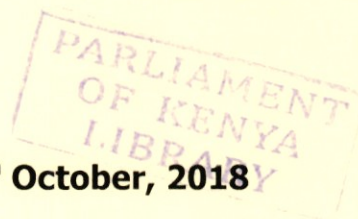




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29th October, 2018

Ref. No. ZZ/MOF/10/09 "TY"^E

Mr. Michael R. Sialai, EBS
Clerk of the National Assembly
Clerk's Chambers
Parliament Buildings
NAIROBI

① DLSP.

1/11/18

Dear *Hon Clerk,*

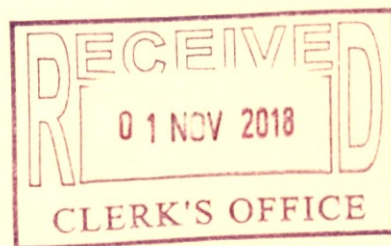
② *Had, table file*
No reference and to bring to regional committee
Delivered 29/10/18

RE: THE RETIREMENT BENEFITS ACT - THE RETIREMENT BENEFITS (POST RETIREMENT MEDICAL FUNDS) GUIDELINES, 2018 AND THE RETIREMENT BENEFITS (GOOD GOVERNANCE PRACTICES) GUIDELINES, 2018

The above Guidelines, issued under Legal Notices Nos. 192 and 193 of 2018, appeared in the Kenya Gazette Vo. CXX- Vol. 131 of 26th October, 2018

Attached herewith please find copies of the above Guidelines, the explanatory memoranda together with the cover page the Kenya Gazette Vol. CXIX- No. 131 of 26th October, 2018, for your necessary action, pursuant to section 11 of the Statutory Instruments Act, 2013.

