

**CONFIDENTIAL**



**NIGERIA SOCIAL INSURANCE TRUST FUND**

**CHECKLIST FOR CLAIMS SUBMISSION  
IN EVENT OF INJURY/DISABILITY/OCCUPATIONAL DISEASE**

**BRANCH OBLIGATION/COPY**

(TICK AS APPROPRIATE)

|                                 |                               |
|---------------------------------|-------------------------------|
| <b>EMPLOYER:</b>                | <b>EMPLOYER'S SECTOR:</b>     |
| <b>ECS REGISTRATION NUMBER:</b> | <b>EMPLOYER'S CONTACT NO:</b> |
| <b>EMPLOYEE:</b>                |                               |
| <b>DATE OF COLLECTION:</b>      |                               |

| S/N | DOCUMENTS  | STATUS | REMARKS | DATE |
|-----|--|--------|---------|------|
| 1   | FORM ECS. CCF01 + VALID MEANS OF IDENTIFICATION OF INJURED EMPLOYEE  |        |         |      |
| 2   | FORM ECS. CCF02  |        |         |      |
| 3   | DETAILED MEDICAL REPORT, MEDICAL BILL BREAKDOWN AND ORIGINAL RECEIPTS<br>(SEE <b>PARAMETERS FOR A COMPREHENSIVE MEDICAL REPORT</b> )   |        |         |      |
| 4   | AFFIDAVIT FROM EMPLOYEE CONFIRMING ACCIDENT/OCCUPATIONAL DISEASE<br>SWORN FROM ANY COURT OF JURISDICTION.<br>(SEE <b>PARAMETERS FOR COMPREHENSIVE EMPLOYEE'S AFFIDAVIT</b> )                         |        |         |      |
| 5   | 3 MONTHS PAY SLIPS OF THE INJURED EMPLOYEE ( <b>PRIOR TO DATE OF INCIDENT</b> )  |        |         |      |
| 6   | PHOTOGRAPHIC EVIDENCE ( <b>SHOWING INJURED EMPLOYEE WITH THE INJURY</b> )  |        |         |      |
| 7   | POLICE REPORT IN CASES OF ROAD ACCIDENTS, GUNSHOT WOUNDS, KIDNAPPING<br>AND ENEMY WARLIKE SITUATIONS & OTHER SERIOUS INCIDENTS AT THE WORK<br>PLACE – ( <b>APPLIES TO CLAIMS ABOVE ₦100,000.00</b> ) |        |         |      |
| 8   | ACCOUNT DETAILS OF EMPLOYER ( <b>ON THE COMPANY LETTER HEAD</b> )  |        |         |      |
| 9   | ACCOUNT DETAILS OF EMPLOYEE <b>ON THE COMPANY LETTER HEAD</b> (IN CASE OF<br>DISABILITY)   |        |         |      |
| 10  | AUTHORIZATION LETTERS GIVEN TO EMPLOYER & EMPLOYEE GRANTING OUR<br>MEDICAL TEAM ACCESS TO CLINICAL NOTES OF EMPLOYEE. (FOR CLAIM APPLICATION<br><b>ABOVE ₦1, 500,000.00</b> )                        |        |         |      |
| 11  | OTHERS ( <b>SPECIFY</b> )  |        |         |      |

| SPECIFIC CLAIM FORMS |  |  |  |  |
|----------------------|--|--|--|--|
| 1                    | FORM ECS. CCF03 – <b>APPLICABLE TO REOPENING OF APPLICATION ONLY</b> |  |  |  |

| ALL DOCUMENTS LISTED BELOW MUST BE PROVIDED BY THE BRANCH |   |  |  |  |
|---|---|--|--|--|
| 1   | 3 MONTHS ECS PAYMENT SCHEDULE(S) ( <b>STAMPED &amp; SIGNED BY BM</b> )        |  |  |  |
| 2   | 3 MONTHS ECS PAYMENT RECEIPT(S) & REMITTA RECEIPTS ( <b>CERTIFIED BY BM</b> ) |  |  |  |
| 3   | VISITATION REPORT ( <b>SIGNED BY TWO (2) VISITING OFFICERS</b> )              |  |  |  |
| 4   | REPORT ON FILE ( <b>APPROVED STANDARD</b> )                                   |  |  |  |

