



NJMPF

KwaZulu-Natal Joint Municipal
Pension/Provident Funds

APPLICATION FROM EMPLOYEE TO BE RETIRED ON ACCOUNT OF PERMANENT ILL-HEALTH, PHYSICAL DISABILITY OR SEVERE BODILY INJURY

PORTION A:

(To be completed by employee's supervisor in block letters)

1. Initials and Surname _____
2. ID Number _____
3. Pension Number _____
4. Designation _____
5. Employing Local Authority _____
6. According to a report received from _____ you are no longer capable of performing your present duties.

PORTION B:

Nature and Permanency of disability (to be completed by employer)

1. Nature

- 1.1 The following illness, injury or mental deviation renders me incapable of discharging my current duties:

- 1.2 I experience the following symptoms and it restricts my ability to work as follows:

- 1.3 I have approached the following medical practitioners and/or other professional persons in this regard:

- 1.4 I am now spending my days as follows:

Your Anchor in Uncertain Storms

2. Permanency of disability

2.1 Can you, in your opinion, resume your duties within the next 6 months? Please motivate.

PORTION C:

Retirement

1. In view of the circumstances of my case as stated in portion B above, I hereby apply to be retired on account of permanent ill-health, physical disability or severe bodily injury subject to the conditions of the relevant pension regulations.
2. I have no objection to/ I object to any further medical reports and evidence regarding my state of health as may be required by the Committee of Management, being obtained, including a further medical examination by impartial medical practitioners when my case is dealt with by the Committee. (Delete portion not applicable)

PORTION D:

General

Please supply any other information which in your opinion may influence the application:

Signed at _____ on the _____ day of _____ 19____

SIGNATURE OF EMPLOYEE

SIGNATURE OF WITNESS