

**SUBSIDIARY LEGISLATION**

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GOVERNMENT NOTICE No. 466 published on 17/08/2018

**THE PUBLIC SERVICE SOCIAL SECURITY FUND ACT, 2018**  
**(NO. 2 OF 2018)**

**REGULATION**

*(Made under section 76)*

**THE PUBLIC SERVICE SOCIAL SECURITY FUND (GENERAL) REGULATIONS, 2018**

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THE PUBLIC SERVICE SOCIAL SECURITY FUND ACT  
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**REGULATION**

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*(Made under section 76)*

THE PUBLIC SERVICE SOCIAL SECURITY FUND (GENERAL) REGULATIONS, 2018

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PART I  
PRELIMINARY PROVISIONS

Citation

**1.-(1)** These Regulations may be cited as the Public Service Social Security Fund (General) Regulations, 2018.

Interpretation

**2.** In these Regulations, unless the context otherwise requires -

Act No.  
2 of 2018  
Cap. 135

“Act” means Public Service Social Security Fund Act;

“Authority” means the Social Security Regulatory Authority established under the Social Security Regulatory Authority Act;

Cap. 34

“attesting witness” means a commissioner for oath designated as such under the Notaries Public and Commissioner for Oath Act;

“beneficiary; means a person receiving a benefit under the Act;

“Board” means the Board of Trustees established under section 8 of the Act;

“claimant” means a person who has applied to the Fund for a benefit under the Act;

“document” means any matter expressed or described upon any substance by means of letter, figure or mark, or by more than one of those means, intended to be used for the purpose of recording that matter;

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*G.N. No. 466 (contd.)*

“employee” means a person employed in the Public Service;

“existing member” means a member who was registered by the former Funds before commencement of the Act;

“existing employer” means an employer who was registered by the former Funds before commencement of the Act;

“Fund” means the Public Service Social Security Fund established under section 6 of the Act;

“fund registration number” means a number issued to a member by the Director General pursuant to regulation 4(2);

“Former Fund” means the Public Service Pension Fund, GEPP Retirement Benefit Fund, the PPF Pensions Fund and the LAPF Pension Fund;

“Medical Board” means the Board established under regulation 25 to assess medical evidence as to incapability of a member pursuant to section 26 of the Act;

“member” means an employee who is registered by the Scheme under the Act;

“membership card” means the identity card issued to a member by the Fund;

“Minister” means the Minister responsible for social security matters;

“pensionable emoluments” means the salary specified to be used in calculating pension or related benefits;

“pensioner” means a person who receives pension benefit in accordance with Act and includes other beneficiaries receiving pension;

Cap 298

“public service” has the meaning ascribed to it by the Public Service Act and includes judicial service, parliamentary service, police force and prisons service and service in any corporation specified under section 5 of the Act;

“qualifying pensionable service” means any period of service rendered by a member -

- (a) since his becoming a member of the scheme and includes periods of absence from duty or leave with not less than half salary; and
- (b) immediately prior to his becoming a member of the scheme during which he was employed in the public service on contract terms or any terms other

than temporary terms, daily paid or casual basis and during which he was governed by any employees' terminal benefits scheme under which the terminal benefit or retirement took the form of payment of a pension, and includes any periods of absence from duty or leave with not less than half salary;  
"Scheme" means the Public Service Social Security Pensions Scheme established under section 4 of the Act;

**PART II  
REGISTRATION**

Registration by contributing employer

**3.**-(1) An employer shall register with the Fund as a contributing employer using Form No. PSSSF 1 as prescribed in the Schedule to these Regulations.

(2) Subject to sub-regulation (1), the Director General shall allot registration number to every contributing employer covered under the Act.

(3) The Director General shall, upon registration of the employer, issue to the employer with a certificate of registration as prescribed in Form No. PSSSF 2 of the Schedule to these Regulations.

(4) A registered employer shall at all time display the original certificate of registration at a conspicuous place in the workplace for ease of accessibility by inspectors.

Registration of employees

**4.**-(1) An employer shall, within thirty days from the date of employment, register his employee with the Fund as a contributing employee in the Form No. PSSSF 3 as prescribed in the Schedule to these Regulations:

Provided that, the member's contributions shall accrue from the date of employment.

(2) Subject to the provisions of sub-regulation (1), the Director General shall, on registration of a member, issue to him a registration number which shall be regarded as his fund registration number for the purposes of identifying and computing member's retirement benefits under the Act.

(3) An employer, shall, upon completion of registration under this regulation forward the appropriate Registration Forms to the Director General.

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*G.N. No. 466 (contd.)*

(4) For avoidance of doubt, the date of employment shall be regarded as the date of registration of the member with the Fund and his rights on the Fund shall accrue on such date.

Registration of existing employers and members

**5.** Notwithstanding the provisions of regulations 3 and 4, existing employers and members shall, within six months from the date of publication of these Regulations, be issued with a new certificate and membership identification card.

Issuance of membership card

**6.**-(1) The Director General shall, within ninety days from the date of receipt of the forms from the employer pursuant to regulation 4(3), issue membership cards in respect of all registered employees and notify the contributing employer of the registration of the employees concerned in a manner prescribed in Form No. PSSSF 4 of the Schedule to these Regulations.

(2) The membership cards issued under subregulation (1) shall be in a manner prescribed in Form No. PSSSF 5 of the Schedule to these Regulations.

(3) An employer to whom membership cards are issued pursuant to sub-regulation (1) shall, as soon as practicable give the membership card to the employee concerned.

(4) Where the employee to whom a membership card was to be served is no longer an employee of the employer, the employer shall return the membership card to the Director General.

Loss, mutilation or destruction of membership card

**7.**-(1) Where a membership card issued under these Regulations is lost, mutilated or destroyed, the member shall, upon payment of fee prescribed by the Board, apply to the Director General for replacement.

(2) Notwithstanding sub regulation (1), the Director General shall, upon payment of such fees as the Board may prescribe, issue a replacement card, after obtaining from the member and his employer such information as may be required for the completion of replacement of a membership card.

Change of particulars

**8.** Where a member changed any membership particulars such as marital status, number of children, name or



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*G.N. No. 466 (contd.)*

address, the member shall notify the Director General in a manner prescribed in Form No. PSSSF 6 of the Schedule to these Regulations.

Notification on transfer, change of or cessation of employment

**9.**-(1) Notwithstanding regulation 8, an employer shall notify the Director General of the date when a member ceases to be in his employment and shall furnish the Director General such further information as the Director General may require.

(2) Where an employee under this regulation is transferred to public institution, the employer where the member has been transferred to, shall furnish the Director General with information regarding that transfer.

(3) For the purpose of this regulation “transfer” includes change of employment from one employer to another while registered by the Fund due to-

- (a) secondment;
- (b) attachment; or
- (c) transfer within public service.

Notification of relocation of employer or closure of business

**10.** An employer who intends to close or relocate business shall, within thirty days prior the closure or relocation, notify the Director General of such relocation, change of address or closure of business in Form No. PSSSF 7 or as the case may be, Form No. PSSSF 8 set out in the Schedule to these Regulations.

Variation of forms

**11.**-(1) The Forms prescribed in the Schedule shall be applied in the manner specified in these Regulations:

Provided that, where circumstances so require, the Fund may vary or amend any form in a manner it deems fit.

(2) Subject to sub regulation (1), the Fund shall within thirty days notify the Authority of any alteration, variation or amendment effected.

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PART III  
CONTRIBUTIONS AND MODE OF REMITTANCE

Contributions

**12.** - (1) There shall be paid into the Fund the contribution by both the employer and employee.

(2) Subject to sub regulation (5), an employer shall deduct five *per-centum* of the employee's monthly salary, as a contribution towards the Fund.

(3) The employer shall pay to the Fund fifteen *per-centum* contributions on monthly basis.

(4) Subject to the provisions of section 19 of the Act, an employer contributing to the Fund shall pay the amount due within one month after the end of each month in which the last day of contribution period to which it relates, falls.

(5) Subject to negotiation and agreements, the employer or employee may opt to contribute a greater rate than the rate stipulated under sub regulation (2), provided that the rate of the employee's contribution shall not exceed fifty percent of the total contribution.

Mode of payment

**13.** Contributions to the Fund shall be paid either-

- (a) by cheque drawn on any bank in Tanzania, delivered or sent by post to such office of the Fund as may be designated for that purpose;
- (b) by telegraphic transfer;
- (d) by electronic means; or
- (e) in such other manner as the Director General may authorize.

PART IV  
DUTY TO KEEP AND MAINTAIN RECORDS

Record of  
employment

**14.** An employer shall keep and maintain a record of all contributions in respect of every member payable during the month and shall forward that record simultaneously with the appropriate contributions to the Director General.

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*G.N. No. 466 (contd.)*

Report in respect of contributions

**15.**-(1) The record under regulation 14 shall be in a manner specified in Form No. 9 of the Schedule, provide the following particulars of employee-

- (a) full name;
- (b) fund registration number;
- (c) salary;
- (d) contribution rate;
- (e) contribution period; and
- (f) the amount of contribution.

(2) In the case of contributions remitted through the Ministry responsible for finance pursuant to section 18(3) of the Act, the accounting officer of the Ministry shall be responsible for submission to the Fund the particulars referred in sub-regulation (1).

Records maintained by Fund

**16.** (1) The Fund shall, in every year, provide to the employer with a report of each employee showing-

- (a) the employee's contribution for the respective year; and
- (b) the employer's contribution for the respective year.

(2) An employer shall maintain a record for each employee whom he has engaged showing the following particulars-

- (a) date of birth of an employee;
- (b) dates on which the employee was employed and finished employment;
- (c) date and amount of each payment of salary to the employee;
- (d) amount of each monthly employer's contribution to the Fund in respect of the employee; and
- (e) amount of each monthly employee's contribution made to the Fund.

Register

**17.** Without prejudice to regulations 14, 15 and 16, the Fund shall keep and maintain a register in which shall be recorded all necessary information in respect of-

- (a) members;

- (b) pensioners;
- (c) survivors;
- (d) dependants;
- (e) contributions;
- (f) benefits paid; and
- (g) assets and liabilities.

PART V  
SERVICE AND BENEFITS

Continuous service

**18.**-(1) When calculating pension under these regulations, no account shall be taken for any purposes of the period during which he was not in the service.

(2) For the purposes of computing the amount of a member's pension or gratuity, the following period shall be taken into account as pensionable service-

- (a) any period during which the member has been on duty;
- (b) any period during which the member has been absent from duty on leave with full or half salary;
- (c) any period during which the member has been absent from duty but continued to pay employers and employees contributions;
- (d) any period during which the member has been absent from duty on leave without salary, if it is proved to the satisfaction of the Board that such leave was granted on grounds of public interest, and any period during which he has been absent on leave, other than those specified under this regulation, shall be deducted from the member's total service in order to arrive at his period of pensionable service.

Deferred pension

**19.**-(1) A member who has contributed to the Fund for a period of not less than one hundred and eighty months but has not reached retirement age shall, on termination of service-

- (a) due to appointment to a political post where there is specific arrangement for retirement benefit;

- (b) due to retrenchment;
- (c) as a result of restructuring of office;
- (d) on abolition of public office;

subject to subregulation (2), be granted a commuted pension and his monthly pension be deferred until he attains the age of fifty five.

(2) The Fund shall prescribe the forms and manner of exercising the right to deferred pension.

