



## LAST EXPENSE BENEFITS CLAIM FORM

All questions must be answered in full and in Block letters

Name of Institution:

P.O. Box:         Postal Code:       Town:

Policy No.:  Policy Date:   /   /

### PART I: CAUSE OF DEATH (Tick Selected Option)

I. Natural Death:  Hospital

II. Accidental Death:  (name Of The Hospital) .....

### PLACE OF DEATH (Tick Selected Option)

Home  Others

(Village/Estate) ..... (Specify)

If natural death please indicate the nature of the disease .....

### PART II: MEMBER DETAILS

Name of Principal Member:

Member ID/Passport No.:  Mobile No.:

Member No.:  Huduma No.:

Name of Deceased:  Age at Death:

Relationship (to principal member):  Date of Death:   /   /

### PART III: BENEFIT AMOUNT CLAIMED

KES.:

Payment Mode:

(Tick Selected Option)

Cheque

Bank Transfer

Mobile Money

### PART IV: PAYEE ACCOUNT DETAILS

Account Name:

Bank Name:

Branch Name:  Account No.:

Swift Code:           Bank Code:      Branch Code:

Mobile No. (for Mobile Money):

### PART V: DECLARATION BY MEMBER

**I/We** ..... declare that all statements made on this form are complete and true and **I/We** agree they shall form part of my application. **I/We** fully understand the terms, conditions and benefits of the policy. **I/We** agree that if the above declaration is not true, the benefits under this scheme shall be null and void.

Signature:

Date:   /   /

**INSTRUCTIONS:** Please submit the following:

- Executed Benefit Claim Form
- Certified copy of Original Burial Permit from a Morgue or Hospital
- Copy of Police Abstract for Accidental Deaths
- Claimant's National Identification card.
- Copy of Deceased National Identification **OR** Copy of Certified Surrender of National ID Letter
- Any other documents deemed necessary for admission of claim.

### PART V: OFFICIAL CERTIFICATION BY SACCO

Name: \_\_\_\_\_ Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:   /   /

\*SACCO STAMP

### For Official Use Only

### DOCUMENTS ATTACHED

(Tick after confirming)

1. Executed Benefit Claim Form

2. Certified copy of Original Burial Permit from a Morgue or Hospital

3. Copy of Police Abstract for Accidental Deaths

4. Copy of Claimant's National Identification card.

5. Copy of Deceased National Identification card **OR** Copy of Certified Surrender of National ID Letter

### PART VII: OFFICIAL CERTIFICATION (FOR ALL CLAIMS)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:   /   /