Yours *Sincerely,*

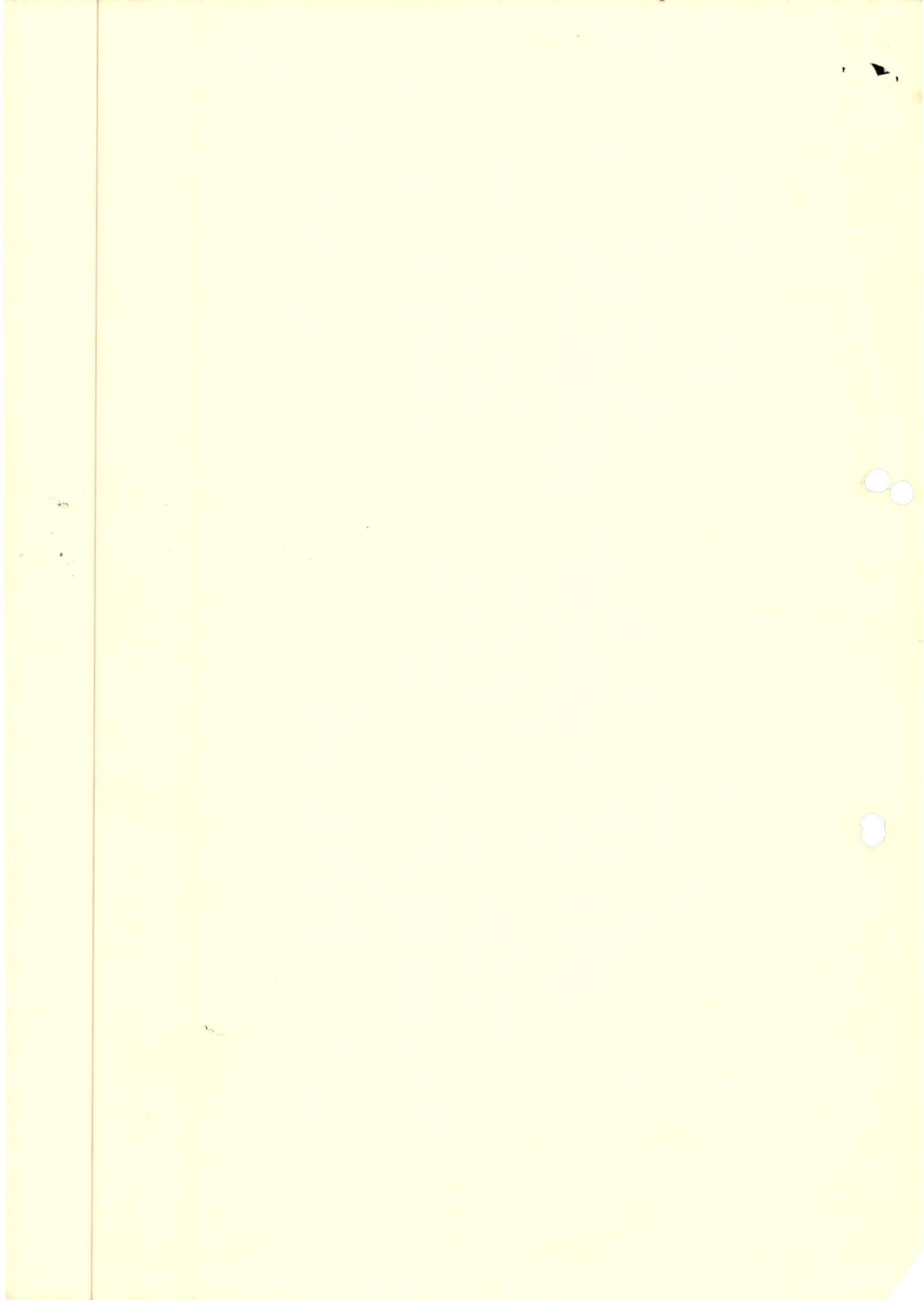


Dr. Kamau Thugge
DR. KAMAU THUGGE, CBS
PRINCIPAL SECRETARY/THE NATIONAL TREASURY

ML
Deal and ensure they are tabled on 5/11/18
1/11/18
5/11/18



ISO 9001:2008



Paper Laid on the Table
of the House by the Leader
of the Majority Party on
Tuesday 6th November 2018

SPECIAL ISSUE

Kenya Gazette Supplement No. 131

3063

25th October, 2018

(Legislative Supplement No. 63)

LEGAL NOTICE NO. 192

THE RETIREMENT BENEFITS ACT

(No. 3 of 1997)

IN EXERCISE of the powers conferred by section 55 (3) of the Retirement Benefits Act, 1997, the Retirement Benefits Authority issues the following guidelines—

THE RETIREMENT BENEFITS (POST-RETIREMENT MEDICAL FUNDS) GUIDELINES, 2018

1. These guidelines may be cited as the Retirement Benefits (Post-Retirement Medical Fund) Guidelines, 2018.

2. In these guidelines, unless the context otherwise requires—

“employment-related emoluments” include allowances, bonuses, commissions, overtime remuneration, and any other fluctuating allowances;

“medical cover provider” means—

- (a) a post-retirement medical fund;
- (b) the National Hospital Insurance Fund established by the National Hospital Insurance Fund Act, 1998; or
- (c) an insurer, broker or medical insurance provider registered under the Insurance Act;

“medical fund rules” means rules relating to the establishment, administration and management of post-retirement medical funds;

“member” has the same meaning assigned to it under section 2 of the Act;

“post-retirement medical fund” means a fund established within a scheme to which contributions are made and from which the costs of medical benefits can be met as shall be determined in accordance with the medical fund rules;

“scheme” means an occupational retirement benefits scheme registered under the Act for the provision of cash payments, including one-off and regular payments, when a member exits the scheme;

“segregated” means that mean post-retirement medical funds shall be administered and managed jointly with scheme funds but shall be invested and reported separately in the statutory reports of the scheme;

“spouse” means a wife or husband of a member whose marriage is recognised under any written law in Kenya; and

Citation.

