



## UNIVERSITIES PENSION FUND

### APPLICATION FOR PENSION CLAIMS OF DECEASED EMPLOYEE

### GENERAL INSTRUCTIONS

- 1 *The Part I of this application to be filled and handed over to the Establishments Branch with copies of the National Identity Card, and other documents by the **next of kin of the deceased member** of the Universities Pension Fund*
- 2 *The photocopies of the National Identity Card, and other documents should be certified by the Grama Niladari of the applicant's division and the official seal to be affixed.*
- 3 *If the Surname and the other names given in the NIC and other relevant certificates are not according to the Surname and other names written in the application please attach an affidavit that all such names referred to one and the same person.*
- 4 ***Part II, Part III, Part IV of this application should be completed by the relevant Branch of the last served university/institution of the deceased member.** And after completing **Part V**, the application should be forwarded to the Pensions Unit of the University Grants Commission.*

**UNIVERSITIES PENSION FUND**

**APPLICATION FOR PENSION CLAIMS OF DECEASED EMPLOYEE**

**Part I**

**01. Particulars of the Deceased Employee :**

- (a) Full Name of the Employee : .....
- (b) Name of the Institution last employed : .....
- (c) Post last held : .....
- (d) National Identity Card No. : 

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- (e) Gender : Male  Female
- (f) Date of Birth : 

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(Certified photocopy of the Birth Certificate is attached)
- (g) Date of Death : 

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(Certified photocopy of the Death Certificate is attached)
- (h) Civil status : .....

**02. Particulars of the Applicant :**

**Particulars of the Applicant (If deceased employee was married the spouse and if deceased employee was unmarried eldest person in the legal heirs should make the application)**

- (a) Full name : .....
- (b) Relationship to deceased Employee : .....
- (c) Address : .....
- (d) Telephone Number : .....

03. **Particulars of legal heirs (Next of kin)**

- if deceased employee was married the particulars of spouse and children should be given.
- if deceased employee was unmarried or married, and had no spouse and children, the particulars of living parents should be given.
- if deceased employee was unmarried or married, and had no spouse and children and one of the parents or both are not living, the particulars of brothers and sisters should be given.  
(Include any one of the above legal heirs who is not living and indicate under column titled “**Present Address**” as “**Dead**”)

No.	Name of the Beneficiary	Relationship	Date of Birth	National Identity Card No.	Name of the Bank & Branch	Bank Account No.	Present Address
1							
2							
3							
4							
5							
6							

\* If the applicant is the Spouse, certified copies of the Marriage Certificate, NIC, Birth Certificate and Detail page of Bank Pass Book are to be attached

\* All other relationship, certified copies of NIC ,Birth Certificate and Detail page of Bank Pass Book are to be attached

***I certify that the above information is true and correct, and relevant certified copies of certificates are annexed.***

***\*(This paragraph is applicable if applicant is the spouse of the deceased employee)***

***I declare on honour that I have not re-married since my spouse's death and I am aware that I cease to be entitled to this pension claims on my re-marriage. Further in case, I marry again, I will bring this to the notice of the Secretary, University Grants Commission immediately after my remarriage.***

*Date* : .....

*Signature of the Applicant*

*Name* : .....

***Witness:***

1. *Name* : .....

*Signature* : .....

*National Identity Card No* : .....

*Address* : .....

.....

2. *Name* : .....

*Signature* : .....

*National Identity Card No* : .....

*Address* : .....

.....

**Part II**

*(To be filled by the Establishment Branch)*

- (1) *Name of the Institution* : .....
- (2) *Full Name of the Employee* : .....
- (3) *Pension Membership No.* : .....
- (4) *Date of Birth* :
- (5) *National Identity Card No.* :
- (6) *Date of 1<sup>st</sup> appointment to the Permanent Post in the University system:*
- (7) *Date of Death* :
- (8) *Employee category* : *Academic*  *Non Academic/ Academic Support*
- (9) *Post last held* : .....
- (10) *Department/Section* : .....
- (11) (a) *Last drawn salary point* : .....
- (b) *Last drawn allowances (Only if they are applicable for Provident Fund and Pension Fund Contribution calculations in terms of UGC Circulars):*

	<u>Allowance</u>	<u>Amount</u>
I.	.....	.....
II.	.....	.....

(12) *Name changes during the University service period (if any):*  
 .....

(13) *Service Record (Permanent Service only)*

(a)

	<u>Higher Educational Institution</u>	<u>Service period (From – To)</u>	<u>Universities Pension Fund No.(if available)</u>
i.	.....	.....	.....
ii.	.....	.....	.....
iii.	.....	.....	.....
iv.	.....	.....	.....

