



KenGen STAFF RETIREMENT BENEFITS SCHEME

P. O. BOX 47936 – 00100 - NAIROBI

0711 036298/0711 036917/07110 36962

DEDUCTION AUTHORITY FORM - NHIF STATUTORY COVER

I,----- NHIF NO. -----

ID NO.-----OF P. O. BOX -----

POSTAL CODE ----- TOWN-----TEL:-----

is a pensioner with **KenGen STAFF RETIREMENT BENEFITS SCHEME.**

I hereby give irrevocable authority to the **BOARD OF TRUSTEES** to be deducting **Kshs. 500.00** from my monthly pension every month **WITHOUT** fail being medical premium for my **NORMAL COVER** with **National Hospital Insurance Fund.**

The deductions should continue until further notice by me.

Member signature-----

Date-----

Kindly email this form to pensions@kengensrbs.co.ke