport or National ID, Green Card for US immigrants, Indefinite leave to Stay Status for UK, Permanent residence card, settlement cards
4. Evidence of Exit from Uganda e.g. Exit stamp from Uganda and/or Entry stamp to destination country.
5. Cancelled OR Expired work permit OR clearance from Immigration Department in case of absence of work permit
6. **Refugees:** Introduction letter from Office of the Prime Minister AND/OR Repatriation card from UNHCR OR Letter from International Organisation for Migration.
7. Marriage certificate and spouse visa or dependant's pass where applicable.

## Invalidity Benefit

1. Disengagement letter OR Termination OR End of Contract letter OR Introduction letter from the last Employer or Local Council
2. Clinical notes or documents indicating history of illness (The client may be required to see the Fund Doctor)
3. Certified High court order appointing Manager for Estate of Persons of Unsound mind

## Survivors Benefit

1. Certified copies of petition to the letters of Administration and the Letters of Administration OR certified copies of the Will of Deceased and Grant of probate.
2. Death Certificate of the member.
3. Introduction letter from the employer of the deceased member OR Introduction letter from the LC.
4. For claimants not provided (registered/updated) by deceased member OR for new re-registrations – Baptism Certificates for Children and Marriage Certificate for Spouse.