*(Please attach a separate sheet if space is not sufficient)*

(b) *If there were break of service, give details of such periods and reasons : .....*  
 .....

(c) *No Pay/ interdiction particulars with dates (if any) :*

	<u>Period</u>	<u>Reasons</u>
1.	.....	.....
2.	.....	.....
3.	.....	.....

(d) *Period of Permanent Service in the Higher Educational Institutions:*

<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>	
<b>Period</b>		<b>Gross Service</b>		<b>* Total period of No Pay</b>		<b>Net Service (i.e. 2-3)</b>	
<b>From</b>	<b>To</b>	<b>Months</b>	<b>Days</b>	<b>Months</b>	<b>Days</b>	<b>Months</b>	<b>Days</b>

(12) *Details of dues to the Higher Educational Institution according to the Act. (If any)*

- i. *Description* : .....
- ii. *Amount* : .....
- iii. *Action taken/to be taken* : .....

*\* In column 3, give summary of no pay and half-pay leaves for entire permanent service. If an employee was on half-pay leave, the period of half-pay leave should be divided by two to get the full number of days/months.*

*I certify that the above particulars are true and correct according to his personal file maintained in this office.*

Prepared by :- Name .....

Signature .....

Checked by :- Name .....

Signature .....

Date: .....

.....  
*Signature of the Deputy Registrar*  
*/Senior Assistant Registrar/ Senior Assistant Secretary*

Name: .....  
*(Official Seal to be affixed)*

**Part III**

**(To be filled by the Finance Branch)**

1.
  - i. Current Pension Fund No. : .....
  - ii. Name : .....
  - iii. Date of Initial contribution made for pension scheme : .....
  - iv. Details of any change in the Pension Fund No.(if available) : .....
  
2.
  - i. Last drawn salary : .....  
(Please attached a certified copy of the last salary slip)
  - ii. Allowances paid for Last working month (only if applicable for contribution calculations in terms of UGC Circulars):  

COLA - ..... Other - .....
  - iii. Last Working Date : .....
  - vi. Arrears of salary paid along with last drawn salary (if any): .....  
(A working sheet to be attached)
  - v. Arrears of salary paid after payment of last month salary: .....  
(A working sheet to be attached)
  - vi. Last Working month Pension Contribution : .....
  - vii. Last Contribution amount sent as per monthly contribution list : .....
  - viii. Is there any differences between above (vi) & (vii), Please provide followings:  

(a) Amount : .....

(b) What actions taken / to be taken : .....
  - ix. Details of Dues to the Higher Educational Institution (Which couldn't recovered from the UPF Balance)  
.....  
.....  
.....
  
3.
  - i. Whether, contributions towards Universities Pension Fund were made continuously on account of this employee, except for the break of service or no-pay periods declared in the Part II item 13(c) of the application? Answer Yes **or** No. : .....
  - ii. If the answer is **no**, give details : .....

4. i. Whether, any part of the salary revision is not yet implemented to this employee?

Answer Yes **or** No : .....

ii. If the answer is **yes**, give the working sheet of arrears contribution calculated in this regard.

iii. Details of Remittance of arrears of contribution : Amount : .....

Date : .....

5. Details of dues to the Higher Educational Institution according to the Act. (If any)

i. Description : .....

ii. Amount : .....

iii. Action taken/to be taken : .....

Prepared by :- Name ..... Signature .....

Checked by :- Name ..... Signature .....

**I certify that particulars stated in Part III above are true and correct.**

Date: .....

.....

Signature of the Bursar/Deputy Bursar/Senior  
Assistant Bursar/Accountant

Name: .....

(Official Seal to be affixed)



**Part IV**

*(To be completed by the Internal Audit Division)*

i. I have audited the application form in respect of .....  
and I certify that, according to his/her Personal File and Individual Pay Records the entire particulars given in the Part II and Part III of the application are true and correct. I have personally checked his/her Personal File and made an endorsement therein to the effect that the documents for Pension Payments are released.

ii. I confirm all the required certified copies of certificates, and documents are in order and annexed.

Birth Certificates  
 NIC Copies

Death Certificate  
 Last Salary Slip

Marriage Certificate  
 Bank Pass Books

.....  
Name of the Internal Auditor

.....  
Signature  
(Official Seal to be affixed)

Date : .....

**Part V**

**Secretary**

University Grants Commission

I recommend and forward the application submitted by

..... to commence the  
(payment of monthly pensions. /pension contribution claim) of deceased employee.

.....  
Secretary/Registrar  
(Official Seal to be affixed)

Date : .....

*(You may forward the recommended application to the Assistant Accountant/Universities Pension Fund)*

