First Time: ☐

Update: ☐

PERKESO

PA-F101R4

FOREIGN WORKER DEPENDANTS' DECLARATION FORM

A. FOREIGN WORKER'S DETAILS

A1. Name:

A2. Foreign Workers Social Security Number (FWSS)

A3. Nationality: _____

A4. Passport Number : _____

A5. Identity Number in Country of Origin: _____

B. DEPENDANTS' DETAILS

B1. Correspondence Address: _____

_____

No.	Name of Dependants	Date of Birth	Relationship with worker	Identity Number In Country of Origin	Phone Number	Email Address
1						
2						
3						
4						
5						

B2. Dependants' bank account details in origin country are as follows:

Bank Name	Bank Address	Bank Account / IBAN No.	Swift Code	BSB Code / IFSC Code (if any)

C. DECLARATION

I hereby declare the person (s) named in Table (B) to receive the amount payable to me by the worker's Social Security Organization on account of any of the cash benefits on my death. In the event of any dependants predeceasing me, the living persons at the time of my death shall receive their respective shares.

Thumb impression/Signature

Thumb impression/signature of worker in the presence of:

Signature of Witness ....

Name of Witness.……………………………………………….

…………………………………………….. (Block Letters)

Identity Number In Country of Origin …………………………

Nationality …………………………..

If the Foreign Worker cannot read and write in English, the witness must sign the following:

I certify that the foregoing Declaration before being completed by the Foreign Worker has been audibly, clearly and distinctly read over to the Foreign Worker in .... *(language)* which is the language understood by the Foreign Worker in my presence and hearing. When the worker appeared perfectly to understand the same, she/he endorsed his/her thumb print in my presence.

Signature of Witness ....

Name of Witness .……………………………………………….

…………………………………………….. (Block Letters)

Identity Number In Country of Origin …………………………..

Nationality …………………………..

Date: ☐☐ ☐☐ ☐☐☐☐

Disclaimer:
PERKESO will take all the information as stated in this form as final and will be used in good faith.
If there any changes to the information, please update the information via the ASSIST portal.

DEFINITION OF "DEPENDANT"

"Dependant" means any of the following relatives of a deceased insured person, namely:

a) For married Foreign Worker —

      A widow or widower and/or a unmarried child aged below 21 years

b) For unmarried Foreign Worker —

      Parents and/or a unmarried siblings aged below 21 years

OBLIGATION TO REPORT CHANGE OF DEPENDANTS' DETAILS

a) If there are any changes of Dependants' details, Insured Person (Foreign Worker) has to report to the Social Security Organization by updating the '**Dependants' Details**' section of this Form.