

F. DETAILS OF NOTICE OF INVALIDITY

F1. Description Of Morbidity

F2. The Year Morbidity Is First Suffered

F3. Is The Insured Person Still Engaged In Employment? Yes No

F4. Date Of Cessation Of Employment (If Applicable)

F5. Employment Information:

No.	Employer's Name & Address	Period Of Employment	Designation

Attach the Medical Report In PERKESO Format (Reg. 46(ii))

G. DETAILS OF NOTICE OF DEATH

G1. Date Of Death

G2. Time Of Death Work Related Non Work Related

G3. Is The Death Due To Accident? Yes No
(If 'Yes', Please Complete D : DETAILS OF NOTICE OF ACCIDENT)

G4. Status Of Insured Person (At The Time Of Death) Single Married Divorced

H. PREFERRED PERKESO OFFICE FOR DEALINGS

City

State

I. CERTIFICATION BY EMPLOYER / EMPLOYER'S REPRESENTATIVE

I hereby certify to the best of my knowledge and belief that all particulars given are true; and
(please tick on the relevant box)

- Certified that the insured person is employed by this employer and involved in an **employment injury**.
- Certified that the insured person is employed by this employer and involved in **kemalangan non-employment injury**.
- Certified that the insured person is employed by this employer and involved in an accident during a **period of unpaid leave and no contributions**.
- Certified that the insured person is employed by this employer and is **experiencing a serious illness**.

Signature Of Employer/ Employer's Representative :

Full Name :

Designation :

Date

J. CONFIRMATION OF INSURED PERSON / DEPENDANTS / CLAIMANT

Name of Claimant	
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Postal Address									
Postcode					State				

New NRIC No./ Passport	Old NRIC No.	Other identification No. (if any)
House Phone No.	Mobile No.	

E-mail :

I HEREBY CONFIRM THAT: * Tick (✓) on the relevant box

- I am a **Recipient of Temporary Disablement Benefit (FHUS)** and did not attend work during the medical leave period. I am responsible to inform PERKESO if I attend to work and receive wages for any day during the medical leave period for which FHUS is not payable to me .
- I have incurred expenses amounting to RM for the funeral management of the deceased insured person and wish to claim the Funeral Benefit. **Attach the receipts for expenses if the claim is made by a person other than the deceased's family member.**
- I am the **eldest surviving** *son or *daughter of the deceased insured person and wish to claim the Funeral Benefit .
- I am *a dependant or *the guardian of a dependant of the deceased insured person and wish to claim any benefits to which I and/or the dependant(s) under my care are entitled.
- Number of **Dependents** Information are as follows:

No.	Dependent Name	NRIC No./ Birth Certificate	Date of Birth	Relationship with the Insured Person	Status <small>(For Children: Studying/ Disabled/ Married) (For Minor Brother/Sister: Married)</small>

Attach the documents as specified in the CHECKLIST [Reg. 56B & Reg. 88(1)]
 Attach additional sheets, if the space provided is insufficient.

Personal bank account information for benefit's payment is as follow. **Attach proof document.**

Bank's Name: Account No.

I / Dependant will reporting responsibly and immediately to PERKESO if there any changes with the benefit eligibility.
 (Section 55, Employees' Social Security Act 1969)

I declare that the information and details given are correct to the best of my knowledge.

.....
 Signature / Thumbprint of the Claimant Date
Day Month Year

No signature is required if the submission of this form is via online

FOR PERKESO USE

Notice Date Received	 	 	 			
	<small>Day</small>	<small>Month</small>	<small>Year</small>			
Recipient's Signature:						
Full Name:						
Designation:						
					Stamp Received Date	