

RISK MANAGEMENT FUND LAST EXPENSE CLAIM FORM

A. CLAIMANT DETAILS: -

CLAIMANT'S FULL NAME _____
 NATIONAL I.D CARD/PASSPORT NO _____ MOBILE NO _____
 RELATIONSHIP WITH DECEASED _____ MEMBER NUMBER _____

B. DECEASED DETAILS

1. Type of claim (Tick where applicable)

- a. **Member last expense claim. KES. 50,000** (Upon death of a member)
 b. **Nominee claim. KES. 20,000** (Upon death of a nominee)

<u>Name</u>	<u>ID No.</u>	<u>MNo.</u>

2. List of documents attached

Death Cert. (YES/NO) _____ Burial Permit (YES/NO) _____ I.D. copies/Self /deceased/Birth Certificate (tick approp.)

C. TERMS AND CONDITIONS: -

Risk management fund claim payments shall be made only upon certified death of a principal member or nominees. That all claims are supported by a **burial permit and/or death certificate** plus any other documentation that may be prescribed by the Board of Directors. Risk management fund claim covers up to a **maximum of four nominees** for the entire duration of membership and claims are carried forward for rejoining members. Claims for last expense for nominee other than the principal member will only be processed after clearing all loan, risk fund and deposit variances to claim last expense for nominees. In the event that the member updated list of nominees a waiting period of six months is required before benefiting for last expense for nominees. For immediate family member, you will be expected to provide Burial permit, a letter from the area chief if the permit is issued by the Chief and or any hospital documentation if the permit is issued from the hospital, I.D copies of the claimant and the deceased.

Applicant's Signature: _____ **Date:** _____

D. FOR OFFICIAL USE: -

1. Documents attached

Received by: Name _____ Signature: _____ Date: _____

2. Remarks: _____

Registry: Name _____ Signature: _____ Date: _____

3. Remarks: _____

Internal Audit: Name _____ Signature: _____ Date: _____

4. Remarks: _____

Recommended by C.E.O: Name _____ Signature: _____ Date: _____

5. Remarks: _____

Approved/Not Approved Chairman: Name _____ Signature: _____ Date: _____