Interpretation.

No. 9 of 1998.

Cap. 487.



“trustee” means a trustee of a scheme establishing a post-retirement medical fund and includes a trust corporation.

3. The objective of these guidelines is to facilitate the establishment, regulations and supervision of the management of post-retirement medical funds by—

Objectives of the guidelines.

- (a) setting out the framework for the management and administration of post-retirement medical funds;
- (b) providing guidance to schemes to provide for additional voluntary contributions by members in respect of post-retirement medical funds;
- (c) providing guidance on transfers and access to post-retirement medical funds; and
- (d) other such guidance as may be required from time to time.

4. (1) A scheme shall make provisions in the scheme rules to allow its members to make additional voluntary additional contributions in respect of the funding of a post-retirement medical fund.

Establishment of medical funds.

(2) The trustees may seek, in writing, the professional advice of an actuary when determining the design and funding of a post-retirement medical fund, including advice on contribution levels that shall be expected to be made in order to meet the target set for the medical benefits of members upon retirement.

5. (1) A member, sponsor or both shall make contributions to a post-retirement medical fund in accordance with the medical fund rules:

Contributions.

Provided that—

- (a) any contribution by the sponsor shall be supported by the sponsor’s resolution in writing, which shall be submitted to the Authority; and
- (b) all contributions shall vest in the member immediately.

(2) The medical fund rules shall allow for the variation of contribution rates upon reasonable notice to the trustees.

(3) The contributions into a post-retirement medical fund shall be—

- (a) a fixed percentage of the member’s pensionable emoluments, including other employment-related emoluments; or
- (b) a shilling amount.

(4) The contribution amount or rates may be based on a target level of post-retirement medical benefits.

6. (1) Each post-retirement medical fund shall be administered and managed by trustees to the exclusive benefit of members and their beneficiaries.

Administration and investment.

(2) The trustees may appoint new service providers for the post-retirement medical fund or may retain the service providers of the scheme.

(3) Each post-medical retirement fund shall be segregated from the funds of the scheme.

(4) The contributions made into a post-retirement medical fund shall be invested in accordance with the investment policy of the scheme:

Provided that each scheme shall be required to prepare a separate investment strategy for the post-retirement medical fund where the value of the medical fund is at least fifty million shillings.

(5) The provisions of the Act and regulations thereunder in respect of reporting, communication, disclosure, administration and management of schemes shall apply in respect of post-retirement medical funds.

(6) The annual scheme benefit statement shall disclose the contributions made to the post-retirement medical fund and the investment income for the period under consideration.

(7) Except as may otherwise be agreed with the sponsor, the administration and management expenses of a post-retirement medical fund shall be paid out of the medical fund.

7. (1) Medical fund rules shall provide that a member shall not be permitted to access the benefits while the member remains in the employment of the sponsor.

Access.

(2) A member may, subject to the approval of the trustees, be allowed to access the medical benefits on the ground of ill health or if the member becomes incapacitate due to ill health.

(3) Medical fund rules shall specify how the funds shall be accessed:

Provided that—

- (a) the scheme shall allow members a period of one year from the date of retirement to exercise their option under this paragraph; or
- (b) on exit from the employment of the sponsor before the attainment of retirement age, the medical funds shall be treated in the following manner—
 - (i) the funds may be transferred to another post-retirement medical fund elected in writing by the member:

Provided that the scheme shall, within sixty days from the date of the election, transfer the medical funds to the medical fund elected by the member;

- (i) the post-retirement medical fund may defer access to the benefits by the member until the member attains retirement age; or

(ii) the member may access the medical funds in the form of medical benefits.

(4) A member may opt for the payment of the total amount of accrued benefits from a post-retirement medical fund if—

- (a) that member leaves employment before attaining retirement age on the ground of emigrating from Kenya without the intention of returning to reside in Kenya; and
- (b) the trustees have approved the payment of the retirement benefits to that member and submitted, at least fourteen days before the payment of the benefits, the approval to the Authority.

