



Kuscco Mutual Assurance
Your life assured

Proposal Form No.

KUSCCO Centre, Kilimanjaro Avenue, Upper Hill, 1st Floor
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Safaricom Sacco
L I M I T E D

LAST EXPENSE PLAN MEMBERSHIP APPLICATION FORM

Name of Group/SACCO _____

Intermediary: _____ Tel. No.: _____

DETAILS OF PRINCIPAL MEMBER

Name (in Block Letters) of the person by whom the assurance is to be effected.

Title First Name Middle Name(s) Surname

National Identity Card No.: _____ KRA PIN: _____

D.O.B.: _____ Phone Number: _____

P. O. Box: _____ Postal code: _____ email: _____

Occupation: _____

COVER OPTIONS

(Tick Selected Option)

Relation/Premium (SACCO)	Ksh 300 per month	Ksh 600 per month	Ksh 900 per month	Ksh 1200 per month	
Self	100,000	200,000	300,000	400,000	<input type="checkbox"/>
Spouse (1)	100,000	200,000	300,000	400,000	<input type="checkbox"/>
Parents	50,000	80,000	140,000	150,000	<input type="checkbox"/>
Children (4)	50,000	80,000	140,000	150,000	<input type="checkbox"/>
Brother/Sister (4)	20,000	40,000	80,000	80,000	<input type="checkbox"/>
In-laws (2)	50,000	80,000	140,000	150,000	<input type="checkbox"/>

DEPENDENTS COVERED AGE LIMITS

Type of Member	Age Limit in Years
Principal Member	18-70
Spouse	18 - 70
Child	1 Month to 24 Years
Brothers/Sisters	1 Month - 70 Years
Parent of Principal Member / Spouse	85 Years

DEPENDENTS

Name:	Relationship:	D.O.B.	Phone No.:	I/D No./Birth Certificate No.:
	Spouse			
	Child 1			
	Child 2			
	Child 3			
	Child 4			
	Father			
	Mother			
	Father in law			
	Mother in law			
	Sibling 1			
	Sibling 2			
	Sibling 3			
	Sibling 4			
	Additional Spouse			
	Additional Dependents (Children below 24 yrs of age)			

NOTE: Attach Legal identification documents for the members covered i.e ID/Passport for adults and Birth Certificates for Children, and KRA PIN certificate of the Principal member.

DETAILS OF BENEFICIARIES

Name:	Contacts:	Relationship:	% of Benefit:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

- i) Executed affidavits MUST be produced where required documents are not available e.g. Birth Certificates, legal adoption documents, guardianship/sponsorship, Marriage Certificates etc.
- ii) Where child is in college, college ID copies should be attached.
- iii) Policy commences ones Documents and Premium is received.

DECLARATION:

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

Member's Signature _____ Date _____

MODE OF PAYMENT:

(Tick Selected Option)

1. Mpesa i) Paybill No. 505100
ii) Account No - Your ID No.BEN e.g. 12345678BEN
iii) Enter amount payable
iv) Enter Mpesa PIN & Ok
2. Cheque (Pay Safaricom SACCO Ltd)
3. Any other (Specify)

NB: For Mpesa payment, please indicate the amount and the confirmation number.