Application  
for benefits

**20.**-(1) A member of the Fund shall apply for benefits by completing and delivering the appropriate application Form as prescribed in the Schedule prescribed in the Schedule to these Regulations, accompanied by appropriate supporting documents to the Fund.

(2) In the case of a claim for retirement benefit the claimant shall furnish the following particulars -

- (a) application Form No. PSSSF 10 set out in the Schedule to these Regulations;
- (b) membership card;
- (c) letter of notification of retirement from employer.

(3) In the case of early retirement benefit, the claimant shall furnish the following particulars -

- (a) application Form No. PSSSF 11 as set out in the Schedule to these Regulations;
- (b) membership card;
- (c) letter of notification of retirement from the employer.

(4) In the case of an invalidity benefit, the claimant shall furnish the following particulars -

- (a) application Form No. PSSSF 12 as set out in the Schedule to these Regulations;
- (b) membership card;
- (c) medical certificate set out in Form No. PSSSF 13 as set out in the Schedule to these Regulations indicating invalidity assessment from the Medical Board to certify the invalidity; and

(d) letter of notification of retirement or invalidity from the employer.

(5) In the case of death gratuity, the claimant shall furnish -

(a) a certified copy of death certificate of a deceased member;

(b) deceased identification card issued by the Fund;

(c) an application Form No. PSSSF 14 as set out in the Schedule to these Regulations providing the information and particulars of the deceased person;

(d) letter of administration of deceased estate and distribution form from the probate Court; and

(e) passport size photograph of claimant.

(6) In the case of survivors' benefits, the claimant shall furnish the following -

(a) death certificate of deceased member;

(b) application Form No. PSSSF 15 as set out in the Schedule to these Regulations from the employer providing the information and particulars of the deceased person;

(c) letters of administration of estate and distribution form from the probate court appointing him as the administrator of the deceased estate; and

(d) passport size photograph of a claimant.

(7) In case of refund of contribution as a result of emigration, the claimant shall, along with Form No. PSSSF 16 as set out in the Schedule to these Regulations, produce the following:

(a) a resident permit issued to him by the relevant authority of the country in which he intends to reside;

(b) a formal letter from the employer notifying his resignation; and

(c) any other relevant document that may be required by the Director General to support the claim.

(7) In the case of unemployment benefit, the claimant shall submit the following:

- Cap. 34
- (a) application Form No. PSSSF 16 as set out in the Schedule to these Regulations with necessary modification;
  - (b) certified copy of birth certificate;
  - (c) declaration on the proof that the claimant has not secured another employment, in accordance with the Oaths and Statutory Declaration Act;
  - (d) passport size photograph of a claimant;
- (7) In the case of unemployment benefit, the claimant shall submit the following:
- (a) application Form No. PSSSF 16 as set out in the Schedule to these Regulations with necessary modification;
  - (b) certified copy of birth certificate;
- Notification
- 21.** An employer shall notify the Director General in writing on a member who is about to retire at least six months before the date of retirement.
- Delayed payment of benefits
- 22.** (1) Subject to section 43 of the Act, the penalty for delayed payment for pension benefits shall be charged on the amount due.
- (2) Notwithstanding the provision of sub regulation (1), the penalty specified under section 43 shall not apply to a claimant who has started to receive monthly pension.
- Evidence to be produced
- 23.** For the purpose of ascertaining the claim for benefit, the Director General may require from the claimant-
- (a) such further evidence of entitlement to a benefit as is in his opinion necessary; and
  - (b) the authentication by an attesting witness of the signature of the member to the application for a benefit.
- Declaration
- Cap. 34
- 24.** The Director General may require any person who has made an application for a benefit to make a statutory declaration in accordance with the Oaths and Statutory Declaration Act, as to the truth of any statement of fact made by him in his application or in any evidence.

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*G.N. No. 466 (contd.)*

Medical  
examination

**25.** The Director General may refer any claimant entitled to invalidity benefit for examination by a Medical Board to be appointed by the Minister responsible for health, and shall consider the report as evidence in determining the member's claim for benefit.

Payment of benefits

**26.** The Director General shall pay benefit under these regulations by cheque or any other suitable instrument of payment.

Payments to be  
attached with  
calculation sheet

**27.** Where the payment is made, the Fund shall write a letter attached with calculation sheet to inform the person to whom such payment is made showing all details of payment, and shall serve an employer with a copy.

Delivery by post

**28.**-(1) The posting of a letter containing an instrument of payment sent pursuant to these Regulations, addressed to the person concerned at the address furnished by him shall as regards to the liability of the Fund, be equivalent to the delivery of the instrument of the payment to the person to whom the letter was addressed.

(2) Subject to sub-regulation (1) where it is certified that the instrument of payment has been lost or destroyed, the Director General shall, on production of duly executed indemnity to the Fund, issue a duplicate or other instrument of payment,

Payments of  
member with  
unsound mind

**29.**-(1) Where it is proved that a member is of unsound mind, the Director General may approve payment of the amount or part of it to any other person upon proof that-

- (a) he is the proper person to receive the amount in that person's behalf; and
- (b) shall apply the amount for the maintenance and benefit of the member under the invalidity benefits.

(2) The person appointed under sub-regulation (1) shall produce-

- (a) a nomination certificate from the court showing that he has been authorised to receive the benefit; and



- (b) medical certificate showing that the member is of unsound mind.

**PART VI  
CONTINUING ELIGIBILITY, SUSPENSIONS, DURATION OR  
TERMINATION OF BENEFITS AND ADMINISTRATIVE REVIEW**

Basis and duration of benefits

**30.** Benefits under these Regulations shall be payable on the basis and duration specified in the Social Security Schemes (Benefits) Regulations, 2018.

Verification of continuing eligibility of beneficiary

**31.** In determining whether a benefit shall continue to be payable to a beneficiary, the Board shall use the following factors-

- (a) the beneficiary's age;
- (b) whether the beneficiary is alive;
- (c) whether the beneficiary is remarried;
- (d) whether the beneficiary has not secured new employment;
- (e) whether the beneficiary is engaged in full time education; or
- (f) whether the beneficiary has recovered from the impairment.

Suspension for failure to provide information

**32.-** (1) The Director General shall suspend payment of periodic benefit for failure of the beneficiary to provide information required under regulation 31.

(2) The Director General shall prior suspending benefit under this regulation, serve the beneficiary with a three month notice of the intention to suspend payment.

(3) If within one year the beneficiary provides information confirming his eligibility, the Director General shall reinstate payments and be paid for the entire period provided that the member continued to be eligible during that time.

(4) For the purpose of this regulation, "periodic benefit" includes pension benefits.

Suspension  
resulting from  
uncertain  
address of  
residence

- 33.-** (1) The Board shall suspend payment of a benefit if
- (a) upon receipt of notification from the bank where the Fund makes payment to the beneficiary that beneficiary account has been closed or that the beneficiary is unknown;
  - (b) where the post office returns mail addressed to the beneficiary at the address of record as undeliverable.
- (2) Where the beneficiary provides a physical address, evidence confirming his identity card, the Director General shall resume payments, reinstating suspended payments provided that the member continued to meet eligibility requirements during that time.

Termination of  
benefit

- 34.-**(1) The Board may terminate any benefit granted under these Regulations in any of the following circumstances:
- (a) where the beneficiary has not re-established eligibility within twelve months after suspension of a benefit; or
  - (b) death of the beneficiary.
- (2) Where the Board terminates any benefit, the claimant shall be declared ineligible

Application for  
review.

- 35.-**(1) A member who is aggrieved by the decision of the Board under regulation 33 or 34 may, within thirty days apply to the Board for review.
- (2) Where the claimant is not satisfied with the decision of the Board, he may appeal to the Authority for further consideration.

PART VII  
REFUND OF EXCESS CONTRIBUTIONS, RECOVERY OF  
OVER PAYMENTS AND DETERMINATION

Refund of excess contributions

**36.**-(1) Where excess contribution has occurred, the Director General shall notify the employer through Form No. PSSSF 17 and upon receipt of claim, refund the amount deducted in excess to the employer.

(2) Subject to sub regulation (1), the employer shall, upon receipt of the refund, pay the employee the amount deducted in excess of contribution.

(3) Notwithstanding the provisions of this regulation, the employer may, upon consultation with the Fund, consent the excess contribution to offset any future obligation of the employer under the Act.

Recovery of overpayment from beneficiary

**37.** Where the beneficiary who has been overpaid is entitled to a monthly pension, the Director General shall, in paying a monthly benefit to that beneficiary, deduct an amount not exceeding fifty percent of the monthly benefit until the amount so overpaid has been recovered.

Recovery from beneficiary who dies before adjustment

**38.**-(1) Where a member who has been overpaid dies before full recovery of the overpayment, the unpaid amount shall be recovered from the survivors benefits and the modality of repayment applied to a member under regulation 37 shall apply *mutatis mutandis*.

(2) Notwithstanding the provisions of these regulations, the Board may waive recovery of an overpayment.

**PART VIII  
RECORDS OF CONTRIBUTIONS**

Records of contributions

**39.** The Director General shall keep records of all contributions-

- (a) made by and on behalf of each employee contributing to the Fund;
- (b) made by contributing employers and the particulars of a person on whose behalf each such employer has made contributions.

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*G.N. No. 466 (contd.)*

Access to records

**40.-** (1) A member and contributing employer shall have the right to access and obtain copies of their records maintained by the Fund.

(2) Subject to sub-regulation (1), an administrator of the deceased's member may access and obtain copy of the deceased person's record.

Statement of account

**41.-**(1)The Director General shall, on request, provide a member with a statement of his contributions to the Fund.

(2) Without prejudice to sub regulation (1), the Fund shall make available to all members statements of contributions through website of the Fund , mobile applications, text messages or any other means.

Correction of records

**42.-**(1) The Director General may, upon request by a member or employer, rectify a record that is incomplete, untimely, or in erroneous.

(2) Notwithstanding sub regulation (1), the Director General may refuse to effect the change and-

(a) give reasons for such refusal; and

(b) inform the member of his right to appeal to the Authority.

Signing of forms and documents

**43.** Where any form or document relating to the Fund is required to be signed by a member, it shall -

(a) be marked with the impression of the right thumb of the member, or, if impression of the right thumb cannot for any reason be taken, by the impression of the left thumb, or if neither impression can be taken, by such other impression or mark as the

Director General may determine;

- (b) be signed in writing, where a member is capable of signing in writing; and
- (c) in the case of Form No. PSSSF 21 witnessed and signed by the employer or his representative.

Incomplete or inaccurate documents

**44.-** (1) Where the Director General is in the opinion that any document which is required to be completed under these Regulations is incomplete, inaccurate or is insufficiently clear to identify the person concerned, he shall communicate to the sender on the incompleteness, inaccuracy or insufficiency of the documents, and where necessary return the documents to the sender.

(2) Where the document is sent back to the sender for rectification, the sender shall, within one month of the receipt of the document complete and deliver a new document in place of it or return the original document duly corrected, as the case may require.

#### PART IX INSPECTION

Appointment of inspectors

**45.-**(1) Subject to the provisions of section 65 of the Act, the Board may appoint any member of staff of the Fund to be an inspector.

(2) The Director General shall, the inspector appointed under this regulation with a certificate of appointment in a manner prescribed in Form No. PSSSF 22 of the Schedule.

