

Benefit and applicable documents as required when submitting your Claim.

TYPE BENEFITS	CHECKLIST REQUIRED DOCUMENTS
VOLUNTARY	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Claim Form (Tick type of benefit) <ul style="list-style-type: none"> o Total Withdraw amount for Voluntary <input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> o Passport o Birth certificate with photo taken o Driver's License <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> o Confirmation letter from the Bank o Copy of your Bank Statement
RETIREMENT	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Claim Form (Tick type of benefit) <input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> o Passport o Birth certificate with photo taken o Driver's License <input type="checkbox"/> Letter from employer <ul style="list-style-type: none"> o Confirming of final contribution (current employment) <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> o Confirmation letter from the Bank o Copy of your Bank Statement
EARLY RETIREMENT	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Claim Form (Tick type of Benefit) <ul style="list-style-type: none"> o Complete Member details o Complete Payment details <input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> o Passport o Birth certificate with photo taken o Driver's License <input type="checkbox"/> Medical Letter Due to serious illness, a member must provide evidence that they have been absent from employment through illness for six consecutive months and medical evidence they are unlikely to ever engage in employment for reward in any occupation. <input type="checkbox"/> Letter from Employer If early retirement is due to redundancy, a member must provide evidence from their former employer. <input type="checkbox"/> Letter from employer confirming of final contribution for current employment. <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> o Confirmation letter from the Bank o Copy of your Bank Statement

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<p>TOTAL & PERMANENT DISABILITY</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Claim Form (Tick type of Benefit) <input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> o Passport o Birth certificate with photo taken o Driver's License <input type="checkbox"/> Medical Letter Medical certificate describing the members disability and evidence that they have been absent from employment through injury or six consecutive months. <input type="checkbox"/> Letter from Employer Employer to advise employee's status (if applicable) and confirming of final contribution <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> o Confirmation letter from the Bank o Copy of your Bank Statement
<p>TERMINAL ILLNESS</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Claim Form (Tick type of Benefit) <input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> o Passport o Birth certificate with photo taken o Driver's License <input type="checkbox"/> Certificate / Letter from a Medical Practitioner certifying that the member has an illness that is likely to result in the death of the member within 12months of the diagnosis. <input type="checkbox"/> Letter from Employer advising of employee's status and final contribution. <input type="checkbox"/> Terminal Illness medical authorisation <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"> o Page 1, Part 1 – Life Assured Section o Page 2, Part 2 – Claim Details Section o Page 3, Part 4 – Declaration Section o 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 his behalf for the claim process. Doctor is required to complete o Page 5, Medical Attendant Section <ul style="list-style-type: none"> Page 5, Part 1 –General Questions Page 5, Part 2 – Claim specific Questions (<i>relevant claim</i>) Page 6, Part 3 – Declaration (<i>medical attendant</i>) <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> o Confirmation letter from the Bank o Copy of your Bank Statement

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PREPAID FUNERAL	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Prepaid Funeral Benefit Claim Form <input type="checkbox"/> Provide required documents; <ul style="list-style-type: none"> o Deceased Passport o Birth Certificate o Death Certificate <input type="checkbox"/> Applicant to provide required document; <ul style="list-style-type: none"> o Birth certificate o Passport <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> o Confirmation letter from the Bank o Copy of your Bank Statement
DEATH	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Complete Claim Form <input type="checkbox"/> Provide copy of Death Certificate of deceased <input type="checkbox"/> Provide copy of Birth Certificate AND Passport of deceased <input type="checkbox"/> Applicant to provide Passport and Birth Certificate <input type="checkbox"/> Marriage Certificate (if applicable) <input type="checkbox"/> Letters of Administration (if applicable) <input type="checkbox"/> Will and Letter of Administration Probate (if applicable) <input type="checkbox"/> Applicant to complete CINSF Declaration of Family History Form <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> o Confirmation letter from the Bank o Copy of your Bank Statement <p>Entitlement to any insured death benefit is determined when processing the death claim.</p>
WITHDRAWAL BY CONTRACT WORKER	<ul style="list-style-type: none"> <input type="checkbox"/> Complete CINSF Claim Form (Tick type of Benefit) <input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> o Passport o Birth certificate with photo taken o Driver's License <input type="checkbox"/> Letter from Employer <ul style="list-style-type: none"> o Confirming of your contracted dates (start and end date) or o Copy of your signed contract <input type="checkbox"/> Letter from employer confirming of final contribution for current employment. <input type="checkbox"/> Confirmation of Departure (Immigration or ETicket) <input type="checkbox"/> Provide one (1) confirmation of your bank account; <ul style="list-style-type: none"> o Confirmation letter from the Bank o Copy of your Bank Statement <p>There is a 6 month waiting period before we can accept your application. The 6 month starts from the day of your departure from the Cook Islands.</p>

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SCHEME TRANSFER	<ul style="list-style-type: none"> <input type="checkbox"/> Complete Authority to Transfer Form <input type="checkbox"/> Attach a copy of your valid Passport <input type="checkbox"/> Confirmation of Departure (eTicket or IMMIGRATION) <input type="checkbox"/> Letter from Cook Islands Employer (Confirming of start and end of contract or copy of contract of employment. <input type="checkbox"/> Letter from your SCHEME confirmation of your Membership number and bank details. <p>There is a 6 month waiting period before we can accept your application. The 6 month starts from the day of your departure from the Cook Islands.</p>
PENSION ACCOUNTS FULL WITHDRAWAL	<ul style="list-style-type: none"> <input type="checkbox"/> Complete Pension Account Full Withdraw Claim Form <p>Provide one (1) valid identification;</p> <ul style="list-style-type: none"> o Passport o Birth certificate with photo taken o Driver's License <ul style="list-style-type: none"> <input type="checkbox"/> Provide one (1) confirmation of your bank account; <p>(Only if there are changes to your bank account)</p> <ul style="list-style-type: none"> o Confirmation letter from the Bank o Copy of your Bank Statement
TERMINAL ILLNESS BENEFIT FOR PENSIONERS	<ul style="list-style-type: none"> <input type="checkbox"/> Complete Pension Account Full Withdraw Claim Form <input type="checkbox"/> Provide one (1) valid identification; <ul style="list-style-type: none"> o Passport o Birth certificate with photo taken o Driver's License <input type="checkbox"/> Certificate / Letter from a Medical Practitioner certifying that the member has an illness that is likely to result in the death of the member within 12 months of the diagnosis. <input type="checkbox"/> Provide one (1) confirmation of your bank account; <p>(Only if there are changes to your bank account)</p> <ul style="list-style-type: none"> o Confirmation letter from the Bank o Copy of your Bank Statement