



LAST EXPENSE BENEFIT CLAIM FORM

SACCO/ORGANIZATION LTD

P O BOXPOST CODE

TOWN TEL EMAIL

POLICY No.: EFFECTIVE DATE:

PART I CAUSE OF DEATH (tick appropriately)

I. Natural Death Claim

II. Accidental Death Claim

PART II MEMBER DETAILS

Name of Principal Member: Member Number:

Name of Deceased (if not Principal Member):

Relationship (to Principal Member): Date of Death:

PART IV BENEFIT AMOUNT CLAIMED:

Kes

SIGNATURE:

PART V OFFICIAL CERTIFICATION (FOR ALL CLAIMS)

I/We hereby certify that, to the best of our knowledge the above information is correct and that total premium has been paid for the amount(s) claimed:

Name/Signature of Signatory: Title Date:

Name/Signature of Signatory: Title Date:

INSTRUCTIONS: Please Submit:

- a. Executed Benefit Claim Form.
- b. Certified copy of Original Burial permit.
- c. Claimant's Identification Document (ID) and Deceased's Surrender of ID letter.
- d. Membership Application form (if a member of organization/SACCO).
- e. Copy of Police Abstract for Accidental Deaths.

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