

## **1.0 PROCEDURES**

All procedures described hereunder for the operations of the RSWS shall be enforced strictly.

### **1.1 Membership**

All members should complete Forms RSWS/1.0 and Form RSWS/2.0 and submit them to DoR headquarters. The forms shall be accompanied by the following documents:

1. Copies of citizenship ID card of member's spouse and parents
2. EEs and RMs should note and certify the forms and forward them to the RSWS Manager
3. EEs and RMs should maintain register of members and their dependents for all RSWS members within their respective Divisions and administrative control as the case may be

### **1.2 Monthly Contributions**

1. All EEs and RMs should deduct the monthly contributions of the members from their salaries and forward them to the Treasurer RSWS before 15<sup>th</sup> of the following month
2. All field officials should maintain records of members contribution that have been collected
3. The RSWS Treasurer shall acknowledge the receipt of the monthly contributions promptly

### **1.3 Welfare**

Application for benefit claim should be submitted to the Manager RSWS through the concerned EEs/RMs not later than three months after the demise of a dependent

Benefit shall be disbursed promptly by the RSWS Manager upon being notified of the demise of dependents' nominee

Within three months the beneficiary/member should submit form RSWS/1.0 through the EEs/RMs along with the following documents

1. Death verification certificate from Gup OR
2. Death certificate from Dzongkhag OR
3. Death certificate from medical officer

### **1.4 Transfers**

1. The EEs and RMs should inform/provide a copy of transfer/relieving order to the RSWS Manager as soon as the transfers are effective

**FORM RSWS/1.0**

**DECLARATION OF DEPENDENT FORM**

1. I, Mr/Mrs/Ms....., holding Citizenship ID No....., RCSC Employee ID No....., Village....., Geog....., Dzongkhag....., do hereby declare that the names mentioned below are my dependents:-
  - a. Spouse .....
  - b. Date of Birth.....
  - c. Citizenship ID No.....
2. Children
  - a. ....Date of Birth.....
  - b. ....Date of Birth.....
  - c. ....Date of Birth.....
  - d. ....Date of Birth.....
  - e. ....Date of Birth.....
3. Father:-.....Age .....
- Citizenship ID No.....
4. Mother:-..... Age .....
- Citizenship ID No.....
5. In the event of their demise, benefits as defined in the RSWS bye-laws may be paid to me.
6. I hereby nominate and confer on Mr./Mrs./Ms.....the right to receive the entire amount that may be payable to me by the RSWS in the event of my death. I hereby declare that all the information given above is true and correct and I commit full responsibility thereof and I shall be liable for action as deem fit under the bylaws of RSWS 1998.

Dated.....

Name & Signature of RSWS Member  
Affix Nu.10 legal stamp.

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Verified by (Signature, Name of Head of Division & Seal) to be used

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**FORM RSWS/2.0**

**VERIFICATION FOR BENEFIT CLAIM**

**IMPORTANT:** This Form is to be submitted within three months for the release of benefit with death certificate issued by Health/Dzongkhag/Gup.

1. Name of Member/Beneficiary:.....
2. Present Address :.....
3. Village:.....Geog:.....Dzongkhag:.....
4. RCSC Employee I.D.No:.....
5. Claim for (Tick the relevant one below)  
Death of Spouse/Child/Father/Mother/Member  
Name:.....  
Age:.....Citizenship ID No.....
6. Document enclosed :
  1. Verification Certificate from Gup, OR
  2. Death Certificate from Dzongkhag, OR
  3. Death Certificate from Medical Officer

I hereby declare that all the information provided here is true and accurate

\_\_\_\_\_  
**Signature of the applicant**

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**Verification by Field Officer/EE/PC/PM/CE/LO**

I hereby declare that information provided by the applicant is true to the best of my knowledge. Further certified that, the applicant is regular contributor of RSWS fund and has not availed the RSWS benefit earlier.

Name:.....  
Date:.....  
Signature with Office seal:.....

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Verification by Director General/RSWS Manager

I hereby declare that information provided by the applicant is true to the best of my knowledge and as per the record maintained in this office.

Name:.....  
Date:.....  
Signature with Office seal:.....

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