(5) Scheme rules may allow members to access their medical benefits in any of the following ways—

- (a) retaining the funds within a post-retirement medical fund for the purpose of purchasing a medical cover;
- (b) retaining the funds within a post-retirement medical fund for the purpose of offsetting any medical expenses incurred as and when they fall due;
- (c) transferring the accrued amount to a medical cover provider other than another post-retirement medical fund for the purpose of purchasing a medical cover or offsetting any medical expenses incurred as and when they fall due; or
- (d) purchasing an annuity for the purpose of paying annual medical cover premiums.

(6) The benefits contemplated in paragraph (5) (a), (c) or (d) may be accessed by a spouse at the option of the member.

(7) On the death of a member, the benefits shall be paid to the beneficiaries in accordance with the medical fund rules.

8. The trustees may amend the scheme rules to allow members who have attained retirement age to transfer a portion of their scheme benefits to a medical cover provider:

Transfer of member's portion.

Provided that a member—

- (a) shall not transfer more than ten percent of the accrued benefits before commutation to the medical cover provider; and
- (b) may transfer all the accrued benefits from additional voluntary contributions to the medical cover provider.

9. (1) Where a sponsor contributes to a post-retirement medical fund and the fund's design provides for guarantees regarding the level of medical benefits a member shall be entitled to, the consent of the sponsor shall be required in determining the level and design of the guarantees, including before amending the level and design of the guarantees.

Actuarial valuation.

(2) A post-retirement medical fund with the guarantees specified in subparagraph (1) shall be required to conduct actuarial valuations of the fund at least once in every three years.

(3) The scheme rules shall specify how deficits or surpluses in the post-retirement medical fund shall be offset or utilised.

Dated the 11th October, 2018.

NZOMO MUTUKU,
Chief Executive Officer,
Retirement Benefits Authority.

LEGAL NOTICE NO. 193

THE RETIREMENT BENEFITS ACT

(No. 3 of 1997)

IN EXERCISE of the powers conferred by section 55 (3) of the Retirement Benefits Act, 1997, the Retirement Benefits Authority issues the following guidelines—

THE RETIREMENT BENEFITS (GOOD GOVERNANCE
PRACTICES) GUIDELINES, 2018

PART I—PRELIMINARY

1. These guidelines may be cited as the Retirement Benefits (Good Governance Practices in the Management of Retirement Benefits Schemes) Guidelines, 2018.

Citation.

2. In these guidelines, unless the context otherwise requires—

Interpretation.

“actuary” has the meaning assigned to it in section 2 of the Act;

“administrator” means a person appointed by trustees of a scheme under such terms and conditions as may be specified by the trustees;

“beneficiary” means a person, other than the member of the scheme, who is entitled to receive or is receiving a benefit under a retirement benefits scheme;

“corporate trustee” means a trust corporation;

“custodian” has the meaning assigned to it in section 2 of the Act;

“independent trustee” means a trustee who has been nominated by the sponsor and who does not have a material or pecuniary relationship with the scheme;

“insider information” means information that comes into the trustees’ or service providers’ possession because of their role in the management of the management of the scheme which may be used to the detriment of the scheme;

“key person” means a person who has authority to plan and control the business operations of a scheme and whose absence would materially affect the performance of the scheme;

“manager” has the meaning assigned to it in section 2 of the Act;

“member” means a member of a scheme including a person entitled to receive or is receiving benefits under a scheme;

“public” includes persons who are not sponsors or members of schemes, service providers or any person whose interests are not represented in the scheme;

“related company” has the meaning assigned to it in section 3 of the Act;

“retirement benefits scheme” has the meaning assigned to it in section 2 of the Act;

“scheme” has the meaning assigned to it in section 2 of the Act;