**CHECKED BY (C&C):**

**VERIFIED BY (BRANCH):**

**VALIDATED BY (REGION):**

**DESIGNATION (HOU):**

**DESIGNATION (BM):**

**DESIGNATION (RM):**

**SIGNATURE:**

**SIGNATURE:**

**SIGNATURE:**

**BRANCH:**

**BRANCH:**

**BRANCH:**

**DATE:**

**DATE:**

**DATE:**

**CONFIDENTIAL****NIGERIA SOCIAL INSURANCE TRUST FUND**

CHECKLIST FOR CLAIMS SUBMISSION

IN EVENT OF DEATH

BRANCH OBLIGATION/COPY

(TICK AS APPROPRIATE)

|                          |                        |
|--------------------------|------------------------|
| EMPLOYER:                | EMPLOYER'S SECTOR:     |
| ECS REGISTRATION NUMBER: | EMPLOYER'S CONTACT NO: |
| DECEASED EMPLOYEE:       |                        |
| DATE OF COLLECTION:      |                        |

| S/N | DOCUMENTS  | STATUS | REMARKS | DATE |
|-----|--|--------|---------|------|
| 1   | FORM ECS. CCF01 + VALID MEANS OF IDENTIFICATION OF DECEASED EMPLOYEE   |        |         |      |
| 2   | FORM ECS. CCF02  |        |         |      |
| 3   | 3 MONTHS PAY SLIPS OF THE INJURED EMPLOYEE ( <i>PRIOR TO DATE OF INCIDENT</i> )                                    |        |         |      |
| 4   | PASSPORT PHOTOGRAPHS OF NEXT OF KIN/ SPOUSE & DEPENDENT CHILDREN ( <i>IF ANY</i> )                                 |        |         |      |
| 5   | BIRTH CERTIFICATE/ AGE DECLARATION OF NEXT OF KIN/ SPOUSE & DEPENDENT CHILDREN                                     |        |         |      |
| 6   | MARRIAGE CERTIFICATE/DECLARATION OF SPOUSE   |        |         |      |
| 7   | MEDICAL CERTIFICATE OF DEATH (CLEARLY INDICATING CAUSE OF DEATH) DULY SIGNED BY AN AUTHORISED MEDICAL PRACTITIONER |        |         |      |
| 8   | POLICE REPORT (ORIGINAL COPY OR SIGHTED BY THE BRANCH MANAGER)   |        |         |      |
|     | OTHERS ( <i>SPECIFY</i> )  |        |         |      |

**SPECIFIC CLAIM FORMS & SUPPORTING DOCUMENTS**

|   |   |  |  |  |
|---|---|--|--|--|
| 1 | DETAILED MEDICAL REPORT, MEDICAL BILL BREAKDOWN AND ORIGINAL RECEIPTS-<br><i>APPLICABLE TO MER ONLY</i> |  |  |  |
| 2 | FORM ECS. CCF03- <i>APPLICABLE TO REOPENING OF APPLICATION ONLY</i>                                     |  |  |  |
| 3 | LETTER OF ADMINISTRATION- <i>WHERE NOT SPOUSE, CHILD(EN) OR PARENT</i>                                  |  |  |  |
| 4 | COURT CERTIFIED FAMILY RESOLUTION LETTER – <i>WHERE APPLICABLE</i>                                      |  |  |  |

**ALL DOCUMENTS LISTED BELOW TO BE PROVIDED BY THE BRANCH**

|   |   |  |  |  |
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BRANCH:

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DATE:

DATE: