



From : At :
 To : General Manager At : Pensions
 Date : Ref :
Subject: Employer Extended Benefits

..... has resigned / been dismissed/retired/retrenched from employment with effect from

Kindly confirm if he/ she **is eligible/is not eligible** for the following Employer benefits:

	Eligible	Not Eligible
1.Fuel/Electricity Allowance		
2.Medical Aid		
3.Staff Special Fund		
4.Death Levy		

COMPANY NAME:

FULL NAME:.....**SIGNATURE**.....

DESIGNATION:

I hereby certify that I have read and understood the above mentioned conditons. I accept that I **am entitled/not entitled** to the above specified benefits.

EMPLOYEE FULL NAME:

E.C NUMBER:

SIGNATURE:.....

DATE: