

**COUNTY PENSION FUND**

CPF House, 7<sup>th</sup> Floor, Haile Selassie Avenue,  
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**Attach (2)  
passport size  
photos**

**CRITICAL ILLNESS CLAIM FORM**

**SECTION A: STATEMENT OF PARTICULARS**

Full names of Contributor (*Claimant*): \_\_\_\_\_  
Employer (*Sponsor*) : \_\_\_\_\_  
Membership/ Staff No: \_\_\_\_\_  
ID/ Passport No: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
Medical Illness: \_\_\_\_\_  
Date Diagnosed: \_\_\_\_\_

**SECTION B: BANK DETAILS**

Full details of Bank Account into which payments will be remitted:  
Name of Bank Account Holder: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Account No: \_\_\_\_\_ Bank Branch: \_\_\_\_\_

**NOTE THE FOLLOWING DOCUMENTS SHOULD BE ATTACHED**

(Tick appropriately)

- Certified copy of the national ID
- Treatment card
- Comprehensive medical report
- Discharge summary
- X-rays
- Copy of payslip

Claimant's Signature: \_\_\_\_\_

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



Left thumb print

Signed in the presence of: \_\_\_\_\_

Signature: \_\_\_\_\_

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

*\*Kindly attach all the relevant documents*