



NIGERIAN SOCIAL INSURANCE TRUST FUND

UPDATED VERSION 2021 CHECKLIST FOR CLAIMS SUBMISSION

IN EVENT OF INJURY/DISABILITY/OCCUPATIONAL DISEASES

(TICK AS APPROPRIATE AND FILL IN THE GAP WHERE REQUIRED)

EMPLOYER:	EMPLOYER SECTOR:
ECS REGISTRATION NUMBER:	
EMPLOYEE:	
DESCRIPTIVE ADDRESS OF EMPLOYEE (DISABILITY):	

EMPLOYERS REQUIREMENTS

S/N	DOCUMENTS	STATUS	REMARKS
1	FORM ECS. CCF01 (ORIGINAL COPY, STAMPED AND SIGNED BY RECEIVING CLAIMS OFFICER)		
2	FORM ECS. CCF02 (ORIGINAL COPY, STAMPED AND SIGNED BY RECEIVING CLAIMS OFFICER)		
3	FORM ECS.CCF03 (ORIGINAL COPY, STAMPED AND SIGNED BY RECEIVING CLAIMS OFFICER)		
4	FORM ECS.CCF04 (ORIGINAL COPY, STAMPED AND SIGNED BY RECEIVING CLAIMS OFFICER)		
5	FORM ECS.CCF05 (ORIGINAL COPY, STAMPED AND SIGNED BY RECEIVING CLAIMS OFFICER)		
6	FORM ECS.MR01 (MUST HAVE MEDICAL PRACTITIONER'S PRACTICE NUMBER, STAMPED AND SIGNED)		
7	PHOTOGRAPHS OF INJURY/PICTORAL EVIDENCE OF INJURED EMPLOYEE		
8	POLICE REPORT (IN CASES OF ROAD ACCIDENT, GUNSHOT WOUNDS, KIDNAPPING AND ENEMY WARLIKE SITUATIONS) - ORIGINAL COPY OR SIGHTED BY THE BRANCH MANAGER.		
9	DETAILED MEDICAL BILL BREAKDOWN i.e [DOSE(S) OF MEDICINES ADMINISTERED AND UNIT COSTS]- STAMPED & SIGNED		
10	HEALTH CARE BILLS, RECEIPTS AND INVOICES (ORIGINAL COPIES)		
11	DOCTOR'S REPORT (STAMPED & SIGNED)		
12	3 MONTHS PAY SLIPS OF THE INJURED EMPLOYEE PRIOR TO DATE OF INCIDENT		
13	3 MONTHS ECS PAYMENT SCHEDULE, STAMPED AND SIGNED		
14	ECS PAYMENT RECEIPT/ REMITTA PRINT OUT (ATTACHED AND DULY SIGNED/CERTIFIED)		
15	EMPLOYER'S NOTIFICATION OF ACCIDENT (WHERE THERE IS NO CCF01)		
16	ACCOUNT DETAIL/SORT CODE OF EMPLOYER ON THE EMPLOYER'S COMPANY LETTER HEAD		
17	EMPLOYEE BANK DETAILS IN CASE OF DISABILITY		
18	I.D. CARD OF INJURED EMPLOYEE		
19	VISITATION REPORT (SIGNED BY TWO (2) VISITING OFFICERS)		
20	REPORT ON FILE (APPROVED STANDARD)		
21	OTHERS (SPECIFY)		

NB: ALL DOCUMENTS SUBMITTED MUST BE ORIGINAL

BRANCH REQUIREMENTS:

1	<u>N.B:</u> 3 MONTHS SCHEDULE OF PAYMENT FOR THE INJURED EMPLOYEE (THIS SHOULD BE SUPPLIED BY THE BRANCH)	
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CHECKED BY:

VERIFIED BY (BRANCH):

VALIDATED BY (REGION):

DESIGNATION:

DESIGNATION (BM):

DESIGNATION (RM):

SIGNATURE:

SIGNATURE:

SIGNATURE:

BRANCH:

BRANCH:

BRANCH:

DATE:

DATE:

DATE:



NIGERIAN SOCIAL INSURANCE TRUST FUND

UPDATED VERSION 2021 CHECKLIST FOR CLAIMS SUBMISSION

IN EVENT OF DEATH

(TICK AS APPROPRIATE AND FILL IN THE GAP WHERE REQUIRED)

EMPLOYER:	EMPLOYER SECTOR:
ECS REGISTRATION NUMBER:	
EMPLOYEE:	
DESCRIPTIVE ADDRESS OF BENEFICIARY:	

EMPLOYERS REQUIREMENTS

S/N	DOCUMENTS	STATUS	REMARKS
1	FORM ECS. CCF01		
2	FORM ECS. CCF02		
3	PASSPORT PHOTOGRAPHS OF CHILDREN		
4	PASSPORT PHOTOGRAPH OF NEXT OF KIN (SPOUSE)		
5	BIRTH CERTIFICATE OF CHILDREN (CERTIFIED)		
6	BIRTH CERTIFICATE OF NEXT OF KIN/AGE DECLARATION (CERTIFIED)		
7	MARRIAGE CERTIFICATE/DECLARATION OF SPOUSE (CERTIFIED)		
8	LETTER OF ADMINISTRATION		
9	COURT CERTIFIED FAMILY RESOLUTION LETTER		
10	3 MONTHS PAY SLIPS OF THE DECEASED PRIOR TO DEATH		
11	3 MONTHS ECS PAYMENT SCHEDULE PRIOR TO DEATH (SIGHTED AND STAMPED)		
12	REMITTA/ECS RECEIPTS ATTACHED AND DULY SIGNED/CERTIFIED		
13	MEDICAL CERTIFICATE OF DEATH (CLEARLY INDICATING CAUSE OF DEATH) DULY SIGNED BY AN AUTHORISED MEDICAL PRACTITIONER)		
14	POLICE REPORT (IN CASES OF ROAD ACCIDENT, GUNSHOT WOUNDS, KIDNAPPING AND ENEMY WARLIKE SITUATIONS) - ORIGINAL COPY OR SIGHTED BY THE BRANCH MANAGER.		
15	ACCOUNT DETAIL/SORT CODE OF NEXT OF KIN		
16	STATUS OF NEXT OF KIN (INCLUDING EMPLOYEE DETAILS OR BUSINESS DETAILS(IF SELF EMPLOYED),PAYSLIP OR EVIDENCE OF INCOME		
17	OTHERS (SPECIFY)		

INTERNAL USE ONLY

BRANCH REQUIREMENTS:

1	<u>N.B:</u> 3 MONTHS SCHEDULE OF PAYMENT FOR THE INJURED EMPLOYEE (THIS SHOULD BE SUPPLIED BY THE BRANCH)	
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CHECKED BY:

VERIFIED BY (BRANCH):

VALIDATED BY (REGION):

DESIGNATION:

DESIGNATION (BM):

DESIGNATION (RM):

SIGNATURE:

SIGNATURE:

SIGNATURE:

BRANCH:

BRANCH:

BRANCH:

DATE:

DATE:

DATE:

NB: ALL DOCUMENTS SUBMITTED MUST BE ORIGINAL