“scheme rules” means the rules specifically governing the constitution and administration of a particular scheme;

“service provider” means a person who has entered into an agreement with the trustees of a scheme to provide services required under the Act to the scheme and includes a company registered under the Companies Act, 2015, custodians, managers and administrators;

“sponsor” means a person who establishes a scheme;

“trustee” means a trustee of a scheme fund and includes a trust corporation;

“trust corporation” has the meaning assigned to it in section 2 of the Act; and

“unusual occurrence” means any act or outcome that is considered to be in contravention of any written law and which may jeopardise the rights of members or sponsors of a scheme.

3. (1) The purpose of these guidelines shall be—

Purpose of the guidelines.

- (a) to enable sponsors, members, trustees and service providers to implement and promote proper standards of conduct and sound governance practices; and
- (b) to ensure that sponsors, members, trustees and service providers exercise their fiduciary duties effectively and diligently.

(2) These guidelines shall not restrict or supersede the proper judgment of sponsors, members, trustees or service providers in conducting the day to day affairs of the scheme.

4. (1) These guidelines shall apply to all schemes regulated by the Authority in respect of the duties, responsibilities and expected behaviour of sponsors, members, trustees and service providers in the conduct of the affairs of the scheme.

Application and scope of guidelines.

(2) Unless otherwise provided in these guidelines, these guidelines shall apply in respect of individual trustees and individual directors of corporate trustees.

**EXPLANATORY MEMORANDUM TO THE RETIREMENT BENEFITS (POST-
RETIREMENT MEDICAL FUNDS) GUIDELINES, 2018**

LEGAL NOTICE NO. 192 OF 2018

PART I

Name of Statutory Instrument	:	The Retirement Benefits (Post-Retirement Medical Funds) Guidelines, 2018
Name of the Parent Act	:	The Retirement Benefits Act (Cap 197, Laws of Kenya)
Enacted Pursuant to	:	Section 55 (3) of the Retirement Benefits Act
Name of the Ministry	:	The National Treasury and Planning
Gazetted on	:	25 th October, 2018
Tabled on	:	

PART II

1. Purpose of the Statutory Instrument

The purpose of the Retirement Benefits (Post-Retirement Medical Funds) Guidelines, 2018 is to facilitate the establishment, regulation and supervision of the management of post-retirement medical funds by:

- a) setting out the framework for the management and administration of post-retirement medical funds;
- b) providing guidance to schemes to provide for additional voluntary contributions by members in respect of post-retirement medical funds;
- c) providing guidance on transfers and access to post-retirement medical funds;
and
- d) other such guidance as may be required from time to time

2. Legislative Context

The legal framework for the Post-Retirement Medical Fund Guidelines is provided for for under:

- i. Section 55 (3) of the Retirement Benefits Act, which empowers the Retirement Benefits Authority (“the Authority”), from time to time, to issue guidelines, practice notes or codes of conduct for better administration of the retirement benefits schemes. Trustees of the retirement benefit schemes are required to comply with guidelines issued by the Authority under section 26(2) of the Retirement Benefits Act.
- ii. Regulation 14(2A) of the Retirement Benefits (Occupational Retirement Benefits Schemes) Regulations, 2000 as amended in 2016. This amendment requires schemes rules to allow for additional voluntary contributions by members in respect of funding of a medical fund to be accessed at retirement.
- iii. Regulation 19(6) of the Retirement Benefits (Occupational Retirement Benefits Schemes) Regulation, 2000 as amended in 2016. This amendment requires schemes rules to allow members to transfer a portion of benefits to a medical-cover provider where the member has been unable to build a post-retirement medical fund from additional contributions.

3. Policy Background

One of the key risks that retirees face upon retirement is the high medical cost. This usually rises at a pace greater than that of inflation. Financing health care cost remains a critical challenge during retirement for most Kenyans. Health insurance coverage is particularly important to older individuals given their relatively poor health, high rates of illness and high levels and variance of medical spending. As a result, most retirees who are lucky to have pension income have been forced to spend a significant proportion of their income on medical bills. In some cases, health provision for the aged has resulted into heavy financial burdens for government, families and the society.