Powers of inspector

**46.** For the purposes of ensuring compliance with the provisions of the Act and these Regulations, an inspector shall have powers to-

- (a) enter any premises and conduct inspection therein;
- (b) require production of and examine any document of an employer;
- (c) ask for a print out of any document and may produce copies; or

(d) subject to the provisions of the National Public Prosecutions Act, conduct any legal proceedings under the Act.

Duty of confidentiality

**47.** An inspector shall have duty of confidentiality in respect of any information received or accessed in the course of inspection.

Power of inspector to register

**48.** For the purpose of registering employers and employees with the Fund, an inspector may visit any employer's premises and register employers or employees, assess contributions, establish arrears and take proper actions stipulated in the law.

Compliance with operational manual

**49.** An inspector and all other officers of the Fund shall, in discharging their duties, be guided by the Operational Manuals to be prescribed by the Fund.

**PART X  
GENERAL PROVISIONS**

Duty of employees

**50.** An employee shall, upon request, furnish his employer with all information and produce any document which is necessary for the purpose of these Regulations.

Duty of Fund to notify beneficiaries

**51.**-(1) At the time of making payment of a benefit, the Director General shall notify the beneficiary, claimant or the member the duty to provide accurate information.

(2) Where the Director General makes decision based on the misleading or inaccurate information provided by the beneficiary, the claimant or the member, such beneficiary, the claimant or the member shall be at fault.

Operational manual

**52.** Subject to the provisions of the Act and these Regulations, the Fund shall issue an operational manual prescribing the operations and processes of the day to day activities of the Fund.

Offences

**53.** A person who knowingly makes any false statement or representation or produces or furnishes or causes to be produced or furnished any document or information which is false in a material particular commits an offence and is liable upon conviction be punished in according to the provisions of the Act.

Additional contributions

**54.** The Board shall issue a demand notice for additional contributions through Form No. PSSSF 19 and notice to pay the whole debt before court action is taken through Form No. PSSSF 20

Continuation of membership despite change of shareholding

**55.** Subject to section 5 of the Act and regulations 4 and 5, where the shares owned by the Government in a specified corporation decrease below thirty percent, the employees of that company shall, unless the Minister directs otherwise, continue to be members of the Public Service Social Security Scheme.

**PART XI  
OPERATIONS DURING TRANSITION PERIOD**

Operations during transition period

**56.-(1)** Subject to the provisions of section 86 of the Act, during transition period-

- (a) recruitment and registration of members;
- (b) collections and remittance of contributions;
- (c) applications and payments of benefits;
- (d) management of investments;
- (e) claims, complaints and cases;
- (f) contractual issues and other regulatory issues; and
- (g) administrative and staff matter,

shall be handled by the former Funds on behalf of the Fund in accordance with the interim operational manual and existing institutional frame works to the extent that such frameworks are consistent with the Act.

(2) The performance of functions under sub-regulation (1) by the Former Funds shall cease on the effective date.

*The Public Service Social Security Fund*

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*G.N. No. 466 (contd.)*

Interim operational manual

**57.**-(1) Without prejudice to regulation 56, for the purposes of facilitating and guiding operations during transition period the Authority shall prescribe an Interim Operational Manual which shall be adopted by the Board and shall bind both the Fund and former Funds.

(2) Notwithstanding subregulation (1), the Board may at any time after adopting the Interim Operational Manual and upon consultation with the Authority, amend or modify the Manual as it may consider fit for proper running of the Fund.

Investment during transition period

**58.**-(1) Subject to the provisions of the Social Security Schemes (Investment) Guidelines, the former Funds shall, during the transition period-

(a) continue to manage existing investments and projects on behalf of the Fund; and

(b) be accountable for all existing investments and projects.

(2) No new investment shall be undertaken by the former Funds during transition period except for short term investments the term of which shall not exceed twelve months.

(3) Subject to section 84 of the Act, all investments and projects which at the date of commencement of these Regulations were approved, and the former Funds had shown commitment of the implementation shall continue in accordance with the terms and conditions attached to the respective investment and projects.

Closing of books of accounts of the former Funds

**59.** All former Funds shall, for auditing purposes, close all books of accounts on the date prior to the date of commencement of the Act.

Audit of existing schemes

**60.**-(1) Subject to regulation 59, the Minister shall engage the Controller and Auditor General to audit all accounts of the Former Funds.

(2) For avoidance of doubt, the cut-off date for the purpose of audit to be conducted pursuant to sub-regulation (1) shall be the date before the date of commencement of the Act.

(3) The Boards and management of the respective former Funds shall be responsible for facilitating the audit under



*The Public Service Social Security Fund*

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*G.N. No. 466 (contd.)*

sub regulation (1) and be accountable for any act or omission committed or omitted to be done during the period prior to the effective date.

Operations of  
voluntary schemes

**61.**-(1) Without prejudice to the provisions of section 82 of the Act, all supplementary schemes which were administered by the former Funds shall continue to operate under the administration of the Fund pursuant to their respective trust deeds and rules.

Cap.135

(2) The Board shall, subject to the provisions of the Social Security (Regulatory Authority) Act and upon consultation with the Authority, restructure the supplementary schemes transferred to the Fund pursuant to section 80 of the Act for the purposes of aligning them with the administration of the Fund.

Revocation of GN  
No. 406 of 2003

**61.** The Public Service Retirement Benefits Regulations, 2003 are hereby revoked.

SCHEDULE

FORMS

(Made under regulation 3(1))

PSSSF 1

THE UNITED REPUBLIC OF TANZANIA

PUBLIC SERVICE SOCIAL SECURITY FUND

EMPLOYER'S REGISTRATION FORM

Name of Employer: .....  
Employer Sector:  Public  Private  Government  
Agency

Any other (Specify): .....

Postal Address: .....

Telephone No: .....

Fax Number: .....

E-mail Address: .....

Business Registration Certificate No: .....

Date of Business Registration: .....

Nature of Business<sup>1</sup>: .....

Physical Address (Location):

Street: .....

District: .....

Region: .....

Month of first contribution remittance: .....

Contact Person: .....

**Declaration**

I hereby certify that the information given above is correct and true.

Full Name: .....

Designation: .....

Signature: .....

Date: .....

Official Stamp:

<sup>1</sup> Attach copy of business registration

*The Public Service Social Security Fund*

G.N. No. 466 (contd.)

**AUTHORISING OFFICER**

Name: ..... Signature: .....

Title: ..... Date: .....

Official Stamp:

---

**FOR OFFICIAL USE ONLY**

---

Date Registration Form

Received.....

Details/Particulars of Employees correct?  Yes  No

If not correct give details.....

Employers Registration Number: .....

Name of Authorized Officer: ..... Signature: .....

Date: .....

Registration Number: ..... Zone Name: .....

Employer Category: .....

Date.....

Name of Officer.....

Official Stamp:

**THE UNITED REPUBLIC OF TANZANIA  
PUBLIC SERVICE SOCIAL SECURITY FUND**

**CERTIFICATE OF REGISTRATION**

*(issued under regulation 3(3))*

This is to certify that

.....

With reference number ..... is registered with the Public Service Social Security  
Fund as a contributing employer.

.....


**DIRECTOR GENERAL**

**PUBLIC SERVICE SOCIAL SECURITY FUND**

**MEMBER'S REGISTRATION FORM**

*(Made under regulation 4(1))*

**TO BE COMPLETED BY THE EMPLOYEE [BLOCK LETTERS]**

<b>2</b> <b>Passp</b> <b>ort</b> 
---

**Part 1: Employer Details**

1. Employer's registration number: .....
2. Name of Employer: .....
3. Physical Address: .....
4. Postal Address: .....
5. Telephone: .....
6. Fax: .....
7. Authorising Officer.....Signature: .....
8. Date: .....
9. Official Stamp:

**Part 2: Employee Details**

10. Employee's registration number: .....
11. Employee's National ID: .....
12. First Name: .....
13. Other Names: .....
14. Surname: .....
15. Gender [M/F]: .....
16. Marital Status: .....
17. Date of birth [dd/mm/yyyy]: .....
18. Date of appointment [dd/mm/yyyy]: .....
19. Date of Joining the Fund: .....
20. Date of confirmation on pensionable terms (If Any) [dd/mm/yyyy]: .....

**Part 3: Employee Declaration**

*I do hereby declare that all particulars as recorded above are correct and in accordance with my Identity Card.*

21. Employee's signature: .....
22. Date of signing declaration [dd/mm/yyyy]: .....
23. In the box provided impress a clear full right hand thumb of the employee.

**Part 4: Employer Declaration**

*I certify that the particulars of the employee as recorded above are correct and true and in accordance to his/her Identity Card and that his/her Right Thumb Impression was affixed in my presence.*

- 24. Employer Name: .....
- 25. Employee's Responsible Officer's Name: .....
- 26. Designation: .....
- 27. Employee's Responsible Officer's Signature: ..... Date: .....

Please Turn Over for Guidance on How to Fill in the Form.

**FORM FILLING GUIDELINES AND GENERAL INFORMATION**

- 1. The information to be filled here is very important for preparation of terminal benefits for the contributing members.
- 2. The employer has the right to verify the accuracy of the records and any form of cheating once identified will attract disciplinary action to the concerned officer.
- 3. This form is to be filled in by an employee who is a member of the Public Service Social Security Fund
- 4. Employer Registration Number shall be the respective Vote Number to be completed in such a manner that the first numbers stand for the Ministry Code to be followed by the department code as illustrated hereunder.  
Example. **Ministry:** Treasury – 50

**Department:** Pension – 701

Therefore the Employer's Registration number will be 50701

- 5. The employee registration number shall be the Payroll Check Number.
- 6. Employee particulars must be written in accordance with particulars in his/her personal Open File. Do not shorten or make amendments.
- 7. Where date and month of birth are missing assume 30<sup>th</sup> June of the respective year of birth.
- 8. Form affixed with passport size photograph must be completed.
- 9. The form must be signed by an authorizing officer.
- 10. This form must be attached with a copy of National Identification card.

The Public Service Social Security Fund

G.N. No. 466 (contd.)

PSSSF 4

Telegraphic Address: THE UNITED REPUBLIC OF Public Service Social  
PSSSF TANZANIA PUBLIC SERVICE Security Fund,  
SOCIAL SECURITY FUND P.O. Box .....

Telephone No.: MEMBER'S REGISTRATION NOTICE

Fax No: (Made under regulation 6(1))  
(To be filled in duplicate)

Ref. No. ....

Contributing Employer's No. ....

Name and Address.....

