



# KENYA SCHOOL OF GOVERNMENT STAFF RETIREMENT BENEFITS SCHEME

**> Post-Retirement  
Medical Fund**

## Section A - Scheme Member Section

I,.....

M/No. .... hereby request that my monthly contribution to the Scheme be increased by an amount of

KShs ..... as an additional contribution with effect from.....

I also hereby authorize that the said amount be deducted from my monthly salary.

Signed: ..... Date: .....

**You are requested to forward an original signed copy of this form to your Salaries Department Officer for approval.**

## Section B - Salaries Department Officer Section

Approved by ..... Sign ..... Date: .....

## SECTION C – Trustees Section

Approved by ..... Sign ..... Date: .....

Approved by ..... Sign ..... Date: .....