



TUVALU NATIONAL PROVIDENT FUND
PROVIDENT FUND (BENEFIT) REGULATIONS
[CLAIM FOR MEDU BENEFIT]

Form B 20(1)(g)

PART A: APPLICANT USE ONLY	PART B: OFFICER'S ASSESSMENT
TNPF ID No.:	Membership Card produced?
MEDU ACCOUNT No.:	Identity Confirmed?
Date of Birth:/...../.....	Beneficiary identified?
First Name:	Beneficiary verified & confirmed?
Surname:	Proposed Amount within Balance?
Employer:	Purpose of withdrawal, OK?
Position:	Service Provider (SP) identified?
Contact (Ph.#):	SP details confirmed?
Proposed Amount: \$	SP bank details confirmed?
Purpose of withdrawing [tick (a), (b), (c), or (d)]:	All required Invoices provided?
(a) Travel and/or hospitalization costs	Transaction costs ascertained?
(b) Medical examination (checkup) costs	
(c) Prescribed drugs (medication) costs	
(d) School fees or Tuition/Course fees	
(e) Travel for educational purposes	
(f) School uniforms and/or textbooks	
Declaration: I certify that the information provided in this Part is true as to the best of my knowledge.	Declaration: I certify that the information provided in Part A and all the attached supporting documents are sufficient to support consideration and approval of this member's MEDU benefit .
<i>Applicant's Signature:</i>	<i>Signature:</i>
Date:/...../.....	MEMBERS SERVICES OFFICER Date:/...../.....

PART C: GENERAL MANAGER'S COMMENTS & DECISION:

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APPROVED / DECLINED

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GENERAL MANAGER

PART D: FOR OFFICE USE ONLY

Member's Credit in MEDU Account on Date of Application:	\$.....
Less Amount Approved to be withdrawn as MEDU Benefit:	\$.....
Less Withdrawal Fees:	\$.....
Member's MEDU Account Balance Brought Forward:	\$.....

AMOUNT PAID TO MEDICAL: \$.....	PV NUMBER:
AMOUNT PAID TO EDUCATION: \$.....	CHEQUE NUMBER:
COMMISSION (if any): \$.....	DATE OF ISSUE:/...../.....
TOTAL: \$ _____	PREPARED BY: