

GROUP LIFE / GROUP CREDIT CLAIM FORM

A. MEMBER DETAILS

Name of Scheme		Policy Number:	
Name of Member		ID No:	
Membership No.		Ceasation of Membership	

B. REQUIRED DOCUMENTS

Please enclose the following marked documents while returning this form. (Tick where applicable)

CLAIM TYPE	REQUIRED DOCUMENTS SUBMITTED (TICK)
Death (Main Cover)	Certified true copy of Death Certificate <input type="checkbox"/>
	Identity Copy <input type="checkbox"/>
	Scheme Notification letter <input type="checkbox"/>
	Loan statement (Group Creditor Schemes) <input type="checkbox"/>
Riders (Indicate below)	Original Burial Permit/Certified True Copy of Death Certificate (for last expense)
.....	(Death related riders) <input type="checkbox"/>
.....	Scheme notification letter <input type="checkbox"/>
.....	Medical Report from the last attending Physician <input type="checkbox"/>
.....	(Doctor's Medical Report (Permanent & Total Disability & Critical Illness)
.....	On the first diagnosis (Critical Illness) <input type="checkbox"/>

C. DEATH CLAIMS

1. Was the member in active employment at the time of death	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have all premiums owed under the policy been paid	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(NB: No claim is payable until all outstanding Premiums/arrears have been remitted)		
3. Briefly describe the circumstances surrounding the death		
.....		
.....		

**PERMANENT AND TOTAL DISABILITY AND CRITICAL ILLNESS CLAIMS
(This section to be completed by a qualified medical practitioner.)**

a. Name of the patient

b. What was the diagnosis of the patients condition?
.....

c. When did the symptoms first occur?

d. Has the accident/sickness resulted into a permanent or partial disability?

e. In your opinion, is the patient able to work?

f. If not, when do you expect the patient to return to work?

g. If already returned to work, please give date and details.....

Name

Signature and Qualification of the Medical Practitioner

Designation of the Medical Practitioner

Official Rubber Stamp

Date..... Signature

E. PAYMENT DETAILS (FILL IN BLOCK LETTERS)

Account Name	
Name of Bank	
Bank Branch	
Account Number	

F: AUTHORIZED BY:

I/we hereby declare the above information is true to the best of my/our knowledge (Terms and Conditions apply)

Name of Scheme Trustee	
Title	
Trustees' Signature	
Date	
OFFICIAL STAMP	