

EARLY WITHDRAWAL

MEDICAL APPLICATION

Please complete this form if you are requesting assistance for local or overseas medical assistance. Please complete in pen using BLOCK letters. Print "X" to mark boxes where applicable and ensure that the form is complete before submission.

Note: It is an offence under the Fiji National Provident Fund Act, 2011 to make any false statement or to produce any document which is false. The use of correction fluid/tape is not allowed. You are required to sign beside any amendments made in the form.

EXPLANATORY NOTES:

Any Early Withdrawal will reduce future Early Withdrawal Entitlements, also reducing your retirement funds for pension or lump sum upon reaching the qualifying age of 55 years or upon full withdrawal. For first housing transfers of 51%, note that your General Account will zeroise, until after the Preserved Account is replenished with the transferred amount or after 5 years, whichever comes first.

Members are not entitled for any type of early withdrawal if there is any unaccounted housing withdrawal.

Who can receive Medical assistance?

We can assist:

- You as a member or
- Your spouse or
- Your children, or
- Your brother or sister or
- Your parents

When can I receive the assistance?

You will receive assistance if you have sufficient funds in your general account.

What type of assistance can I receive?

- The assistance is provided if medical treatment is required locally or overseas due to urgent medical condition and you have produced satisfactory evidence of the same.
- Assistance may also be extended for incidental expenses for overseas medical treatment to a maximum of \$10,000 for those who are not covered under any Insurance Scheme.
- For those covered under any Insurance Scheme, assistance is extended for incidental expenses of \$5,000, per patient per calendar year.
- The Fund may assist for review cases upon receipt of recommendation from overseas consultant.
- Assistance may be provided for prosthetic, hearing aid and wheel chair. The payment will be made directly to the supplier.

Note: The Fund will not assist for payment of consultation or observation fees where member/patient is admitted for less than 24 hrs.

Do I need to pay any fees?

A processing fee of \$10.00 per applicant which is payable in cash and/ or deducted from the Member's General Account.

Bank charges for telegraphic transfer or bank draft will be deducted from this withdrawal.

What documents will I need to submit with this application?

You must apply on the prescribed application form (EW02) for Medical Assistance. You must also submit Original or certified full extract of birth & marriage certificate printed after year 2000 (if not previously assisted).

All document copies must be certified by either an authorised FNPF officer, Justice of Peace or Commissioner for Oath.

Required information and documents for:**Local Medical Treatment**

- Recent detailed medical report from a registered local doctor.
- Breakdown of treatment cost from medical institution where the patient is undergoing treatment.
- Evidence of own contribution or receipts of payments made indicating that you have offset the balance of the cost of full treatment if your general account entitlement is less than 50% of the full cost.
- Evidence of relationship of the patient to the member.

Overseas Medical Treatment

- Confirmation letter from overseas hospital on patient's treatment, date of admission, length of stay and breakdown of cost of treatment.
- Letter from insurance company confirming that you have a medical insurance cover and details of the cover.
- Certified copies of patient's passport pages showing the details of the passport holder and the validity of the passport.
- Visa covering the period of medical treatment is to be produced before payment is released.
- Breakdown of incidental expenses during the review period.
- Latest bank statement. (no more than one month old).
- Evidence of own contribution or receipts of payments made indicating that you have offset the balance of the cost of full treatment if your general entitlement is less than 50% of the full cost.
- Evidence of relationship of the patient to the member.

All document copies must be certified by Justice of Peace (JP), Commissioner of Oaths, Notary Public (overseas) or FNPF Officer.

Where can I lodge this application?

Your completed application can be lodged at any of our FNPF office nearest to you.

SECTION A – WITHDRAWAL TYPE

Please indicate which type of assistance you are seeking:

Local Medical Overseas Medical

SECTION B – FEE OPTION

How to pay Fee: (you can pay full from member account, pay full cash or both)

1. Deduct from Member Account(Amount): 2. Pay Cash(Amount):

SECTION C – PERSONAL DETAILS

1. FNPF ID: 2. TIN No: - - -

3. Full Name (as on Birth Certificate):

Married Name:

4. Birth Registration Number: 5. Date of Birth (DD/MM/YY): / /

6. Gender: F M 7. Current Employer:

8. Phone Contact: Home b) Work c) Mobile

9. Email: 10. a) Postal Address:

b) Residential Address:

11. Preferred Communication - (Please tick a box) Mobile Email Postal

INDEMNITY – the Fund will not be liable for disclosure of information on any of the preferred communication medium.

SECTION D – WITHDRAWAL DETAILS

Please specify the details of the patient who will receive the assistance

PATIENT DETAILS				AMOUNT				
Name	FNPF ID	Relationship to Member	Medical Institute	Treatment Cost	Incidental Cost	Accom	Doctor's Cost	Total

Amount Requested: \$ **Note:** If applying for Incidental expenses please provide your preferred bank account details in Section E.

SECTION E – PAYMENT DETAILS

You are required to complete this section indicating the mode and payment details.

Deposit to my local bank account:

Account Name:

Bank Name: Account No:

Deposit to my Overseas bank account/Medical Institute/Insurance agent via Telegraphic Transfer:

Account Name:

Bank Name:

Account No: BSB/ Routing:

Swift Code:

Number

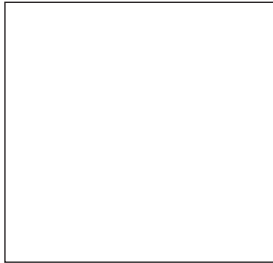
Bank Address:

Mail Bank Draft to my Overseas/Medical Institute/Insurance agent address:

SECTION F – DECLARATION

I understand and agree that:

- (a) I have read, understood and answered all the questions and the particulars provided by me are true and correct.
- (b) I hereby indemnify the FNPF Board from any liability whatsoever, including any loss of benefits that may arise as a consequence of approving my Application.
- (c) My application is subject to the provisions in the FNPF Act 2011, Section 59 and all such rules or guidelines that may be imposed from time to time.
- (d) This authority may be exercised if my application is approved and I hereby apply and authorize for payment to be made.
- (e) Any misuse of funds may result in prosecution and the Fund reserves the right to stop further withdrawals in cases of any such misuse.
- (f) I understand that I am responsible for the confidentiality of information received through the preferred communication medium. I hereby indemnify the Fund from any liability whatsoever, including the loss of privileged information received through the preferred communication medium.



Left thumb print of Member

Signature of Member: _____ Date: _____

Signature of Witness: _____ Date: _____

Name of Witness : _____

Address of Witness : _____

Head Office	Lautoka	Labasa	Sigatoka Branch	Nadi Agency	Savusavu Agency	Ba Agency	Valelevu Agency	Nausori Branch
Provident Plaza 2 Private Mail Bag, Suva Telephone: (679) 330 7811 Facsimile: (679) 330 7611	Shop 5, Provident Centre, 6 Naviti Street, Private Mail Bag, Lautoka Telephone: (679) 666 1888 Facsimile: (679) 666 5232	Rosawa Street Private Mail Bag, Labasa Telephone: (679) 881 2111 Facsimile: (679) 881 2741	Shop 3-4, Hanif Building, Matamata Subdivision Phone: (679) 666 1888	Shop 2, Lot 13 Concave Subdivision Namaka Lane, Nadi Telephone: (679) 323 8018, 323 8006 Facsimile: (679) 672 8982	Budget Lodge Building Ltd Main Street, Savusavu Telephone: (679) 885 3396 Facsimile: (679) 885 3397	Ganga Singh Street, Ba Telephone: (679) 667 0009 Facsimile: (679) 323 8007	Shop 3, Rajendra Prasad Bros Supermarket Complex Valelevu Complex Building Saqa Place, Valelevu Telephone: (679) 3343 671 Facsimile: (679) 3343 670	Lot 1, Main Street, Nausori Telephone: (679) 323 8030, (679) 323 8031

Email: information@fnpf.com.fj Website: www.myfnpf.com.fj