Please be informed that your..... (Number in words) employees listed below have been registered as members to the Fund. Their respective membership numbers are indicated in the middle column

MEMBERSHIP NUMBER	MEMBER NAME	MEMBER'S SIGNATURE

Enclosed are ..... (in words) membership cards for distribution to the respective members. Return one copy of this form after all the respective members have acknowledged receipt of the membership cards.  
Please quote their respective membership numbers in all communications with the Fund

**Issuing Officer:** Name..... Title..... Date ..... Signature.....

**Receiving Officer:** Name..... Title..... Date ..... Signature..... Official Stamp.....





**THE UNITED REPUBLIC OF TANZANIA  
PUBLIC SERVICE SOCIAL SECURITY FUND**

**PSSSF 6**

MEMBER'S  
PHOTO

**MEMBER'S RECORDS AMENDMENT/ID CARD REPLACEMENT FORM**  
(Made under regulation 8)

Membership Number

*Please tick (✓) where appropriate*

- (A) **PERSONAL DETAILS**  (C) **REPLACEMENT OF MEMBERSHIP CARD**   
(Appropriate fees to be paid)
- (B) **CHANGE OF DEPENDANTS**  (D) **QUERY ON MEMBER STATEMENT**

**SECTION MEMBER'S PERSONAL DETAILS (TO BE COMPLETED  
A: IN BLOCK LETTERS)**

Details	Previous Details	Current Details
First Name		
Other Name		
Surname		
Marital Status		
Date of Birth		
Date Joined Fund		
Date of Employment		
National ID Number		
Employee Number		

**SECTION B – DEPENDANTS DETAILS**

<b>Name of Dependant(s)</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>Dependant's Address</b>

**CONTACT DETAILS**

<b>Details</b>	<b>Previous Details</b>	<b>Current Details</b>
Postal Address		
Physical Address		
Telephone Number(s)		
Mobile Number(s)		
Email Address		

**SECTION C: UPDATE OF MEMBER'S STATEMENT**

<b>Nature of Problem (as identified in the issued statement)</b>	<b>Period Covered (If applicable)</b>	<b>Previous Notification (If any)</b>
Missing contributions		
Amount under/overstated		
Calculation Errors		
Different Name		
Different Employee Number		
Any Other (specify)		

**DECLARATION**

I certify that the information stated above are to the best of my knowledge true and accurate

*The Public Service Social Security Fund*

*G.N. No. 466 (contd.)*

SIGNATURE

DATE

**FOR OFFICE USE ONLY**

Receipt number \_\_\_\_\_ Date \_\_\_\_\_

*(Applicable for card replacement)*

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**CAUTION**

Any changes should be supported with appropriate documents (*Birth Certificate or Affidavit*)

PSSSF 7

THE UNITED REPUBLIC OF TANZANIA  
PUBLIC SERVICE SOCIAL SECURITY FUND

CHANGE OF CONTRIBUTING EMPLOYER'S NAME, ADDRESS  
(RELOCATION) OR BUSINESS  
(Made under regulation 10)

Contributing Employer's Name: .....  
Registration No: .....

I do hereby make the following statement in relation to the change of address/business name/designation as follows:

I: I declare that I have changed my address/business name/designation and i shall as of the date herein be known as:

M/S.....  
.....  
.....

of P.O. Box:  
.....  
.....

Nature of Business.....

II: As from the ..... day of .....  
I shall be addressed by the above particulars.

Name: .....  
Signature: .....  
Stamp: .....

**Note:**  
Attach copies of authorizing documents

PSSSF 8

THE UNITED REPUBLIC OF TANZANIA  
PUBLIC SERVICE SOCIAL SECURITY FUND

CLOSURE OF CONTRIBUTING EMPLOYER'S BUSINESS  
(Made under regulation 10)

Name of Contributing Employer.....  
Address ..... Telephone Number.....  
Fax Number..... E-mail Address.....  
Registration Certificate No..... Registration Date.....  
Nature of Business.....  
Location of the Head Office: District .....  
Region.....  
  
Number of PSSF Members at closure.....  
Last month for which contributions were paid.....  
Date of Closure of business.....  
Reasons for business closure.....  
  
Arrears of contributions due at closure (in Tshs.) .....  
Penalties due at closure (in Tshs.) .....  
Name..... Signature.....  
Date .....

**For Office Use Only**

Date of notice of business  
closure.....  
**Declaration:**  
I hereby certify that ..... (employer) has closed  
business with effect  
from.....  
.....  
Name..... Designation.....  
.....  
Signature.....  
Date.....  
Stamp.....

**PSSSF 9**

**PUBLIC SERVICE SOCIAL SECURITY FUND  
MONTHLY CONTRIBUTION FORM**

(Made under regulation 15(1))

SCHEDULE OF MONTHLY CONTRIBUTION FOR..... (Employers Name)

(DEDUCTION FOR THE MONTH OF .....)(One Month or range of months)

This schedule of contribution together with remittance must reach PSSSF not later than one month from the end of each month.

Employer's Cheque No ..... attached of  
Vote No. Shs.....

Name .....  
Address .....

**MEMBERS CONTRIBUTIONS DETAILS**

S/No	Membershi p No.	Employe e Full Name	Monthl y salary	Rate of Contributio n Submitted	Contributio n period	Contributio n Amount

Name and Designation .....

**NOTES:**

1. Employer's reference number must be written on the back of the cheque.
2. If no contribution is due, indicate the word "NIL" in the contribution column.
3. If particulars of employees are not printed, fill in their particular.
4. Reference used in the registration must be similar.

PSSSF 10

**THE UNITED REPUBLIC OF TANZANIA  
PUBLIC SERVICE SOCIAL SECURITY FUND**

BENEFICIARY  
PHOTO/PICHA  
YA MNUFAIKA

**APPLICATION FOR RETIREMENT BENEFIT  
(MAOMBI YA FAO LA KUSTAAFU)  
(Made under regulation 20(2))**

**WARNING/ ONYO:**

Any person who, for the purpose of obtaining any benefit for himself or any other person knowingly makes any false statement or representation or produces or furnishes or causes to be produced or furnished any document or information which he knows to be false in material particulars, commits an offence / *Mtu yeyote ambaye kwa lengo la kupata faida yoyote kwa ajili yake mwenyewe au kwa ajili ya mtu mwingine kwa kuwasilisha au kutoa au kusababisha kuwasilishwa au kutolewa taarifa au nyaraka yoyote ya uongo kwa makusudi, atakua ametenda kosa*

**A. APPLICANT'S PARTICULARS/TAARIFA ZA MWOMBAJI**

PSSSF/Employee Number/ <i>Namba ya PSSSF/Mwanachama</i> )	Surname/ <i>Jina la Ukoo</i>
First Name/ <i>Jina la Kwanza</i>	Middle Name/ <i>Jina la Kati</i>
Previous/Maiden Names ( <i>Majina ya Zamani</i> ) ( <i>If different from above with supporting evidence / kama yapo tofauti na hapo juu na uthibitisho wa kisheria</i> )	Gender/ <i>Jinsia</i> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> <p style="text-align: center;">Male/<i>Me</i>      Female/<i>Ke</i></p>
Date of Birth/ <i>Tarehe ya kuzaliwa</i>	Nationality/ <i>Uraia</i>
Marital status/ <i>Hali ya Ndoa</i>	Permanent Address/ <i>Anuani ya kudumu</i>
Mobile Number/ <i>Namba ya simu ya mkononi:</i>	National ID No/ <i>Namba ya Kitambulisho cha Uraia</i>
E-mail address/ <i>Barua Pepe</i>	

**B. MEMBERSHIP PARTICULARS/TAARIFA ZA UANACHAMA**

Date of first Appointment/ <i>Tarehe ya Kuajiriwa</i>	Name & address of Present Employer/ <i>Jina na Anuani ya Mwajiri</i>		
Date of joining PSSSF/ <i>Tarehe ya kujiunga PSSSF</i>			
Date of Retirement/invalidity/Withdrawal ( <i>Tarehe ya Kustaafu/kupata ulemavu/kuacha Kazi</i> )	Type of Benefit applied for/ <i>Aina Fao Linaloombwa</i>	(i) Statutory retirement/ <i>Kustaafu Kwa Lazima</i> [ ]	
		(ii) Voluntary Retirement/ <i>kustaafu kwa</i> [ ] <i>Hiari</i>	
Date contribution Commenced/ <i>Tarehe ya kuanza Kuchangia</i>			
Last month of Contribution/ <i>Tarehe ya kusita michango</i>			
Salary at retirement Tshs/ <i>Mshahara wakati wa Kustaafu</i>			

**C. LIST OF PREVIOUS EMPLOYERS/ORODHA YA WAAJIRI WA ZAMANI**

S/ N N a.	NAME OF EMPLOYER/JINA LA MWAJIRI	FROM/KUANZIA			TO/HADI		
		Date/Ta rehe	Month/mwezi	Year/m waka	Date/Ta rehe	Month/Mwezi	Year/M waka
1							
2							
3							
4							
5							

**D. PREVIOUS CLAIMS/MADAI YA ZAMANI**

- (i) Have you ever applied for or paid any benefits by the Fund?

*Umewahi Kulipwa Mafao yoyote na Mfuko wa PSSSF?* YES/Ndio [ ]

No/Hapana [ ]



*The Public Service Social Security Fund*

*G.N. No. 466 (contd.)*

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If **YES**, state/*Kama NDIO elezea:*

Type of benefit/ <i>Aina ya Fao:</i>	Date Paid/ <i>Tarehe ya Malipo:</i>
Amount paid/ <i>Kiasi Kilicholipwa:</i>	Other comments/ <i>Mengineyo:</i>

**E. DECLARATION FOR DIRECT DEPOSIT/TAMKO LA SEHEMU YA MALIPO**

I declare that my benefits be deposited to the below written Bank Account and that any pension paid after my death be paid back to PSSSF/ *Natamka kwamba mafao yangu yalipwe kupitia Akaunti yangu ya Benki niliyoiandika hapa chini na kwamba Pension yoyote itakayolipwa baada ya kufariki kwangu irudishwe PSSSF.*

Account No/ <i>Namba ya Akaunt</i>	Bank Name/ <i>Jina la Benki</i>
Branch Name/ <i>Jina la Tawi:</i>	

*Note: Name in Bank Account should be the same as in the copy of Bank ID*

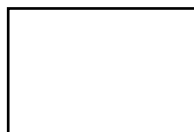
*Kumbuka: Jina lililopo kwenye Akaunti ya Benki liwe sawa na kwenye kivuli cha Kitambulisho cha Benki*

**F. DECLARATION BY APPLICANT/TAMKO LA MWOMBAJI**

I declare that the statements given in this Form are true to the best of my knowledge and belief/

*Natamka kuwa taarifa zilizotolewa kwenye fomu hii ni za kweli kwa kadiri ya uaelewa wangu na ninavyoamini*

Right Thumb print  
of the Applicant/  
*Dole gumba la Kulia  
la Mwombaji:*



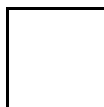
Signature of the Applicant/*Sahihi ya Mwombaji*.....

Date/*Tarehe* .....

**G. CERTIFICATION BY THE EMPLOYER/UTHIBITISHO WA MWAJIRI**

I certify that/*Nathibitisha kwamba*.....  
PSSSF Employee Number/*Namba* ya PSSSF  
*Salary/Mshahara*..... has left employment  
from/*Ameondoka kazini tangu* .....due to/*kutokana na;*

Old Age  
*Uzee*



and has submitted the following documents to support the claim/ na amewasilisha nyaraka zifuatazo kusaidia maombi haya.

- Duly filled Application Form PSSSF/BEN.1/ Fomu ya PSSSF/BEN.1 Iliyozwa kikamilifu;
- Letter of appointment/Barua ya kwanza ya ajira;
- Original PSSSF Membership Card (Form PSSSF/REG.4) copy incase of Withdrawal/Kadi halisi ya mwanachama Au kopi kwa wanaojitua.
- A letter of notification of retirement from the employer; (For Retirement Case)/**Barua ya kujulisha kustaafu toka kwa mwajiri**
- A Letter of Resignation / Termination from the current employer (For Withdraw Case).**Barua ya kujiuzulu/ukomo wa ajira toka kwa mwajiri wa mwisho.**
- A certified copy of medical board report (For Invalidity case). **Ripoti ya jopo la Madaktari iliyothibitishwa.**
- One Picture (Passport Size)/**Picha moja ya pasi;**
- Certified Copy of Bank Identity/**Nakala ya kitambulisho cha benki iliyothibitishwa**
- Totalization Notification Letter from a Member before any payment have been made (Contributor of more than one Fund) /**Barua ya Mwanachama kuomba kulipwa kwa mujibu wa Totalization kabla ya kulipwa Mfuko na wowote (Mwanachama aliyechangia zaidi ya Mfuko mmoja).**

Name of Certifying Officer/**Jina la afisa anayethibitisha:** .....

