**PSSS.2**

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**MEMBERSHIP OPTION FORM**

**(OFFICER AGED 45 YEARS AND ABOVE)**

**PUBLIC SERVICE SUPERANNUATION SCHEME**

To be completed by eligible Public Servants aged **45 years and above as at 1st January, 2021** who opt to join the scheme**.** This option must be made within three months of PSSS commencement i.e. **1st January, 2021 to 31st March, 2021.**

**SECTION A: PERSONAL DETAILS**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SURNAME FIRST NAME MIDDLE NAME

Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal / TSC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ National ID \_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YY)

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Group/CSG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Appointed on Permanent Pensionable Terms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duty station\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DD/MM/YY)

Ministry/State Department/Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B: DECLARATION**

I, \_(NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Opt to join

Contributory Pension Scheme **(The Public Service Superannuation Scheme (PSSS))** With Effect

From (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YY)

**I understand that:**

1. My contributions to the Scheme will be deducted monthly at the rate of 7.5% of my basic salary. The rate of contribution will be graduated at the following rates: 2% in the first year; 5% in the second year; and 7.5% in the third year.
2. My contribution to the WCPS or NSSF (where applicable) will cease with effect from the date of joining the PSSS.
3. Once I have made this option, it is **irrevocable.**

I have made this option voluntarily and with full knowledge of my obligations and the benefits that may accrue from the Scheme.

Signed: …………………………………………………………………………. (Employee) Date……………………………………….

**Witnessed**: (A person well known by the employee)

Name: ……………………………………….……………………….….………… ID No. ………………………..……………

Signature: …………………………………………… Date: ………………………………………………

**SECTION C: FOR OFFICIAL USE ONLY: To be completed by Head of HR**

I certify that the information provided above is accurate and that employee Contributions have been effected from the month of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Official Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NB: Original PSSS.2 Form to be retained in the Officer’s Personal File.***

**Public Service Superannuation Scheme, P.O. BOX 20191 – 00200 Nairobi**