In an effort to address the above challenge, the Finance Act, 2016, introduced amendments to the Retirement Benefits (Occupational Retirement Benefits Schemes) Regulations, 2000, requiring schemes to provide for the establishment of post-retirement medical funds. Subsequently, the Retirement Benefits Authority embarked on the development of the guidelines in October 2016. The guidelines would offer

guidance to employers, trustees, members and other stakeholders on the establishment and management of such funds.

The retirement benefits sector has grown from less than KShs. 50 billion, when the Authority commenced its operations in 2000, to KShs. 1,166.6 billion in June 2018. This is due to the Authority's enabling regulation and supervision of the sector. Research has shown that a significant proportion of retirement income is used to meet medical needs. It is therefore necessary to establish a framework through which members of retirement benefit schemes, with the support of their employers, can save an additional amount to be used to secure a medical cover in retirement.

The Guidelines are aligned with the Authority's mandate of developing the sector and protecting both the members as well as sponsors of the scheme. It is expected that the implementation of post-retirement medical funds will improve the quality of life in retirement, in addition to cushioning the retirement income for retirees.

4. Consultation Outcome

In developing the Guidelines, the Authority consulted with key stakeholders. This ensured that the drafting process addressed all the pertinent issues and the interests of members, trustees, employers and service providers.

The draft Guidelines were first circulated for stakeholders' comments and proposals in June 2017. Later it was published in the Authority's website in November 2017 and thereafter in January and March 2018. Two forums were held in Nairobi with mainly service providers in November 2017 and March 2018 respectively. In addition, public participation forums were also held in the following regions over the period 29/1/2018-9/2/2018: Nairobi, Nyeri, Mombasa, Kakamega, Kisumu, Meru, Nakuru, Machakos and Eldoret.

Below is a summary of the key comments received from the service providers, trustees, employers and members of public: -

Section	Draft after public forums (February 2018)	Draft after 1 st Stakeholders' Forum (November 2017)	Comment/Adoption
Definitions	<p>New terms defined:</p> <ul style="list-style-type: none"> - Employment-related emoluments - Medical fund rules - Scheme - Segregated - Spouse 		<ul style="list-style-type: none"> - Allow employers/members contribute from other employment-related emoluments. - Medical cover benefits anticipated to cover member's spouse. - The definition of 'medical fund rules', 'scheme' and 'segregated' introduced for clarity.
	<p>Post-retirement medical fund excludes medical funds established by employers and service providers outside existing schemes.</p>	<p>Post-retirement medical fund includes medical funds established by employers and service providers outside existing schemes.</p>	<p>Medical funds established outside existing schemes have been excluded because the Authority has no legal mandate to register and supervise such funds.</p>
Contributions	<p>An introduction of provisions on:</p> <ul style="list-style-type: none"> - Variable contributions - Contributions from employment related emoluments outside 		<p>The public felt it was critical for the guidelines to clarify that contributions may vary₄ over time and that they may come from bonuses, commissions e.t.c.</p>

	pensionable earnings		
Administration & Investment	Same Board of Trustees for both the scheme and the medical fund.	Allow different Board of Trustees for the medical fund and the scheme.	Since the medical fund shall be established within the scheme; then it would be prudent to have the Board of Trustees for the scheme manage the medical fund as well.
	Requirement for a separate Investment Policy Statement once the medical fund attains a value of Kshs 50 million	Requirement for a separate Investment Policy Statement after 3 years	The public view was that the medical fund may attain 3 years but still be too small to justify the cost of preparing a separate investment policy.
	Requirement for member's annual benefit statement disclosing contributions and interest		According to public views; it was important to bring out clearly this requirement in the guidelines.
	The scheme and the medical fund shall not share costs. However, the employer may support the medical fund	This was silent	According to the public, the scheme may not share cost with the medical fund since not all members of the scheme will join the medical fund. The sponsor may however provide seed fund to the medical fund.
Access	Allow members to access medical benefits on illness grounds during employment or in deferment subject to the approval of Trustees	Only allowed to access medical benefits upon leaving employment	Public- members may have genuine medical needs while still in employment and the guidelines should allow for such cases on Trustee's discretion.
	Upon exit, members will have an option to select a	Silent on this	Public proposed this be explicitly provided for