Designation/**Cheo:** .....

Signature/**Saini:**.....Date/**Tarehe:** .....

Official Stamp/**Muhuri wa Ofisi:** .....

**H: CERTIFICATION BY ZONAL/REGIONAL MANAGER/UTHIBITISHO WA MENEJA WA KANDA/MKOA**

This is to certify that/**Hii ni kuthibitisha kwamba**.....has submitted benefit claims with all the supporting documents/**amewasilisha maombi ya fao la kustaafu likiwa na nyaraka zote zinazotakiwa**

Manager's Name/ **Jina la Meneja:** .....

Signature/ **Saini :** .....Office Stamp / **Muhuri wa Ofisi:**

Date / **Tarehe:** .....

PSSSF II

THE UNITED REPUBLIC OF TANZANIA  
PUBLIC SERVICE SOCIAL SECURITY FUND

BENEFICIARY  
PHOTO/PICHA  
YA  
MNUFAIKA

APPLICATION FOR EARLY RETIREMENT BENEFIT

(MAOMBI YA FAO LA KUSTAAFU)  
(Made under regulation 23(3))

**WARNING/ ONYO:**

Any person who for the purpose of obtaining any benefit for himself or any other person knowingly makes any false statement or representation or produces or furnishes or causes to be produced or furnished any document or information which he knows to be false in material particulars, commits an offence /Mtu yeyote ambaye kwa lengo la kupata faida yoyote kwa ajili yake mwenyewe au mtu mwingine kwa kuwasilisha au kutoa au kusababisha kuwasilishwa au kutolewa taarifa au nyaraka yoyote ya uongo kwa makusudi, atakua ametenda kosa.

**A. APPLICANT'S PARTICULARS/TAARIFA ZA MWOMBAJI:**

PSSSF/Employee Number/Namba ya PSSSF/Mwanachama)	Surname/Jina la Ukoo
First Name/Jina la Kwanza	Middle Name/Jina la Kati
Previous/Maiden Names (Majina ya Zamani) (If different from above with supporting evidence /kama yapo tofauti na hapo juu na uthibitisho wa kisheria)	Gender/Jinsia <input type="checkbox"/> <input type="checkbox"/> Male/Me Female/Ke
Date of Birth/Tarehe ya kuzaliwa	Nationality/Uraia
Marital status/Hali ya Ndoa	Permanent Address/Anuani ya kudumu
Mobile Number/Namba ya simu ya mkononi:	National ID No/Namba ya Kitambulisho cha Uraia
E-mail address/Barua Pepe	

**B. MEMBERSHIP PARTICULARS/TAARIFA ZA UANACHAMA**

Date of first Appointment/ <i>Tarehe ya Kuajiriwa</i>	Name & address of Present Employer/ <i>Jina na Anuani ya Mwajiri</i>	
Date of joining PSSSF/ <i>Tarehe ya kujiunga PSSSF</i>		
Date of Retirement/invalidity/Withdrawal ( <i>Tarehe ya Kustaafu/kulemaa/kuacha Kazi</i> )	Type of Benefit applied for/ <i>Aina ya Fao Linaloombwa</i>	Statutory (i) retirement/ <i>Kustaafu Kwa Lazma [ ]</i>  Voluntary (ii) Retirement/ <i>kustaafu kwa Hiari [ ]</i>
Date contribution Commenced/ <i>Tarehe ya kuanza</i>		
<i>Kuchangia</i>		
Last month of Contribution/ <i>Tarehe ya kusita michango</i>		
Salary at retirement Tshs/ <i>Mshahara wakati wa Kustaafu</i>		

**C. LIST OF PREVIOUS EMPLOYERS/ORODHA YA WAAJIRI WA ZAMANI**

S/N Na.	NAME OF EMPLOYEE R/JINA LA MWAJIRI	FROM/KUANZIA			TO/HADI		
		Date/ Tarehe	Month/ mwezi	Year/ mwaka	Date/ Tarehe	Month/ Mwezi	Year/ Mwaka
1							
2							
3							
4							
5							

**PREVIOUS CLAIMS/MADAI YA ZAMANI**

- (i) Have you ever applied for or paid any benefits by the Fund?  
*Umewahi kulipwa mafao yoyote na Mfuko wa PSSSF?*

YES/ Ndio [ ]

No/Hapana [ ]

If YES, state/*Kama NDIO elezea:*

Type of benefit/ <i>Aina ya fao:</i>	Date Paid/ <i>Tarehe ya Malipo:</i>
Amount paid/ <i>Kiasi kilicholipwa:</i>	Other comments/ <i>Mengi neyo:</i>

**E. DECLARATION FOR DIRECT DEPOSIT/TAMKO LA SEHEMU YA MALIPO**

I declare that my benefits be deposited to the below written Bank Account and

that any pension paid after my death be paid back to PSSF/ *Natamka kwamba mafao yangu yalipwe kupitia Akaunt yangu ya Benki niliyoiandika hapa chini na kwamba Pansheni yoyote itakayolipwa baada ya kufariki kwangu irudishwe PSSF*

Account No/ <i>Namba ya Akaunt</i>	Bank Name/ <i>Jina la Benki</i>
Branch Name/ <i>Jina la Tawi:</i>	

*Note: Name in Bank Account should be the same as in the copy of Bank ID*

***Kumbuka: Jina lililopo kwenye Akaunti ya Benki liwe sawa na kwenye kivuli cha Kitambulisho cha Benki***

**F. DECLARATION BY APPLICANT/TAMKO LA MWOMBAJI**

I declare that the statements given in this Form are true to the best of my knowledge and belief/

***Natamka kuwa taarifa zilizotolewa kwenye fomu hii ni za kweli kwa kadiri ya uaelewa wangu na ninavyoamini***

Right Thumb print of the Applicant/ *Dole gumba la Kulia la Mwombaji:*

Signature of the Applicant/*Sahihi ya Mwombaji*.....

Date/*Tarehe* .....

**G. CERTIFICATION BY THE EMPLOYER/UTHIBITISHO WA MWAJIRI**

I certify that/*Nathibitisha kwamba*..... PSSSF  
Employee Number/*Namba ya PSSSF Salary/Mshahara*.....  
has left employment from/*Ameondoka kazini tangu* .....due  
to/*kutokana na*;

Old Age  
Uzee

and has submitted the following documents to  
support the claim/ na amewasilisha nyaraka  
zifuatazo kusaidia maombi haya.

- Duly filled Application **Form PSSSF/BEN.1/ Fomu ya PSSSF/BEN.1** Iliyojazwa kikamilifu;
- Letter of appointment/**Barua ya kwanza ya ajira**;
- Original PSSSF Membership Card (**Form PSSSF/REG.4**) copy incase of Withdrawal/**Kadi halisi ya mwanachama au kopi kwa wanaojitoa.**
- A letter of notification of retirement from the employer; (For Retirement Case)/**Barua ya kujulisha kustaafu toka kwa mwajiri**
- A Letter of Resignation / Termination from the current employer (For Withdraw Case).**Barua ya kujiuzulu/ukomo wa ajira toka kwa mwajiri wa mwisho.**
- A certified copy of medical board report (For Invalidity case). **Ripoti ya jopo la Madaktari iliyothibitishwa.**
- One Picture (Passport Size)/**Picha moja ya pasi**;
- Certified Copy of Bank Identity/**Nakala ya kitambulisho cha benki iliyothibitishwa**
- Totalization Notification Letter from a Member before any payment have been made (Contributor of more than one Fund) / **Barua ya Mwanachama kuomba kulipwa kwa mujibu wa Totalization kabla ya kulipwa Mfuko na wowote (Mwanachama aliyechangia zaidi ya Mfuko mmoja).**

Name of Certifying Officer/**Jina la afisa anayethibitisha**: .....  
Designation/**Cheo**: .....  
Signature/**Saini**: .....Date/**Tarehe**: .....  
Official Stamp/**Muhuri wa Ofisi**: .....

**H. CERTIFICATION BY ZONAL/REGIONAL MANAGER/UTHIBITISHO WA MENEJA WA KANDA/MKOA**

This is to certify that/*Hii ni kuthibitisha kwamba*.....has  
submitted benefit claims with all the supporting documents/*amewasilisha  
maombi ya fao la kustaafu likiwa na nyaraka zote zinazotakiwa*

*The Public Service Social Security Fund*

---

*G.N. No. 466 (contd.)*

Manager's Name/ ***Jina la Meneja***: .....  
Signature/ ***Saini*** : .....Office Stamp / ***Muhuri wa Ofisi***:  
Date / ***Tarehe***: .....



PSSSF 12

**THE UNITED REPUBLIC OF TANZANIA  
PUBLIC SERVICE SOCIAL SECURITY FUND**

**APPLICATION FOR INVALIDITY BENEFITS  
(MAOMBI YA FAO LA ULEMAVU)  
(Made under regulation 20(4))**

BENEFICIARY  
PHOTO/  
PICHA YA  
MNUFAIKA

**WARNING/ ONYO:**

Any person who for the purpose of obtaining any benefit for himself or any other person knowingly makes any false statement or representation or produces or furnishes or causes to be produced or furnished any document or information which he knows to be false in material particulars, commits an offence /Mtu yeyote ambaye kwa lengo la kupata faida yoyote kwa ajili yake mwenyewe au mtu mwingine kwa kuwasilisha au kutoa au kusababisha kuwasilishwa au kutolewa taarifa au nyaraka yoyote ya uongo kwa makusudi, atakua ametenda kosa.

**A. APPLICANT'S PARTICULARS/TAARIFA ZA MWOMBAJI:**

PSSSF/Employee Number/Namba ya PSSSF/Mwanachama)	Surname/Jina la Ukoo
First Name/Jina la Kwanza	Middle Name/Jina la Kati
Previous/Maiden Names (Majina ya Zamani) (If different from above with supporting evidence / kama yapo tofauti na hapo juu na uthibitisho wa kisheria)	Gender/Jinsia <input type="checkbox"/> <input type="checkbox"/> Male/Me Female/Ke
Date of Birth/Tarehe ya kuzaliwa	Nationality/Uraia
Marital status/Hali ya Ndoa	Permanent Address/Anuani ya kudumu
Mobile Number/Namba ya simu ya mkononi:	National ID No/Namba ya Kitambulisho cha Uraia
E-mail address/Barua Pepe	

**B. MEMBERSHIP PARTICULARS/TAARIFA ZA UANACHAMA**

Date of first Appointment/ <i>Tarehe ya Kuajiriwa</i>	Name & address of Present Employer/ <i>Jina na Anuani ya Mwajiri</i>	
Date of joining PSSSF/ <i>Tarehe ya kujiunga PSSSF</i>		
Date of invalidity/ ( <i>Tarehe ya kulemaa</i> )	Type of Benefit applied for/ <i>Aina ya Fao Linaloombwa</i>	Invalidity/ <i>Ulemavu</i> [ ]
Date contribution Commenced/ <i>Tarehe ya kuanza</i>		
Last month of Contribution/ <i>Tarehe ya kusita michango</i>		
Salary at invalidity/ <i>Mshahara wakati wa kupata ulemavu</i>		

**C. LIST OF PREVIOUS EMPLOYERS/ORODHA YA WAAJIRI WA ZAMANI**

S/N Na.	NAME OF EMPLOYER /JINA LA MWAJIRI	FROM/KUANZIA			TO/HADI		
		Date/ Tarehe	Month/ mwezi	Year/ mwaka	Date/ Tarehe	Month/ Mwezi	Year/ Mwaka
1							
2							
3							
4							
5							

**PREVIOUS CLAIMS/MADAI YA ZAMANI**

(i) Have you ever applied for or paid any benefits by the Fund?

