

Benefit and applicable documents as required when submitting your Claim.

TYPES OF BENEFITS	REQUIRED DOCUMENTS CHECKLIST
VOLUNTARY	<ul style="list-style-type: none"> <input type="checkbox"/> Complete the CINSF Claim Form (indicate the type of benefit) <ul style="list-style-type: none"> o Total Withdrawal amount for Voluntary. <input type="checkbox"/> Provide one (1) form of valid identification: <ul style="list-style-type: none"> o Passport o Birth certificate with a current photo. o Driver's License <input type="checkbox"/> Payroll Confirmation Letter or Email: <ul style="list-style-type: none"> o For full withdrawal with continued contributions <ul style="list-style-type: none"> • Confirmation of ongoing voluntary contributions (amount and frequency) o For full withdrawal with no further contributions. <ul style="list-style-type: none"> • Confirmation of cessation of voluntary deductions. <input type="checkbox"/> Provide one (1) bank account confirmation: <ul style="list-style-type: none"> o Bank confirmation letter. o Bank Statement (for local bank accounts only)
RETIREMENT (60years)	<ul style="list-style-type: none"> <input type="checkbox"/> Complete the CINSF Claim Form (indicate the type of benefit) <input type="checkbox"/> Provide one (1) form of valid identification: <ul style="list-style-type: none"> o Passport o Birth certificate with a current photo. o Driver's License <input type="checkbox"/> Letter from employer <ul style="list-style-type: none"> o Confirming the final contribution date to CINSF (for current employment) <input type="checkbox"/> Provide one (1) confirmation of your bank account: <ul style="list-style-type: none"> o Bank confirmation letter. o Bank Statement (for local bank accounts only)

**EARLY
RETIREMENT
(55 – 59years)**

- Complete the CINSF Claim Form (indicate the type of benefit)
 - If someone other than the member is completing the form, fill out the Applicant details section
 - Complete the Payment details section
- Provide one (1) form of valid identification:
 - Passport
 - Birth certificate with a current photo.
 - Driver's License
- Medical Letter
Provide evidence of absence from employment for six consecutive months due to serious illness, along with evidence of unlikely engagement in future employment.
- Employer letter
Provide confirmation of redundancy and the final contribution date to CINSF.
- Provide one (1) confirmation of your bank account.
 - Bank confirmation letter.
 - Bank Statement (for local bank accounts only)

**TOTAL &
PERMANENT
DISABILITY**

- Complete the CINSF Claim Form (indicate the type of Benefit)
- Provide **one (1)** form of valid identification.
 - Passport
 - Birth certificate with a current photo.
 - Driver's License
- Medical Letter
 - Certifying disability and absence from employment for six consecutive months due to injury)
- Employer Letter
 - Confirming employee's employment status and final contribution date to CINSF.
- Provide one (1) confirmation of your bank account.
 - Bank Confirmation letter
 - Bank Statement (for local bank accounts only)

<p style="text-align: center;">TERMINAL BENEFIT</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete the CINSF Claim Form (indicate the type of Benefit) <input type="checkbox"/> Provide one (1) form of valid identification. <ul style="list-style-type: none"> o Passport o Birth certificate with a current photo. o Driver's License <input type="checkbox"/> Medical certificate/letter confirming diagnosis and prognosis (death likely within 12 months) <input type="checkbox"/> Employer letter confirming final contribution to CINSF and employee's employment status. (for current employment) <input type="checkbox"/> Provide one (1) confirmation of your bank account. <ul style="list-style-type: none"> o Bank confirmation letter o Bank Statement (for local bank accounts only) <p>Note: <i>Entitlement to any insured Terminal benefit is determined when processing the Terminal claim or refer to the Insurance Benefit section to confirm the required documents.</i></p>
<p>INSURANCE BENEFIT</p> <ul style="list-style-type: none"> • TERMINAL • DISMEMBERMENT • MAJOR BURNS 	<ul style="list-style-type: none"> <input type="checkbox"/> Terminal Illness Lump Sum Claim Form (CINSF or Trustee) <input type="checkbox"/> Terminal Illness Claim Form – (Member) <p>Member to complete.</p> <ul style="list-style-type: none"> o Part 2,3 – Your Details/Member Medical Details o Part 4 – Consent to disclose personal Information. o Part 6 – Member's Declaration and Consent o Part 7 - Medical Attendant to Complete Section
<p style="text-align: center;">CRITICAL ILLNESS</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete the Critical Illness Claim Form <input type="checkbox"/> Provide copy of your Passport. <input type="checkbox"/> TMO referral Letter <input type="checkbox"/> Provide one (1) confirmation of your bank account. <ul style="list-style-type: none"> o Bank Confirmation letter o Bank Statement (for local bank accounts only)
<p style="text-align: center;">PREPAID FUNERAL (not applicable to pensioners)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete the CINSF Prepaid Funeral Benefits Claim Form <input type="checkbox"/> Provide the required documents for the deceased: <ul style="list-style-type: none"> o Passport (<i>if available</i>) o Birth Certificate o Death Certificate <input type="checkbox"/> The applicant must provide the following documents: <ul style="list-style-type: none"> o Birth certificate (if the applicant is a child of the deceased member) o Passport o Marriage Certificate (if applicable) o Signed consent letter from the deceased's parents or siblings authorizing for applicant to apply on their behalf (where applicable) <input type="checkbox"/> Provide one (1) confirmation of your bank account. <ul style="list-style-type: none"> o Bank Confirmation letter o Bank Statement (for local bank accounts only)