	<p>medical provider of their choice and this option can be exercised within one year.</p>		<p>just as the case is for selection of annuity providers.</p>
	<p>The issue of payment, subject to the rules of the medical fund, on exit before retirement remains outstanding.</p>		<p>A significant proportion of the public suggested that the benefits should be payable in cash while the other suggested they should only be accessed medically.</p> <p>While restricting access to medical purposes promotes the objectives of the medical funds, it:</p> <ul style="list-style-type: none"> - Is against the current regulation principles, which allow for payment of scheme benefits (and 100% of AVCs). - May act a disincentive for members to join the medical funds.
	<p>Clarity on the ways in which medical benefits will be received by members on retirement.</p>	<p>Silent on this</p>	<p>For the purposes of clarity and to guide Trustees and members. It was suggested that the guidelines disclose the ways in which members may receive the medical benefits in retirement.</p>

Levy	The provision exempting medical funds from levy was deleted	Levy exemption on medical funds	The Authority, through the Cabinet Secretary for the National Treasury and Planning sought and obtained exemption of post-retirement medical funds from the payment of levy through Legal Notices Nos. 139 and 144 of 2018.
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A Summary of key Areas of adoption into the final Guidelines

Section	Amendment	Comment/Adoption
Definitions	Segregated - means the medical funds are administered and managed jointly with the scheme funds, but are invested and reported separately within the same statutory reports of the scheme	- Redefined to bring out more clarity
	Scheme - means an occupational retirement benefit scheme as registered under the Retirement Benefits Act for provision of cash payment (one-off and/or regular) upon exit from the scheme	- Redefined to bring out more clarity
Contributions	Regulation 5(1) – Contributions to the medical fund may be made by the member, sponsor or both in accordance with the rules of the medical fund	Previously the word ' shall ' was used; which meant it was mandatory for sponsors to contribute.
Administration & Investment	Regulation 6(4)... Provided that every scheme shall be required to prepare a separate investment strategy for the post-retirement medical funds, where the medical fund value is not less than Kenya shillings fifty million Shillings (Kshs. 50M).	An investment strategy would be ideal since the investment policy statement of the scheme may carry a section on the investment strategy of the medical fund. Therefore, there is no requirement to prepare a different investment policy statement for the medical fund. This may also control the issue of cost.
Access	Regulation 7(2) ... a member may be allowed to access the medical	This provision was deemed to be against the regulations, which restrict access of benefits while in service of

	benefits whilst in service ...	the employer. It has been revised to Clause 7(2)... “a member may be allowed to access the medical benefits on grounds of ill health or if the member becomes incapacitated due to ill health, subject to the approval of Trustees”
	Regulation 7(3)(b)(iii)...Access the medical funds in form of medical benefits.	It was agreed that members who exit the scheme before retirement age should not be allowed to access benefits from the medical fund in form of cash.
	Regulation 7(5)... Scheme rules may allow members to access medical benefits in any of the following manner.	Previously the word “ shall ” was used, which meant that all medical funds would provide for the four options. It is envisaged that at least one route would suffice..

