

MATERNITY/PATERNITY CLAIM FORM

SCHEME DETAILS

Scheme name: _____

EMPLOYEE DETAILS

Name: _____

Employee Number: _____

Identity Number: _____ Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Employee: _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

MATERNITY/PATERNITY DETAILS (TO BE FILLED BY THE EMPLOYER):

Leave Type: _____

Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of Beginning of Leave:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of End of Leave:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Amount Payable (100% of member's monthly salary (Max Kshs. 50,000/-): _____

Signature of Employer: _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Company Stamp: _____

PAYMENT DETAILS (TO BE FILLED BY THE EMPLOYER):

Payee Name: _____

Bank Name: _____

Branch: _____

Account Number: _____