PRMS VARIATION FORM

3rd Floor, MURBS Building / Postal: P.O. Box 9268 – 40141, Kisumu

Mobile: 0701 095 900/0734 788 888

Email: info@masenorbs.or.ke/ Website: www.masenorbs.or.ke

To: THE FINANCE OFFICER,
TOM MBOYA UNIVERSITY,
P.O.BOX 199-40300,
HOMABAY

Dear Sir/Madam,

RE: AUTHORITY TO VARY MY SALARY DEDUCTIONS TOWARDS POST-RETIREMENT MEDICAL SCHEME (PRMS)

I, …… of Payroll number ……
Insert Full names

do hereby authorize you to increase/decrease my PRMS deductions from Kenyan Shillings(Kshs.)……to Kenyan Shillings(Kshs.)…… from my salary with effect from the month of …… 20……and remit the same to the Pensions Manager towards my Post-Retirement Medical Scheme Contributions (PRMS). My new monthly PRMS deduction should therefore be Kenyan Shillings (Kshs.)…… (Amount In words)……

Signed: …… Date: ……

Cc: PENSIONS MANAGER,
MASENO UNIVERSITY RETIREMENT BENEFITS SCHEME,
P.O.BOX 9268,
KISUMU