

# 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  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 QONA 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified copy of ID/Passport document of the scheme member or beneficiary (Where the Deceased Is a Member)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified copy of the marriage certificate if it's a spouse claim	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified copy of marriage certificate and birth certificate to spouse (If the deceased is an in law).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified copy of the birth certificate if it's a child or parent's claim	<input type="checkbox"/> Yes <input type="checkbox"/> No
Satisfactory proof of a stillborn child will be required at claim stage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Police abstract report for accidental death	<input type="checkbox"/> Yes <input type="checkbox"/> No

All required claim documentation must be emailed to: [sacco@safaricom.co.ke](mailto:sacco@safaricom.co.ke) or be submitted to any QONA SACCO Offices.