



# TERMINAL ILLNESS BENEFIT FOR PENSIONER FULL PAYMENT REQUEST

**PLEASE READ THIS SECTION BEFORE YOU START COMPLETING THIS FORM.**

The Trustee will only authorise payment of your Terminal Illness benefit if, after considering relevant medical evidence, it considers you are suffering an illness that poses a serious and imminent risk of death.

## Step 1 – Complete your Personal Details:

RMD Number \_\_\_\_\_ Date of birth      /      /

Mr      Mrs      Miss      Ms      Other (Please specify)

SURNAME/Family Name \_\_\_\_\_ Given name (s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

## Step 2 – Payment Details:

please make payment by direct credit to my current bank account held on your records or  
attached a copy of my bank statement or letter of changes to my bank account.

### Step 3 - Terminal Illness for Pensioners:

For a Terminal Illness full payout:

- ask your doctor to complete the declaration below:

#### DOCTOR'S DECLARATION OF TERMINAL ILLNESS FOR PENSIONERS

##### PATIENT

Full Name

First Name (s)

Surname

Address

##### DOCTOR

I, Doctor

of

Street Address

Island/City/State/Country

Daytime  
Number

Mobile

Email  
Address

##### Certify that:

- I am registered medical practitioner with the Medical Council of the Cook Islands or with an equivalent registration regime outside the Cook Islands.
- the above-named is a patient of mine and I have recently given them a full medical examination.
- In my opinion, the above named has a terminal illness that poses a serious and imminent risk of death.

Please find attach a medical report(s) with a brief description of the patient's condition:

Signature of Medical Practitioner

/ /

Date

### Step 4 - Declaration

I certify that the information I have provided on this form is true and correct.

Signature

Date

### CINSF Office Use Only

Checked by:			
<input type="radio"/>	Verify that Pensioner has complete Step 1 and Step 2.		
<input type="radio"/>	Verify that Doctor has complete Step 3 and has provide medical report		
Process by Name & Sign:	Date	/	/
Manager for Approval	Date	/	/

Email: [enquiry@superfund.gov.ck](mailto:enquiry@superfund.gov.ck) Phone: +682 25515 PO Box 3076, Avarua Rarotonga, Cook Islands

[WWW.CINSF.COM](http://WWW.CINSF.COM)