The Guidelines were reviewed with most of the comments from stakeholders incorporated in the draft. The Authority was also guided by research on global developments and best practices specifically in the United Kingdom and South Africa. In addition, the Authority benchmarked on two local post-retirement medical schemes which have been established by government agencies and have been in operation for over a decade

5. Guidance

The draft Guidelines were uploaded on the Authority’s website for ease of access by stakeholders and the public. Stakeholder workshops were organized to engage and inform stakeholders on the principles in the Guidelines considering that the concepts were new in the retirement benefits industry. Further, the Authority has been creating awareness by educating the public on the existence of the guideline and is planning for sensitization sessions where trustees, employers, service providers as well members will be educated on the requirements of the Guidelines.

The Authority shall keep posting updates on its website: www.rba.go.ke, annual pension magazine and social media sites such as Facebook: ‘RBA Kenya’ and Twitter: ‘rba_kenya’ to create awareness.

Documents incorporated into these Guidelines by reference are:-

- a. The Constitution of Kenya, 2010;
- b. The Retirement Benefits Act and Regulations thereunder; and
- c. The National Hospital Insurance Fund Act, 1998.

All available at www.kenyalaw.org

6. Impact

6.1 Impact on Fundamental Rights and Freedoms

The Guidelines seek to lay out a legal framework for the establishment and operation of post-retirement medical funds, which will exist within the current registered retirement benefit schemes. The Guidelines have taken into consideration Chapter Four of the Constitution by incorporating principles like equality and freedom from discrimination, right and access to information, freedom of expression, and privacy of individual information.

The Guidelines do not limit or infringe upon any right or fundamental freedom under the Bill of Rights. On the contrary, it ensures mechanisms are in place to promote transparency, efficiency and accountability in the day-to-day running of the schemes.

6.2 Impact on the Private Sector

The Guidelines seek to enhance retirement benefits for retirees and hence minimizing reliance on society in medical needs provision. It provides a framework for saving in which both the employer and employee can participate to create a medical cushion for life after retirement. Regulation of such funds will boost confidence in their management and it is anticipated that more employers and individuals will be encouraged to start saving for this purpose. As a result, the private sector is anticipated to grow through increased opportunities for investment, growth of health insurance and other sectors since funds previously used for medical bills will be available for investment. In addition, a healthy society is a productive society

6.3 Impact on the Public Sector

The funds saved for medical provision will be available for investment with a long-term view and this will promote the economic growth of the country. Regulation of the post-

retirement medical funds will ensure that both the private and public sector funds are run more professionally and mismanagement by both trustees and service providers is reduced.

In addition, private medical provision in retirement will minimize reliance from the National Government and improve the standards of living and productivity of retirees. The National Hospital Insurance Fund is in a unique position to attract a significant number of retirees at the point of benefit provision which will increase its coverage and growth in terms of funds

6.4 Summary of Impact Assessment

The Guidelines provide a framework for regulation on establishment and management of post-retirement medical funds. Such a framework will provide guidance and increase public confidence, which will greatly promote the development of post-retirement medical funds and enhance social protection for Kenyans through provision of medical cover in retirement. This is in line with one of the government's Big Four Agenda of universal health care. The welfare of retirees will be improved by the uptake of the post-retirement funds and the amount of retirement income used to meet medical bills will decline. The funds used by government and society for the provision of health services to retirees are likely to reduce significantly. The savings will also increase the resources available for investment in both the private and public sector, which will promote growth of the economy.

7. Monitoring and review

The boards of trustees jointly and severally are responsible for ensuring compliance with these Guidelines. Where trust secretaries are appointed, and scheme administrators contracted, they will be required to ensure compliance as appropriate. Statutory reports and returns will be required in the supervision and regulation of the funds

The Authority will regularly perform evaluation, analysis and inspection of the schemes to assess the implementation of these Guidelines. In the event of any non-compliance, the Authority will take regulatory actions as provided in the Retirement Benefits Act and related Regulations.

8. Contact

NZOMO MUTUKU
Chief Executive Officer – Retirement Benefits Authority

29th October, 2018