TYPES OF BENEFITS

REQUIRED DOCUMENTS CHECKLIST

DEATH

- Complete the CINSF Claim Form. (indicate the type of Benefit)
- Provide the required documents for the deceased:
 - Death Certificate
 - Birth Certificate
 - Passport (if available)
- The applicant must provide the following documents:
 - Passport
 - Valid photo Driver's License (if the Passport has expired)
 - Birth Certificate (if the applicant is the child of the deceased)
- Additional Documents (if applicable)
 - Marriage certificate
 - Letters of administration
 - Will and probate documents.
- Complete the Declaration of Family History Form (*not required if a valid Letter of Administration or Grant of Probate has been provided*)
- Provide one (1) confirmation of your bank account:
 - Bank Confirmation letter.
 - Bank Statement (for local bank accounts only)

Note:

Entitlement to any insured death benefit is determined when processing the death claim or refer to the Insurance Benefit section to confirm the required documents.

SPOUSAL

- Complete the CINSF Claim Form. (indicate the type of Benefit)
- Provide the required documents for the deceased:
 - Death Certificate
- The applicant must provide one (1) form of valid identification:
 - Passport
 - Birth Certificate and current photo
 - Valid photo Driver's License
- Additional Documents
 - Marriage certificate
- Provide one (1) confirmation of your bank account:
 - Bank Confirmation letter.
 - Bank Statement (for local bank accounts only)

TYPES OF BENEFITS

REQUIRED DOCUMENTS CHECKLIST

WITHDRAWAL BY CONTRACT WORKER

- Complete the CINSF Claim Form (indicate the type of benefit)
- Provide one (1) form of valid identification.
 - Passport
 - Birth certificate with a current photo.
 - Driver's License
- Employer Letter
 - Confirming your contracted dates (start and end date) and
 - Confirming final contribution date to CINSF.
- Confirmation of Departure (e.g. Immigration record or e-ticket)
- Provide one (1) confirmation of your bank account.
 - Bank confirmation letter.
 - Bank Statement (for local bank accounts only)

Note:

A six-month waiting period applies, starting from the date of departure from the Cook Islands.

SCHEME TRANSFER

- Complete the Authority to Transfer Form
- Provide valid identification: Passport.
- Confirmation of Departure (eTicket or IMMIGRATION record)
- Employer letter confirming the start and end dates of your contract or include a copy of your signed employment contract
- An official letter issued by the recipient scheme confirming the applicant's membership number and the scheme's designated bank account details.

Note:

A six-month waiting period applies, starting from the date of departure from the Cook Islands.

FORFEITED FUNDS

- Complete the Forfeited Funds Claim Form (indicate the type of benefit)
- Provide one (1) form of valid identification.
 - Passport
 - Birth certificate with a current photo.
 - Driver's License
- Provide one (1) confirmation of your bank account.
 - Bank confirmation letter.
 - Bank Statement (for local bank accounts only)

CINSF to attach the Benefit Letter (if available)

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<p style="text-align: center;">PENSION ACCOUNTS FULL WITHDRAWAL</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete the Pension Account Full Withdraw Claim Form <input type="checkbox"/> Provide one (1) form of valid identification. <ul style="list-style-type: none"> ○ Passport ○ Birth certificate with a current photo. ○ Driver's License <input type="checkbox"/> CINSF to attach the Benefit Letter (if available) <input type="checkbox"/> Provide bank account confirmation (Only if full payment will be made to a different account than the pension payments). <ul style="list-style-type: none"> ○ Bank confirmation letter. ○ Bank Statement (for local bank accounts only)
<p style="text-align: center;">TERMINAL ILLNESS BENEFIT FOR PENSIONERS</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete Pension Account Full Withdraw Claim Form <input type="checkbox"/> Provide one (1) form of valid identification. <ul style="list-style-type: none"> ○ Passport ○ Birth certificate with a current photo. ○ Driver's License <input type="checkbox"/> Submit a Medical certificate or letter confirming a terminal illness prognosis that is likely to result in the death of the pensioner within 12 months of the diagnosis. <input type="checkbox"/> Provide one (1) confirmation of your bank account. <ul style="list-style-type: none"> ○ Bank confirmation letter. ○ Bank Statement (for local bank accounts only)