

**DECLARATION OF
DEPENDENTS**

1. I, _____ holding Citizenship ID No. _____, RCSC Employee ID No. _____, Village _____ Geog _____, Dzongkhag _____, do hereby

declare that the names mentioned below are my dependents:

a. Name of Spouse (s): 1. _____ 2. _____
Date of Birth: _____
Citizenship ID No: _____

b. Children:

i) _____ Date of birth: _____

ii) _____ Date of birth: _____

iii) _____ Date of birth: _____

iv) _____ Date of birth: _____

c. **Father:** _____ Age: _____
Citizenship ID No. _____

d. **Mother:** _____ Age: _____
Citizenship ID No. _____

e. **Father-in-law:** _____ Age: _____
Citizenship ID No. _____

f. **Mother-in-law:** _____ Age: _____
Citizenship ID No. _____

2. In the event of their demise, benefits as defined in the MD-SWS bye-laws, may be paid to me.
3. I hereby nominate and confer on _____, CID No. _____ the right to receive the entire amount that may be payable to me by the MD-SWS in the event of my death.

I hereby declare that the information given above are true and correct and I commit full responsibility thereof and I shall be liable for action as deem fit under the byelaws of MD-SWS (3rd Edition July 2023)

Date: _____



[Name & Signature]

Verified by: **Dzongkhag Census Officer**

(Signature, Name & Seal) to be used.

Approved by: **Staff Secretary**

(Signature, Name & Seal) to be used.

Benefit Claim & Verification

IMPORTANT: This Form is to be submitted within three months for the release of benefit with a death certificate issued by Hospital / Dzongkhag / Gup.

1. Name of Member: _____
2. Present Address : _____
3. Village: _____ Gewog: _____ Dzongkhag: _____
4. CID.No: _____ Contact # _____
5. Claim for (Tick the relevant one below)
Death of: Spouse / Child / Father / Mother / Father-in-law / Mother-in-law / Member
Name: _____; Age: _____ CID No. _____
6. Beneficiary Account # : _____
7. Document enclosed : [Tick the relevant one]
 - a) Verification Certificate from Gup, OR
 - b) Death Certificate from Dzongkhag, OR
 - c) Death Certificate from Medical Officer
 - d) Marriage Certificate
 - e) Family Tree

I hereby declare that all the information provided here is true and accurate

Signature of the applicant

Verification by Sector Head

I hereby declare that information provided by the applicant is true to the best of my knowledge and as per the record maintained in this office.

Name: _____

Date: _____

Signature with Office seal: _____

Approved by MD- SWS Staff Secretary

Verification for Benefit Claim on Transfer / Resignation / Retirement

IMPORTANT: This Form is to be submitted within three (3) months for the release of benefit with transfer order / relieve order / resignation acceptance order / retirement order issued by the concerned competent authority.

1. Name of Member / Beneficiary: _____
2. RCSC EID. No: _____; CID No: _____
3. Present Address : _____
4. Village: _____ Gewog: _____ Dzongkhag: _____
5. Date of Joining MD-SWS: _____ Contact #: _____
6. Total contribution made from the start to date: _____ (Please use a separate sheet to work out the details).
7. Claim for (Tick the relevant one below)

Transfer / Resignation / Retirement

Name: _____

Age: _____ Citizenship ID No _____,

8. Beneficiary Account # : _____

9. Document enclosed : Tick the appropriate one
 1. Resignation acceptance order, OR
 2. Transfer Order, OR
 3. Retirement Order

I hereby declare that all the information provided here is true and accurate

Signature of the applicant

Verification by Sector Head

I hereby declare that information provided by the applicant is true to the best of my knowledge and as per the record maintained in this office.

Name: _____

Date: _____

Signature with Office seal: _____

Approved by MD- SWS Staff Secretary

Verification on Medical Benefit Claim

IMPORTANT: This Form is to be submitted before departure or not later than 15 days after the arrival in Bhutan from medical treatment.

- 10. Name of Member : _____
- 11. RCSC EID. No: _____; CID No: _____
- 12. Present Address : _____
- 13. Village: _____Gewog: _____Dzongkhag: _____
- 14. Beneficiary Account # : _____
- 15. Hospital Referred By: _____
- 16. Country & Hospital Name (Referred To) : _____
- 17. Document enclosed : **Medical referral letter**

I hereby declare that all the information provided here is true and accurate

Signature of the applicant

Verification by Sector Head

I hereby declare that information provided by the applicant is true to the best of my knowledge and as per the record maintained in this office.

Name: _____

Date: _____

Signature with Office seal: _____

Approved by MD- SWS Staff Secretary