

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.
- 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.

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.

If you have recently made changes to your name(s), please submit latest birth Certificate extracted post September 2021 and this should not be more than 1 month old.

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 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 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.

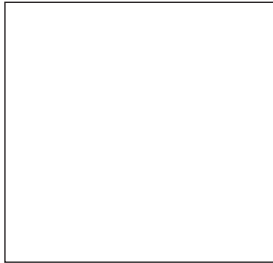
Where can I lodge this application?

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

SECTION E – 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	Nakasi Agency	Nausori Branch
Provident Plaza 2	Shop 5, Provident Centre, 6 Naviti	Rosawa Street	Shop 3-4, Hanif Building,	Shop 2, Lot 13 Concave Subdivision	Budget Lodge Building Ltd	Ganga Singh Street, Ba	Rups Mega Centre, Nakasi	Lot 1, Main Street, Nausori
Private Mail Bag, Suva	Street, Private Mail Bag, Lautoka	Private Mail Bag, Labasa	Matamata Subdivision	Namaka Lane, Nadi	Main Street, Savusavu	Telephone: (679) 330 7811	Telephone: (679) 330 7811	Telephone: (679) 330 7811
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Facsimile: (679) 330 7611								