



Benevolent [Last Expense Plan] Claim Form

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED

Member No

DETAILS OF CLAIMANT...

Title Surname Other Name(s)

ID/Passport No Relationship to Deceased

Telephone [W] [H] Mobile

DETAILS OF DECEASED...

Title Surname & Other name(s)

Date of Birth ID/Passport No

Date of Death Date of Joining Scheme

Relationship to Main Member Self Spouse Child Parent Brother Sister Parent-in-Law
 Other

Cause of Death Natural Accidental

Amount Claimed

DECLARATION AND CERTIFICATION...

I/We, the undersigned, and duly authorized to make this declaration, hereby declare that the deceased qualified for benefits in terms of the policy at the date of death, that the above information is complete and correct, and we recommend that the claim be admitted. Further, that the claimant has verified the accuracy of the payee details before submitting the claim and that the payment of the proceeds due in respect of the said member/life assured as selected on Section D shall represent the full discharge of Safaricom SACCO Limited's liability.

Title Surname Other Name(s)

Signature Date

REQUIRED CLAIMS DOCUMENT (S)

Tick Attached Docs Accordingly

Copy of Burial Permit Stamped by Hospital or Mortuary.
(If Not, Share Mortuary Admission/Receipts/Discharge Forms) Yes No

Certified copy of ID/Passport document of the scheme member or beneficiary
(Where the Deceased Is a Member) Yes No

Certified copy of the marriage certificate if it's a spouse claim Yes No

Certified copy of marriage certificate and birth certificate to spouse
(If the deceased is an in law). Yes No

Certified copy of the birth certificate if it's a child or parent's claim Yes No

Satisfactory proof of a stillborn child will be required at claim stage Yes No

Police abstract report for accidental death Yes No

All required claim documentation must be emailed to: sacco@safaricom.co.ke
or be submitted to any Safaricom SACCO Offices.