*Umewahi Kulipwa Mafao yoyote na Mfuko wa PSSSF?*

**YES/ Ndio**

[ ]

**No/Hapana**

[ ]

If YES, state/*Kama NDIO elezea:*

Type of benefit/ <i>Aina ya Fao:</i>	Date Paid/ <i>Tarehe ya Malipo:</i>
Amount paid/ <i>Kiasi Kilicholipwa:</i>	Other comments/ <i>Mengineyo:</i>

**E. DECLARATION FOR DIRECT DEPOSIT/TAMKO LA SEHEMU YA MALIPO**

I declare that my benefits be deposited to the below written Bank Account and that any pension paid after my death be paid back to PSSSF/ *Natamka kwamba mafao yangu yalipwe kupitia Akaunt yangu ya Benki niliyoiandika hapa chini na kwamba Pension yoyote itakayolipwa baada ya kufariki kwangu irudishwe PSSSF*

Account No/ <i>Namba ya Akaunt</i>	Bank Name/ <i>Jina la Benki</i>
Branch Name/ <i>Jina la Tawi:</i>	

*Note: Name in Bank Account should be the same as in the copy of Bank ID*

*Kumbuka: Jina lililopo kwenye Akaunti ya Benki liwe sawa na kwenye kivuli cha Kitambulisho cha Benki*

**F. DECLARATION BY APPLICANT/TAMKO LA MWOMBAJI**

I declare that the statements given in this Form are true to the best of my knowledge and belief/

*Natamka kuwa taarifa zilizotolewa kwenye fomu hii ni za kweli kwa kadiri ya uaelewa wangu na ninavyoamini*

Right Thumb print  
of the  
Applicant/*Dole*  
*gumba la*  
*Kulia la*  
*Mwombaji:*



Signature of the Applicant/*Sahihi ya Mwombaji*.....

Date/*Tarehe* .....

**G. CERTIFICATION BY THE EMPLOYER/UTHIBITISHO WA MWAJIRI**

I certify that/*Nathibitisha kwamba* ..... PSSF  
Employee Number/*Namba ya PSSF Salary/Mshahara*.....  
has left employment from/*Ameondoka kazini tangu* .....due  
to/*kutokana na*;

*Invalidity*  
*Ulemavu*

and has submitted the following documents to  
support the claim/ na amewasilisha nyaraka  
zifuatazo kusaidia maombi haya.

- Duly filled Application Form/ **Fomu ya maombi Iliyojazwa kikamilifu;**
- Letter of appointment/**Barua ya kuajiriwa;**
- Original PSSF Membership Card or copy incase of Withdrawal/**Kadi halisi ya mwanachama au nakala kwa wanaojitoa.**
- A letter of notification of retirement from the employer; (For Retirement Case)/**Barua ya taarifa ya kustaafu toka kwa mwajiri**

PSSSF 13

**PUBLIC SERVICE SOCIAL SECURITY FUND ACT**  
**PUBLIC SERVICE SOCIAL SECURITY FUND**  
**MEDICAL CERTIFICATE FORM**  
(Made under regulation 20(4)(c))

PLEASE TAKE NOTE THAT ANY PERSON WHO MAKES ANY INCORRECT OR UNTRUE STATEMENT OR PRODUCE OR FURNISH ANY FALSE DOCUMENT IN ANY MATERIAL PARTICULARS SHALL BE GUILTY OF AN OFFENCE AND SHALL RENDER HIMSELF LIABLE TO BE FINED, IMPRISONED OR BOTH

1.

MEMBER'S NAME ACCORDING TO I.C.	MEMBERSHIP NO.	IDENTITY CARD NO.

2. I, the under signed medical practitioner, having been appointed as a Medical Board by the Government. I have examined the above named member on \_\_\_\_\_

3. (a) I am of the opinion that this member is physically\*/mentally incapacitated from engaging in any further employment for the following reasons:-  
Insert here the reasons \_\_\_\_\_  
\_\_\_\_\_

(b) I am NOT of the opinion that this member is physically\*/mentally incapacitated form engaging in any further employment for the following reasons:-  
State the health of the member \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If the above named member is physically\*/mentally incapacitated the following should also be completed.

a) Is the above named member's physical\*/mental incapacity of such a nature as to prevent him/her from managing his/her own affairs?

b) Is it prudent for the fund to effect direct payment to him/her?

5. Please state any additional recommendation. State 'NIL' if there is no additional recommendation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please delete whichever is inapplicable.

NOTE: The Thumb impression of the member must be affixed in the presence of a medical practitioner Appointed by the PSSF Board.

LEFT AND RIGHT THUMB IMPRESSION OF THE MEMBER (MUST BE CLEARLY AND FULLY AFFIXED)	LEFT	RIGHT
---	------	-------

MEDICAL PRACTITIONER'S DECLARATION

"I hereby declare and confirm that the applicant's particulars stated above are in accordance with \*his/her\* Identity Card of which I have personally examined and the applicant has dully affixed \*his/her left and right thumb impression before me"

Full Name of Medical Practitioner: \_\_\_\_\_

I.C.NO. of Medical Practitioner: \_\_\_\_\_

Address of Medical Practitioner: \_\_\_\_\_

Signature of Medical Practitioner: \_\_\_\_\_

Designation and Official Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please delete whichever is inapplicable:

PSSSF 14

THE UNITED REPUBLIC OF TANZANIA  
PUBLIC SERVICE SOCIAL SECURITY FUND

APPLICATION FOR DEATH GRATUITY BENEFITS  
FOMU YA MAOMBI YA MAFAO YA KIFO  
(Made under regulation 5(c))

BENEFICIARY  
PHOTO/  
PICHA  
YA  
MNUFAI  
KA

(To be completed by the appointed administrator of the deceased member  
Ijwazwe na msimamizi wa Mirathi aliyeteuliwa)

**WARNING/ONYO:**

Any person who for the purposes of obtaining any benefit for himself or some other person makes any false statement or representation or produces or causes to be produced or furnished any document or information which he knows to be false in material particular, commits an offence / Mtu yeyote kwa lengo la kujipatia faida yeye mwenyewe au mtu mwingine kwa kutumia kauli au uwakilishi wa uongo au kusababisha kutolewa au kuwasilishwa kauli au nyaraka au taarifa za uongo ambazo anajua ni uongo, anatenda kosa.

**A: PARTICULARS OF A DECEASED MEMBER/TAARIFA ZA MWANACHAMA ALIYEFARIKI**

Deceased Member's PSSSF/Employee Number Namba ya PSSS/Mshahara ya <i>mwanaachama aliyefariki</i>	Surname / <i>Jina la ukoo</i>
First Name/ <i>Jina la kwanza</i>	Middle Name / <i>Jina la kati</i>
Previous/Maiden Names / <i>Jina la Zamani</i>	Gender / <i>Jinsia</i>  Male/ <i>Me</i> <input type="checkbox"/> Female / <i>Ke</i> <input type="checkbox"/>
Date of Birth/ <i>Tarehe ya Kuzaliwa</i>	Nationality / <i>Uraia</i>

<p>Marital status: Married/ Divorced/ Widow(er)/ Single <i>(Hali ya Ndoa: Ameolewa/Ameoa, Ameachika, Mjane/mgane, Hajaoa/Hajaolewa).</i></p>
--



**B: APPLICANT'S PARTICULARS / TAARIFA ZA MUOMBAJI**

Name (in block letters) / *Majina ya mwombaji (kwa herufi kubwa)*

.....

Relationship to the Deceased Member / *Uhusiano na mwanachama aliyefariki*

.....

Address (In block letters) / *Anuani (kwa herufi kubwa)*

.....

Mobile Number / Namba ya simu.....

Date of Birth / *Tarehe ya kuzaliwa ya mwombaji*.....

**C: NAME AND ADDRESSES OF DEPENDANTS OF THE DECEASED MEMBER/TAARIFA ZA WATEGEMEZI**

Name /Jina	Relationship/Uhusiano	Mobile/Simu	Address/ Anuani
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**D: DISTRIBUTION OF CPG TO BENEFICIARIES/MGAWANYO WA MALIPO YA MKUPUO**

**WIFE/WIVES- MKE/WAKE**

Names/Majina	%	Bank Name/ Jina la Benki	Account No./ Namba ya akaunti
i).....	....	.....	.....
ii).....	....	.....	.....
iii).....	....	.....	.....
iv).....	....	.....	.....

**CHILDREN/WATOTO**

Names/Majina	%	Bank Name/ Jina la Benki	Account No./ Namba ya akaunti
i).....	....	.....	.....
ii).....	....	.....	.....
iii).....	....	.....	.....
iv).....	....	.....	.....
v).....	....	.....	.....
vi).....	....	.....	.....
vii).....	....	.....	.....
viii).....	....	.....	.....
ix).....	....	.....	.....
x).....	....	.....	.....

**E: DECLARATION BY APPLICANT/TAMKO LA MUOMBAJI**

I declare that the statements given in this Form are true to the best of my knowledge and belief. / *Nathibitisha kwamba taarifa zilizotolewa katika fomu hii ni za kweli kwa imani na uelewa wangu*

Right Thumb print of the Applicant  
*Dole Gumba la Kulia:*



Signature of the Applicant/ *Saini ya mwombaji* .....

Date/*Tarehe* .....

**F: CERTIFICATION OF THE DECEASED MEMBER'S EMPLOYER / UTHIBITISHOWA MWAJIRII WA MWANACHAMA ALIYEFARIKI**

This is to certify that/*Nathibitisha kuwa*.....PSSSF  
Registration Number (*namba ya PSSSF/mshahara*).....Died  
on/*Ameфарiki*

Date/*Tarehe* .....

Name of Certifying Officer/*Jina la Afisa aliyethibitisha*.....  
Designation/*Cheo*.....Signature/*Saini*.....

*Public Service Social Security Fund*

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*G.N. No. 466 (contd.)*

Official Stamp/**Muhuri wa Ofisi** .....

Date/**Tarehe** .....

