

# TEACHERS SERVICE COMMISSION

Telephone: Nairobi  
312067/68/78/89/91/93/96,312123  
/32/45,312418/23 & 312535  
Telegrams: "MWALIMU".  
Nairobi



THE BAZAAR  
MOI AVENUE/BIASHARA  
STREET  
PRIVATE BAG  
NAIROBI, KENYA

When replying please quote

Ref.No: TSC /MED / 3

DATE:.....

## MEDICAL CLAIM FORM FOR TEACHERS (REVISED)

*(To be submitted in duplicate)*

Read notes at the back of this form fully before you start filling it.

### **PART I. TEACHERS PARTICULARS**

Full Name: Mr. / Mrs./ Miss.....

Name of School.....

Address .....

.....

Salary per month Ksh..... Tsc No.....

I hereby submit my medical claim for expenses incurred in respect of:

Myself .....

My wife/husband (named in the NHIF Card) .....

My child/children (Name)

1..... Age .....

2..... Age.....

3..... Age.....

4..... Age .....

### **PART II. PAY-POINT PARTICULARS**

I hereby request you to pay me through either

(a).....Bank .....Branch

Account no.....

(b) District Education officer.....Address.....

.....

**PART III. FOR MARRIED WOMEN ONLY**

I certify that my husband is neither a teacher nor a public servant. He is self-employed /  
Not employed

Name of employer where applicable.....

**PART IV: FOR CLAIMANT**

I certify that the amount was incurred by me as per the attached receipts and Invoice /  
Statement amounting to Ksh....., which were received

From ..... hospital

Signature of the claimant.....Date.....

**PART V. FOR PRINCIPAL/HEADMASTER / HEADMISTRESS**

I certify that the claimant is currently teaching in my institution and I RECOMMEND payment of  
the sum claimed

\_\_\_\_\_  
**SIGNATURE AND RUBBER STAMP**

\_\_\_\_\_  
**DATE**

**PART VI: FOR PDE / DEO**

I certify that the claimant is currently teaching in my District and I RECOMMEND payment of the  
sum claimed

\_\_\_\_\_  
**SIGNATURE AND RUBBER STAMP**

\_\_\_\_\_  
**DATE**

**NOTES.**

1. Cash receipts must be
  - i) Original
  - ii) Affixed with hospital seal and
  - iii) Stamped by the hospital
2. Invoice or statement of account must be:
  - i) Affixed with hospital seal and
  - ii) Stamped by the hospital
  - iii) Show date of admission and discharge
  - iv) Show he NHIF rebate
3. Cash sale receipts issued by the chemist should bear the rubber stamp of the hospital where the prescription originated from.
4. Medical claim in respect of:
  - i) **Wife** –attach either marriage certificate or affidavit or original letter from the local chief
  - ii) **Children** – attach birth certificate or birth notification(see note 9 below).
  - iii) **Self** – sick sheet or sick leave if admitted for more than 14 days continuously.
5. Copy of the latest pay slip must be attached to your claim