



Kuscco Mutual Assurance
Your life assured



Last Expense Benefit Claim Form No.

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LAST EXPENSE BENEFITS CLAIM FORM

(Tick Selected Option)

- INDIVIDUAL
 GROUP
 SACCO

All questions must be answered in full and in Block letters

Name: _____

P.O. Box: _____ Postal Code: _____ Town: _____

Policy No.: _____ Policy Date: / /

PART I: CAUSE OF DEATH (Tick Selected Option)

I. Natural Death: Hospital Home Others

II. Accidental Death: _____
(name Of The Hospital) (Village/Estate) (Specify)

If natural death please indicate the nature of the disease _____

PLACE OF DEATH (Tick Selected Option)

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: Cheque
(Tick Selected Option) Bank Transfer
 Mobile Money

PART IV: SAFARICOM SACCO ACCOUNT DETAILS

Account Name: _____

Bank Name: _____

Branch Name: _____ Account No.: _____

Swift Code: _____ Bank Code: _____ Branch Code: _____

Mobile No. (for Mobile Money): _____

PART V: DECLARATION

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.

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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 VI: OFFICIAL CERTIFICATION (FOR ALL CLAIMS)

Name: _____ Title: _____

Signature: _____ Date: / /