



BENEVOLENT CLAIM FORM

**Please complete this form and return it to us promptly. All questions must be fully answered.
Blanks are not accepted**

A.DETAILS OF COVERAGE

NAME OF INSURED: _____

POSTAL ADDRESS: _____

TELEPHONE : _____

B.MEMBERS DETAILS

Name _____ Member No. _____

Deceased Name: _____

Relationship _____ Date of Birth _____ Sex _____

Occupation _____ Date of Bereavement _____

C. BENEVOLENT EXPENSE CLAIM AMOUNT

Monthly Premium Kshs. _____ Claim Amount Kshs. _____

D. MEMBERS DECLARATION

I hereby declare and certify that all particulars furnished herein are true records at the date of claim

Name of Member _____ Signature _____

Date _____

(Requirements for processing claim: Attach original Burial Permit and Copy of Members and Dependents ID)

FOR OFFICIAL USE ONLY

We herewith confirm and accept the approval of above claim and hereby authorize the accountant to disburse the funds as per the appropriate mode of payment for the above amount

.....And.....And.....

CREDIT MANAGER

CEO/MANAGER

ACCOUNTANT/FINANCE MANAGER

DATE.....DATE.....DATE.....