**G: THE FOLLOWING DOCUMENTS ARE SUBMITTED TO SUPPORT THE CLAIM/NYARAKA ZINAZOTAKIWA KUAMBATANISHWA KWENYE MADAI:-**

- Duly filled Application **Form PSSF/BEN.3** (Application for Survivor's Benefits) **Fomu ya PSSF/BEN.3 Iliyozwa kikamilifu.**
- Membership card (PSSF/REG.4)/Kadi halisi ya mwanachama (Barua ya mwombaji pale kadi haipo).
- Certified copy of the death certificate/ or burial permit / or letter from Ward Executive Officer /Nakala ya cheti cha kifo/tangazo la kifo/ barua kutoka kwa Afisa Mtendaji/kibali cha mazishi – vilivyothibitishwa.
- Certified copy of minutes of meeting appointing Administrator/Muhtasari uliothibitishwa wa kikao cha ukoo kuthibitisha msimamizi.
- Certified copy of marriage certificate(s)/Nakala ya cheti cha ndoa cha marehemu iliyothibitishwa.
- Certified Copies of birth certificates of children (under the age of 21 or 25 where applicable)/Nakala iliyothibitishwa ya vyeti vya kuzaliwa vya mtoto/watoto waliochini ya umri wa miaka 21 au 25 kwa mtoto mlemavu kama yupo/wapo.
- Certified Copy of Court certification of the appointed Administrator of the estate of the deceased/Nakala iliyothibitishwa au halisi ya Fomu namba 4 ya mahakama iliyoiteua msimamizi.
- Passport photo (one each) of dependants and Administrator (where applicable)/picha moja ya pasi kwa kila mtegemezi (Watoto wa Marehemu) na Msimamizi wa Mirathi.
- Certified Copy of bank ID of the beneficiaries wife(s), children / Nakala ya kadi ya benki ya msimamizi wa Mirathi, mke au wake, watoto.
- Original/Certified copy of Medical certificate of disabled child(s) applicable) Cheti cha Utabibu halisi au nakala kilichothibitishwa cha mtoto aliye na ulemavu
- Court Survivors Benefits Distributions Form (Form No. VI)/Fomu Namba VI ya Mahakama ya Mgawanyo.
- Totalization Notification Letter from a Member before any payment have been made (Contributor of more than one Fund) / Barua ya Mwanachama kuomba kulipwa kwa mujibu wa Totalization kabla ya kulipwa na Mfuko wowote (Mwanachama aliyechangia zaidi ya Mfuko mmoja).

**H: CERTIFICATION BY ZONAL MANAGER/UTHIBITISHO WA MENEJA WA KANDA**

This is to certify that/*Hii ni kuthibitisha kwamba*.....has submitted benefit claims with all the supporting documents/*amewasilisha maombi ya fao la kifo likiwa na nyaraka zote zinazotakiwa*

Name/*Jina la Meneja*: .....

Signature/*Saini*: .....

*Public Service Social Security Fund*

---

*G.N. No. 466 (contd.)*

Office Stamp/*Muhuri wa Ofisi*.....

Date/*Tarehe*: .....

**THE UNITED REPUBLIC OF TANZANIA  
PUBLIC SERVICE SOCIAL SECURITY FUND**

**APPLICATION FOR SURVIVOR'S BENEFITS  
FOMU YA MAOMBI YA MAFAO YA WARITHI  
(Made under regulation 20(6)(b))**

BENEFICIA  
RY  
PHOTO/  
PICHA YA  
MNUFAIKA

*(To be completed by the appointed administrator of the deceased member  
Ijwazwe na msimamizi wa Mirathi aliyeteuliwa)*

**WARNING/ONYO:**

*Any person who for the purposes of obtaining any benefit for himself or some other person makes any false statement or representation or produces or causes to be produced or furnished any document or information which he knows to be false in material particular, comits an offence / Mtu yeyote kwa lengo la kujipatia faida yeye mwenyewe au mtu mwingine kwa kutumia kauli au uwakilishi wa uongo au kusababisha kutolewa au kuwasilishwa kauli au nyaraka au taarifa za uongo ambazo anajua ni uongo, anatenda kosa..*

**A. PARTICULARS OF A DECEASED MEMBER/TAARIFA ZA  
MWANACHAMA ALIYEFARIKI**

Deceased Member's PSSSF/Employee Number Namba ya PSSS/Mshahara ya <i>mwanachama aliyefariki</i>	Surname / <i>Jina la ukoo</i>
First Name/ <i>Jina la kwanza</i>	Middle Name / <i>Jina la kati</i>
Previous/Maiden Names / <i>Jina la Zamani</i>	Gender / <i>Jinsia</i>  Male/ <i>Me</i> <input type="checkbox"/> Female / <i>Ke</i> <input type="checkbox"/>

*Public Service Social Security Fund*

*G.N. No. 466 (contd.)*

Date of Birth/ <i>Tarehe ya Kuzaliwa</i>	Nationality / <i>Uraia</i>
Marital status: Married/ Divorced/ Widow (er)/ Single ( <i>Hali ya Ndoa: Ameolewa/Ameoa, Ameachika, Mjane/mgane, Hajaoa/Hajaolewa</i> ).	

**B. APPLICANT'S PARTICULARS / TAARIFA ZA MUOMBAJI**

Name (in block letters) / *Majina ya mwombaji (kwa herufi kubwa)*

.....

Relationship to the Deceased Member / *Uhusiano na mwanachama aliyefariki*

.....

Address (In block letters) / *Anuani (kwa herufi kubwa)*

.....

Mobile Number / Namba ya simu.....

Date of Birth / *Tarehe ya kuzaliwa ya mwombaji*.....

**C. NAME AND ADDRESSES OF DEPENDANTS OF THE DECEASED MEMBER/TAARIFA ZA WATEGEMEZI**

Name /Jina	Relationship/Uhusiano	Mobile/Simu	Address/Anuani
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**D. DISTRIBUTION OF CPG TO BENEFICIARIES/MGAWANYO WA MALIPO YA MKUPUO**

**WIFE/WIVES- MKE/WAKE**

Names/Majina	%	Bank Name/ Jina la Benki	Account No./ Namba ya akaunti
--------------	---	-----------------------------	----------------------------------

Public Service Social Security Fund

G.N. No. 466 (contd.)

- i).....
- ii).....
- iii).....
- iv).....

**CHILDREN/WATOTO**

Names/Majina	%	Bank Name/ Jina la Benki	Account No./ Namba ya akaunti
i).....	....	.....	.....
ii).....	....	.....	.....
iii).....	....	.....	.....
iv).....	....	.....	.....
v).....	....	.....	.....
vi).....	....	.....	.....
vii).....	....	.....	.....
viii).....	....	.....	.....
ix).....	....	.....	.....
x).....	....	.....	.....

**E. DECLARATION BY APPLICANT/TAMKO LA MUOMBAJI**

I declare that the statements given in this Form are true to the best of my knowledge and belief. / *Nathibitisha kwamba taarifa zilizotolewa katika fomu hii ni za kweli kwa imani na uelewa wangu*

Right Thumb print of the Applicant  
*Dole Gumba la Kulia:*



Signature of the Applicant/ *Saini ya mwombaji* .....

Date/*Tarehe* .....



**F. CERTIFICATION OF THE DECEASED MEMBER'S EMPLOYER / UTHIBITISHWA MWAJIRII WA MWANACHAMA ALIYEFARIKI**

This is to certify that/*Nathibitisha kuwa*.....PSSSF  
Registration Number (*namba ya PSSSF/mshahara*).....Died  
on/*Ameferiki*

Date/*Tarehe*.....

Name of Certifying Officer/*Jina la Afisa aliyethibitisha*.....

Designation/*Cheo*.....Signature/*Saini*.....

Official Stamp/*Muhuri wa Ofisi* .....

Date/*Tarehe*.....

**G. THE FOLLOWING DOCUMENTS ARE SUBMITTED TO SUPPORT THE CLAIM/NYARAKA ZINAZOTAKIWA KUAMBATANISHWA KWENYE MADAI:-**

- Duly filled Application Form PSSSF/BEN.3 (Application for Survivor's Benefits) Fomu ya PSSSF/BEN.3 *Iliyojazwa kikamilifu;*
- Membership card (PSSSF/REG.4)/Kadi halisi ya mwanachama (Barua ya mwombaji pale kadi haipo)
- Certified copy of the death certificate/ or burial permit / or letter from Ward Executive Officer /Nakala ya cheti cha kifo/tangazo la kifo/ barua kutoka kwa Afisa Mtendaji/kibali cha mazishi – vilivyothibitishwa;
- Certified copy of minutes of meeting appointing Administrator/Muhtasari uliothibitishwa wa kikao cha ukoo kuthibitisha msimamizi,
- Certified copy of marriage certificate(s)/Nakala ya cheti cha ndoa cha marehemu iliyothibitishwa.
- Certified Copies of birth certificates of children (under the age of 21 or 25 where applicable)/Nakala iliyothibitishwa ya vyeti vya kuzaliwa vya mtoto/watoto waliochini ya umri wa miaka 21 au 25 kwa mtoto mlemavu kama yupo/wapo;
- Certified Copy of Court certification of the appointed Administrator of the estate of the deceased/Nakala iliyothibitishwa au halisi ya Fomu namba 4 ya mahakama iliyo mteua msimamizi ;
- Passport photo (one each) of dependants and Administrator (where applicable)/picha moja ya pasi kwa kila mtegemezi (Watoto wa Marehemu) na Msimamizi wa Mirathi.
- Certified Copy of bank ID of the beneficiaries wife(s), children / Nakala ya kadi ya benki ya msimamizi wa Mirathi, mke au wake, watoto
- Original/Certified copy of Medical certificate of disabled child(s) applicable) Cheti cha Utabibu halisi au nakala kilichothibitishwa cha mtoto aliye na ulemavu
- Court Survivors Benefits Distributions Form (Form No. VI)/Fomu Namba VI ya Mahakama ya Mgawanyo
- Totalization Notification Letter from a Member before any payment have been made (Contributor of more than one Fund) / Barua ya mwanachama kuomba kulipwa kwa mujibu wa Totalization kabla ya kulipwa na Mfuko wowote (Mwanachama aliyechangia zaidi ya Mfuko mmoja).

G.N. No. 466 (contd.)

**H. CERTIFICATION BY ZONAL MANAGER/UTHIBITISHO WA MENEJA  
WA KANDA**

This is to certify that/*Hii ni kuthibitisha kwamba*.....has  
submitted benefit claims with all the supporting documents/*amewasilisha maombi  
ya fao la urithi likiwa na nyaraka zote zinazotakiwa*

Name/*Jina la Meneja*: .....

Signature/*Saini*: .....

Office Stamp/*Muhuri wa Ofisi*.....

Date/*Tarehe*: .....

