

LAPF/BEN.3

THE UNITED REPUBLIC OF TANZANIA
THE LOCAL AUTHORITIES PENSIONS FUND



APPLICATION FOR MARTENITY BENEFITS

WARNING:

Any person who for the purpose of obtaining any benefit for herself or some 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 under the Local Authorities Pensions Fund Act No.9 of 2006 .

A: APPLICANT'S PARTICULARS:

LAPF Registration Number	Surname
First Name	Middle Name
Previous/Maiden Names (If different from above with supporting evidence)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	Nationality
Marital status	Permanent Address
Telephone:	National ID No.

B. MEMBERSHIP PARTICULARS

Date of first Appointment	Name & address of Present Employer
Date of joining LAPF	
Date of birth of the child	Current Salary

Date contribution Commenced	
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C: PRÉVIOUS MARTENITY BENEFIT CLAIMS

(i) Have you ever applied for or paid any maternity benefits by the Fund?
 YES [] No []

If YES, state:

Amount paid:	Date Paid:
Other Comments:	Other comments:

D: DECLARATION FOR DIRECT DEPOSIT

I declare that my benefits be deposited to the below written Bank Account.

Account No.	Bank Name:
Branch Name:	

Note: Name in the Bank Account Identity should be the same as in employment records

E: DECLARATION BY APPLICANT:

I declare that the statements given in this form are true to the best of my knowledge and belief.

Right Thumb print of the Applicant:

Signature of the Applicant Date

G: CERTIFICATION BY THE EMPLOYER (To be signed by the Chief Executive or HR Officers only)

I certify thatwith LAPF
 Registration Number:..... has given birth to a child (names)

.....and is qualify for Maternity Benefit from LAPF.

Name of Certifying Officer: Designation:

Signature: Date:

Official Stamp:

DOCUMENTS NEEDED TO SUPPORT THIS CLAIM.

The following documents must be submitted to LAPF with this claim form

- Dully filled application form for maternity (LAPF/BEN.3);
- Copy of LAPF membership Card;
- Certified Copy of Notification of birth or Birth Certificate of a child;
- Last Salary Slip;
- One Picture Passport Size;
- Certified copy of Bank Identity Card;
- Certified copy of Maternity leave form from the employer;
- Original Clinic Card of delivered mother to be returned after payment;
- Covering letter from employer confirming that the employee delivered a child;
- Certified copy of Clinic Card of the new born child.
- Certified copy of Death Certificate of died child (If benefit applied within 3 years)

H: CERTIFICATION BY ZONAL MANAGER

This is to certify thathas submitted benefit claims with all the supporting documents.

Name:

Signature: Office Stamp:

Date: