

Benefit and applicable documents as required when submitting your Claim.

TYPES OF BENEFITS	REQUIRED DOCUMENTS CHECKLIST
<b>VOLUNTARY</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the CINSF Claim Form (indicate the type of benefit) <ul style="list-style-type: none"> <li>o Total Withdrawal amount for Voluntary.</li> </ul> </li> <li><input type="checkbox"/> Provide one (1) form of valid identification: <ul style="list-style-type: none"> <li>o Passport</li> <li>o Birth certificate with a current photo.</li> <li>o Driver's License</li> </ul> </li> <li><input type="checkbox"/> Provide one (1) bank account confirmation: <ul style="list-style-type: none"> <li>o Bank confirmation letter.</li> <li>o Bank Statement (for local bank accounts only)</li> </ul> </li> </ul>
<b>RETIREMENT (60years)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the CINSF Claim Form (indicate the type of benefit)</li> <li><input type="checkbox"/> Provide one (1) form of valid identification: <ul style="list-style-type: none"> <li>o Passport</li> <li>o Birth certificate with a current photo.</li> <li>o Driver's License</li> </ul> </li> <li><input type="checkbox"/> Letter from employer <ul style="list-style-type: none"> <li>o Confirming the final contribution date to CINSF (for current employment)</li> </ul> </li> <li><input type="checkbox"/> Provide one (1) confirmation of your bank account: <ul style="list-style-type: none"> <li>o Bank confirmation letter.</li> <li>o Bank Statement (for local bank accounts only)</li> </ul> </li> </ul>
<b>EARLY RETIREMENT (55 – 59years)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the CINSF Claim Form (indicate the type of benefit) <ul style="list-style-type: none"> <li>o Complete the Member Information section.</li> <li>o If someone other than the member is completing the form, fill out the Applicant details section</li> <li>o Complete the Payment details section</li> </ul> </li> <li><input type="checkbox"/> Provide one (1) form of valid identification: <ul style="list-style-type: none"> <li>o Passport</li> <li>o Birth certificate with a current photo.</li> <li>o Driver's License</li> </ul> </li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> Employer letter Provide confirmation of redundancy and the final contribution date to CINSF.</li> <li><input type="checkbox"/> Provide one (1) confirmation of your bank account. <ul style="list-style-type: none"> <li>o Bank confirmation letter.</li> <li>o Bank Statement (for local bank accounts only)</li> </ul> </li> </ul>

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<b>TOTAL &amp; PERMANENT DISABILITY</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the CINSF Claim Form (indicate the type of Benefit)</li> <li><input type="checkbox"/> Provide <b>one (1)</b> form of valid identification. <ul style="list-style-type: none"> <li>○ Passport</li> <li>○ Birth certificate with a current photo.</li> <li>○ Driver's License</li> </ul> </li> <li><input type="checkbox"/> Medical Letter <ul style="list-style-type: none"> <li>○ Certifying disability and absense from employment for six consecutive months due to injury)</li> </ul> </li> <li><input type="checkbox"/> Employer Letter <ul style="list-style-type: none"> <li>○ Confirming employee's employment status and final contribution date to CINSF.</li> </ul> </li> <li><input type="checkbox"/> Provide one (1) confirmation of your bank account. <ul style="list-style-type: none"> <li>○ Bank Confirmation letter.</li> <li>○ Bank Statement (for local bank accounts only)</li> </ul> </li> </ul>
<b>TERMINAL ILLNESS</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the CINSF Claim Form (indicate the type of Benefit)</li> <li><input type="checkbox"/> Provide one (1) form of valid identification. <ul style="list-style-type: none"> <li>○ Passport</li> <li>○ Birth certificate with a current photo.</li> <li>○ Driver's License</li> </ul> </li> <li><input type="checkbox"/> Medical certificate/letter confirming diagnosis and prognosis (death likely within 12 months)</li> <li><input type="checkbox"/> Employer letter confirming final contribution to CINSF and employee's employment status.</li> <li><input type="checkbox"/> Terminal Illness medical authorization.</li> <li><input type="checkbox"/> Terminal Illness Corporate Solutions Claim Form – Lump Sum Member to complete – Part 1 – Life Assured Section <ul style="list-style-type: none"> <li>○ Page 1, Part 1 – Life Assured Section</li> <li>○ Page 2, Part 2 – Claim Details Section</li> <li>○ Page 3, Part 4 – Declaration Section</li> <li>○ Page 4, Part 5 – Authority to Act Section (Not mandatory – note this section needs to be completed if the member would like to appoint someone to act on their behalf for the claim process. A Doctor is required to complete this section.</li> <li>○ Page 5, Medical Attendant Section</li> <li>○ Page 5, Part 1 –General Questions</li> <li>○ Page 5, Part 2 – Claim specific Questions (relevant claim)</li> <li>○ Page 6, Part 3 – Declaration (medical attendant)</li> </ul> </li> <li><input type="checkbox"/> Provide one (1) confirmation of your bank account. <ul style="list-style-type: none"> <li>○ Bank confirmation letter.</li> <li>○ Bank Statement (for local bank accounts only)</li> </ul> </li> </ul>

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<b>CRITICAL ILLNESS</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the Critical Illness Claim Form</li> <li><input type="checkbox"/> Provide copy of your Passport.</li> <li><input type="checkbox"/> TMO referral Letter</li> <li><input type="checkbox"/> Provide one (1) confirmation of your bank account.               <ul style="list-style-type: none"> <li>○ Bank Confirmation letter.</li> <li>○ Bank Statement (for local bank accounts only)</li> </ul> </li> </ul>
<b>PREPAID FUNERAL</b> (not applicable to pensioners)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the CINSF Prepaid Funeral Benefits Claim Form</li> <li><input type="checkbox"/> Provide the required documents for the deceased:               <ul style="list-style-type: none"> <li>○ Passport</li> <li>○ Birth Certificate</li> <li>○ Death Certificate</li> </ul> </li> <li><input type="checkbox"/> The applicant must provide the following documents:               <ul style="list-style-type: none"> <li>○ Birth certificate.</li> <li>○ Passport</li> </ul> </li> <li><input type="checkbox"/> Provide one (1) confirmation of your bank account.               <ul style="list-style-type: none"> <li>○ Bank Confirmation letter.</li> <li>○ Bank Statement (for local bank accounts only)</li> </ul> </li> </ul>
<b>DEATH</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the CINSF Claim Form. (indicate the type of Benefit)</li> <li><input type="checkbox"/> Provide the required documents for the deceased:               <ul style="list-style-type: none"> <li>○ Death Certificate</li> <li>○ Birth Certificate</li> <li>○ Passport</li> </ul> </li> <li><input type="checkbox"/> The applicants must provide the following documents:               <ul style="list-style-type: none"> <li>○ Passport</li> <li>○ Birth Certificate</li> </ul> </li> <li><input type="checkbox"/> Additional Documents (if applicable)               <ul style="list-style-type: none"> <li>○ Marriage certificate</li> <li>○ Letters of administration</li> <li>○ Will and probate documents.</li> </ul> </li> <li><input type="checkbox"/> Complete the Declaration of Family History Form</li> <li><input type="checkbox"/> Provide one (1) confirmation of your bank account:               <ul style="list-style-type: none"> <li>○ Bank Confirmation letter.</li> <li>○ Bank Statement (for local bank accounts only)</li> </ul> </li> </ul> <p><b>Note: Entitlement to any insured death benefit is determined when processing the death claim.</b></p>

<p><b>WITHDRAWAL BY CONTRACT WORKER</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the CINSF Claim Form (indicate the type of benefit)</li> <li><input type="checkbox"/> Provide one (1) form of valid identification. <ul style="list-style-type: none"> <li>○ Passport</li> <li>○ Birth certificate with a current photo.</li> <li>○ Driver's License</li> </ul> </li> <li><input type="checkbox"/> Employer Letter <ul style="list-style-type: none"> <li>○ Confirming your contracted dates (start and end date) and</li> <li>○ Confirming final contribution date to CINSF.</li> </ul> </li> <li><input type="checkbox"/> Confirmation of Departure (e.g., Immigration record or e-ticket)</li> <li><input type="checkbox"/> Provide one (1) confirmation of your bank account. <ul style="list-style-type: none"> <li>○ Bank confirmation letter.</li> <li>○ Bank Statement (for local bank accounts only)</li> </ul> </li> </ul> <p><b>Note: A six-month waiting period applies, starting from the date of departure from the Cook Islands.</b></p>
<p><b>FORFEITED FUNDS</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the Forfeited Funds Claim Form (indicate the type of benefit)</li> <li><input type="checkbox"/> Provide one (1) form of valid identification. <ul style="list-style-type: none"> <li>○ Passport</li> <li>○ Birth certificate with a current photo.</li> <li>○ Driver's License</li> </ul> </li> <li><input type="checkbox"/> Provide one (1) confirmation of your bank account. <ul style="list-style-type: none"> <li>○ Bank confirmation letter.</li> <li>○ Bank Statement (for local bank accounts only)</li> </ul> </li> <li><input type="checkbox"/> CINSF to attach the Benefit Letter. (if available)</li> </ul>

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<p><b>SCHEME TRANSFER</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the Authority to Transfer Form</li> <li><input type="checkbox"/> Provide valid identification: Passport.</li> <li><input type="checkbox"/> Confirmation of Departure (eTicket or IMMIGRATION record)</li> <li><input type="checkbox"/> Employer letter confirming the start and end dates of your contract or include a copy of your contract of employment.</li> <li><input type="checkbox"/> Letter from the recipient scheme confirming your Membership number and bank details.</li> </ul> <p><b>Note: A six-month waiting period applies, starting the date of departure from the Cook Islands.</b></p>
<p><b>PENSION ACCOUNTS FULL WITHDRAWAL</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete the Pension Account Full Withdraw Claim Form</li> <li><input type="checkbox"/> Provide one (1) form of valid identification. <ul style="list-style-type: none"> <li>○ Passport</li> <li>○ Birth certificate with a current photo.</li> <li>○ Driver's License</li> </ul> </li> <li><input type="checkbox"/> CINSF to attach the Benefit Letter (if available)</li> <li><input type="checkbox"/> Provide bank account confirmation. <ul style="list-style-type: none"> <li>○ Bank confirmation letter.</li> <li>○ Bank Statement (for local bank accounts only)</li> </ul> </li> </ul>
<p><b>TERMINAL ILLNESS BENEFIT FOR PENSIONERS</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Pension Account Full Withdraw Claim Form</li> <li><input type="checkbox"/> Provide one (1) form of valid identification. <ul style="list-style-type: none"> <li>○ Passport</li> <li>○ Birth certificate with a current photo.</li> <li>○ Driver's License</li> </ul> </li> <li><input type="checkbox"/> Submit a Medical certificate or letter confirming a terminal illness prognosis that is likely to result in the death of the member within 12 months of the diagnosis.</li> <li><input type="checkbox"/> Provide one (1) confirmation of your bank account. <ul style="list-style-type: none"> <li>○ Bank confirmation letter.</li> <li>○ Bank Statement (for local bank accounts only)</li> </ul> </li> </ul>