**THE UNITED REPUBLIC OF TANZANIA  
PUBLIC SERVICE SOCIAL SECURITY FUND**

**APPLICATION FOR REFUND OF CONTRIBUTION FOR EMIGRATION  
(MAOMBI YA KUREJESHEWA MICHANGO KWA WANAOONDOKA NCHINI)**

*(Made under regulation 20(7)(a) and (8))*

**WARNING/ ONYO:**

*Any person who for the purpose of obtaining any benefit for himself or any other person knowingly makes any false statement or representation or produces or furnishes or causes to be produced or furnished any document or information which he knows to be false in material particulars, commits./ Mtu yeyote ambaye kwa lengo la kupata faida yoyote kwa ajili yake mwenyewe au mtu mwingine kwa kuwasilisha au kutoa au kusababisha kuwasilishwa au kutolewa taarifa au nyaraka yoyote ya uongo kwa makusudi, atakua ametenda kosa.*

**A. APPLICANT'S PARTICULARS/TAARIFA ZA MWOMBAJI:**

PSSSF/Employee Number/ <i>Namba ya PSSSF/Mwanachama</i> )	Surname/ <i>Jina la Ukoo</i>
First Name/ <i>Jina la Kwanza</i>	Middle Name/ <i>Jina la Kati</i>
Previous/Maiden Names ( <i>Majina ya Zamani</i> ) <i>(If different from above with supporting evidence / kama yapo tofauti na hapo juu na uthibitisho wa kisheria)</i>	Gender/ <i>Jinsia</i> <input type="checkbox"/> <input type="checkbox"/> Male/ <i>Me</i> Female/ <i>Ke</i>
Date of Birth/ <i>Tarehe ya kuzaliwa</i>	Nationality/ <i>Uraia</i>
Marital status/ <i>Hali ya Ndoa</i>	Permanent Address/ <i>Anuani ya kudumu</i>
Mobile Number/ <i>Namba ya simu ya mkononi:</i>	National ID No/ <i>Namba ya kitambulisho cha uraia</i>
E-mail address/ <i>Barua Pepe</i>	

*Public Service Social Security Fund*

*G.N. No. 466 (contd.)*

**B. MEMBERSHIP PARTICULARS/TAARIFA ZA UANACHAMA**

Date of first Appointment/ <i>Tarehe ya kuajiriwa</i>	Name & address of Present Employer/ <i>Jina na anuani ya mwajiri</i>	
Date of joining PSSF/ <i>Tarehe ya kujiunga PSSF</i>		
Date of Retirement/invalidity/Withdrawal ( <i>Tarehe ya kustaafu/kulemaa/kuacha Kazi</i> )	Type of Benefit applied for/ <i>Aina ya fao linaloombwa</i>	Statutory (i) retirement/ <i>Kustaafu kwa lazima [ ]</i>  Voluntary (ii) Retirement/ <i>kustaafu kwa hiari [ ]</i>
Date contribution Commenced/ <i>Tarehe ya kuanza</i>		
<i>Kuchangia</i>		
Last month of Contribution/ <i>Tarehe ya kusita michango</i>		
Salary at retirement Tshs/ <i>Mshahara wakati wa kustaafu</i>		

**C. LIST OF PREVIOUS EMPLOYERS/ORODHA YA WAAJIRI WA ZAMANI**

S/ N N a.	NAME OF EMPLOYER/ <i>JINA LA MWAJIRI</i>	FROM/ <i>KUANZIA</i>			TO/ <i>HADI</i>		
		Date/ <i>Ta rehe</i>	Month/ <i>mwezi</i>	Year/ <i>m waka</i>	Date/ <i>Ta rehe</i>	Month/ <i>Mwezi</i>	Year/ <i>M waka</i>
1							
2							
3							
4							
5							

*Public Service Social Security Fund*

*G.N. No. 466 (contd.)*

**D. PREVIOUS CLAIMS/MADAI YA ZAMANI**

- (i) Have you ever applied for or paid any benefits by the Fund?  
*Umewahi Kulipwa Mafao yoyote na Mfuko wa PSSSF?*

**YES/ Ndio** [    ]

**No/Hapana** [    ]

If **YES**, state/*Kama NDIO elezea:*

Type of benefit/ <i>Aina ya Fao:</i>	Date Paid/ <i>Tarehe ya Malipo:</i>
Amount paid/ <i>Kiasi Kilicholipwa:</i>	Other comments/ <i>Mengineyo:</i>

**E. DECLARATION FOR DIRECT DEPOSIT/TAMKO LA SEHEMU YA MALIPO**

I declare that my benefits be deposited to the below written Bank Account and that any pension paid after my death be paid back to PSSSF/ *Natamka kwamba mafao yangu yalipwe kupitia Akaunti yangu ya Benki niliyoiandika hapa chini na kwamba Pension yoyote itakayolipwa baada ya kufariki kwangu irudishwe PSSSF*

Account No/ <i>Namba ya Akaunt</i>	Bank Name/ <i>Jina la Benki</i>
Branch Name/ <i>Jina la Tawi:</i>	

*Note: Name in Bank Account should be the same as in the copy of Bank ID*

**Kumbuka: Jina lililopo kwenye Akaunti ya Benki liwe sawa na kwenye kivuli cha Kitambulisho cha Benki**

**F. DECLARATION BY APPLICANT/TAMKO LA MWOMBAJI**

I declare that the statements given in this Form are true to the best of my knowledge and belief/ *Natamka kuwa taarifa zilizotolewa kwenye fomu hii ni za kweli kwa kadiri ya uaelewa wangu na ninavyoamini*

Right Thumb print of the Applicant/  
*Dole gumba la Kulia la Mwombaji:*

Signature of the Applicant/*Sahihi ya Mwombaji*.....

Date/*Tarehe* .....

**G. CERTIFICATION BY THE EMPLOYER/UTHIBITISHO WA MWAJIRI**

I certify that/*Nathibitisha kwamba*..... PSSSF Employee Number/*Namba ya PSSSF Salary/Mshahara*..... has left employment from/*Ameondoka kazini tangu* .....due to/*kutokana na;*

**Old Age**  
*Uzee*

and has submitted the following documents to support the claim/ na amewasilisha nyaraka zifuatazo kusaidia maombi haya.

- Duly filled Application **Form PSSSF/BEN.6/ Fomu ya PSSSF/BEN.6** Iliyozwa kikamilifu;
- Letter of appointment/**Barua ya kwanza ya ajira;**
- Original PSSSF Membership Card (**Form PSSSF/REG.4**) copy incase of Withdrawal/**Kadi halisi ya mwanachama Au kopi kwa wanaojitoa.**
- A letter of notification of retirement from the employer; (For Retirement Case)/**Barua ya kujulisha kustaafu toka kwa mwajiri**A Letter of Resignation / Termination from the current employer (For Withdraw Case).**Barua ya kujiuzulu/ukomo wa ajira toka kwa mwajiri wa mwisho.**
- A certified copy of medical board report (For Invalidity case). **Ripoti ya jopo la Madaktari iliyothibitishwa.**
  
- One Picture (Passport Size)/**Picha moja ya pasi;**
- Certified Copy of Bank Identity/**Nakala ya kitambulisho cha benki iliyothibitishwa**
- Totalization Notification Letter from a Member before any payment have been made (Contributor of more than one Fund) / **Barua ya Mwanachama kuomba kulipwa kwa mujibu wa Totalization kabla ya kulipwa Mfuko na wowote (Mwanachama aliyechangia zaidi ya Mfuko mmoja).**

Name of Certifying Officer/**Jina la afisa anayethibitis**.....

Designation/**Cheo:** .....

Signature/**Saini:** .....Date/**Tarehe:**.....

Official Stamp/**Muhuri wa Ofisi:**.....

**H. CERTIFICATION BY ZONAL/REGIONAL MANAGER/UTHIBITISHO WA MENEJA WA KANDA/MKOA**

This is to certify that/**Hii ni kuthibitisha kwamba**.....has submitted benefit claims with all the supporting documents/**amewasilisha maombi ya kurudishiwa michango yake na nyaraka zote zinazotakiwa**

Manager's Name/ **Jina la Meneja:** .....

Signature/ **Saini :** .....Office Stamp / **Muhuri wa Ofisi:**

Date / **Tarehe:** .....

Public Service Social Security Fund

G.N. No. 466 (contd.)

PSSSF 17

Telegraphic Address:	THE UNITED REPUBLIC OF	Public Service Social
PSSSF	TANZANIA PUBLIC SERVICE	Security Fund,
	SOCIAL SECURITY FUND	P.O. Box .....
Telephone No.:		
Fax No:	MEMBER'S REGISTRATION NOTICE	
	(Made under regulation 6(1))	
	(To be filled in duplicate)	

---

Ref. No. ....  
 Contributing Employer's No. ....  
 M/S.....  
 .....  
 .....

**RE: NOTICE OF OVER/UNDERPAYMENT**

You are hereby notified that you have under/overpaid contributions for the month of ..... by Tshs ..... received via receipt No..... of .....

Please pay/receive\* the underpaid/overpaid\* amount of Tshs.....  
You are required to remit the underpaid amount within thirty (30) days from the date of this notice.

Please return a copy of this notice together with payments or when claiming your refund.

.....  
Director General



Public Service Social Security Fund

G.N. No. 466 (contd.)

**PSSSF.18**

Telegraphic Address:

THE UNITED REPUBLIC OF  
TANZANIA PUBLIC SERVICE  
SOCIAL SECURITY FUND

Public Service Social

PSSSF

Security Fund,

Telephone No.:

P.O. Box .....

Fax No:

MEMBER'S REGISTRATION NOTICE  
(Made under regulation 6(1))  
(To be filled in duplicate)

Inspector's Name: .....

Signature: .....

**CERTIFICATE OF APPOINTMENT**

This is to certify that the Board of Trustees of the PSSSF has appointed: Mr/Mrs/Miss  
.....

Whose signature and photograph appears overleaf as an inspector for the purpose of  
PSSSF Act No. 2 of 2018 to work in ..... region.

An INSPECTOR has powers of entry, examination, inquiry and of instituting and  
conducting legal proceedings under the Act.

**DIRECTOR GENERAL**

Public Service Social Security Fund

G.N. No. 466 (contd.)

PSSSF No.19

Telegraphic Address:	THE UNITED REPUBLIC OF	Public Service Social
PSSSF	TANZANIA PUBLIC SERVICE	Security Fund,
	SOCIAL SECURITY FUND	
Telephone No.:		P.O. Box .....
Fax No:	MEMBER'S REGISTRATION NOTICE	
	(Made under regulation 6(1))	
	(To be filled in duplicate)	

Ref. No. ....  
 Contributing Employer's No. ....  
 M/S.....  
 .....  
 Branch Office No.....

**RE: DEMAND NOTE AND NOTICE OF ADDITIONAL CONTRIBUTION**

*(Made under regulation 54)*

You are hereby notified that the Director General of PSSSF on the powers vested on him by the PSSSF Act have imposed a penalty equal to T.shs..... upon your failure to adhere to the requirements of the provisions of section 62 of the Act.

The late contributions subject to these penalties are attached for your easy reference.

You are required to pay the penalty within thirty days from the date of this notice/demand note.

Please return a copy of this notice together with penalty payments.

.....  
**Director General**

**THE UNITED REPUBLIC OF TANZANIA  
PUBLIC SERVICE SOCIAL SECURITY FUND**

**THE PUBLIC SERVICE SOCIAL SECURITY FUND ACT  
NOTICE TO PAY PSSSF MEMBERS CONTRIBUTIONS**  
(made under regulation 54)

To: .....  
P. O. Box. ....

I, ..... Authorized Officer of the Public Service Social Security Fund (herein referred as "PSSSF"), of P. O. Box..... Dodoma, DO HEREBY require you to pay to PSSSF, within thirty (30) days from the date of serving upon you this NOTICE, an amount of Tanzanian Shillings.....being a debt due to the Board as detailed in the Schedule herewith and summarized as follows:

- (i). Statutory Contributions: Tsh. ....
- (ii). Penalty: Tsh. ....

**TOTAL:** Tsh. ....

Take further notice that, consequences for refusal, neglect, or failure to heed to the terms of this notice will be court action against you under Section 64 of the Public Service Social Security Funds Act, 2018.

Dated this ..... day of ..... 20.....

.....  
**Authorized Officer**

Served upon me this ..... of ..... 20.....

.....  
**Contributing Employer.**

**Certificates of Service**

I ..... hereby certify that this notice was served at ..... (time and place).

Dated at ..... this ..... day of .....20.....

.....  
**Authorized Officer**

**C.C. Board Chairman - PSSSF**

Dodoma, ..... 2018

**JENISTA J. MHAGAMA**  
*Minister of State, Prime Minister's Office Policy,  
Parliament, Labour, Youth, Employment and  
Disabled*