

RETURN THE FORM TO:
 Storebrand Life Insurance Ltd.
 International Operations
 P.O.Box 1380 Vika
 N-0114 Oslo
 Norway

**CLAIM FORM – Provident Fund
 for Filipino seafarers on NIS-vessels**

Name of employee
 (Please complete in block capitals)

SURNAME

CHRISTIAN NAME

Date of birth

D D M M Y Y

Address

Membership number in the Provident Fund
 Please also enclose your original Certificate of Membership

Last sign-off date on a Participating vessel (NIS-vessel)

D D M M Y Y

4 (four) last service periods on board Participating vessels (Please complete in block capitals)

	Name of employer	Name of vessel	Sign-on date	Sign-off date
1			D D M M Y Y	D D M M Y Y
2			D D M M Y Y	D D M M Y Y
3			D D M M Y Y	D D M M Y Y
4			D D M M Y Y	D D M M Y Y

Payment concerning

Retirement In case of Retirement, please enclose the following documents:
 • A certified copy of your birth certificate.
 • A copy of your Norwegian Seaman’s documentation book (Fartsoppgave)
 • A copy of your Provident Fund membership letter and/or ID card if possible

Disability In case of Disability, please enclose the following documents:
 • The documents listed above (Retirement)
 • Certificate from a doctor approved by the Norwegian authorities stating your permanent disability
 • Documents stating if you have received compensation in accordance with CBA.

Death In case of Death, please enclose the following documents:
 • The documents listed above (Retirement).
 • A copy of Death Certificate.

In case of **retirement or disablement**, following information is requested from the seafarer:

Payment - Please choose one of the following two alternatives

I prefer to have the amount transferred to my bank account

(Please complete in block capitals)

NAME OF ACCOUNT HOLDER (SURNAME)
NAME OF ACCOUNT HOLDER (CHRISTIAN NAME)
BANK ACCOUNT NUMBER
NAME OF BANK
BANK BRANCH/ADDRESS

I prefer to receive the amount by cheque at the following address

D	D	M	M	Y	Y

SEAMAN'S SIGNATURE

In case of **death**, following information is requested from the beneficiaries:

For beneficiaries in case of death

SURNAME
CHRISTIAN NAME
ADDRESS

Date of birth

D	D	M	M	Y	Y

PLEASE STATE YOUR RELATIONSHIP TO THE MEMBER OF THE PROVIDENT FUND (SPOUSE/CHILD/PARENT/OTHER)

Payment - Please choose one of the following two alternatives

I prefer to have the amount transferred to my bank account

(Please complete in block capitals)

NAME OF ACCOUNT HOLDER (SURNAME)
NAME OF ACCOUNT HOLDER (CHRISTIAN NAME)
BANK ACCOUNT NUMBER
NAME OF BANK
BANK BRANCH/ADDRESS

I prefer to receive the amount by cheque at the following address

D	D	M	M	Y	Y

BENEFICIARY'S SIGNATURE

If more space is needed, please continue on an additional form.

Please send this form, together with all necessary documentation, to Storebrand Life Insurance Co. Ltd.