

Death claim form

Employee Benefits

METROPOLITAN
LIFE KENYA



Please write clearly using block letters and tick appropriate blocks

Scheme name	<input type="text"/>		
Employer name	<input type="text"/>		
Employee number	<input type="text"/>	Scheme number	<input type="text"/>

A - Member's details

Surname & title	<input type="text"/>	Employee ref. no.	<input type="text"/>
Alternative surname	<input type="text"/>	Date of birth (yyyy/mm/dd)	<input type="text"/>
First name & initials	<input type="text"/>		
Identification number	<input type="text"/>		
*Income tax number	<input type="text"/>	*Revenue office	<input type="text"/>
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Postal address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Date of joining the employer? (yyyy/mm/dd)	<input type="text"/>	Date of joining the Fund?	<input type="text"/>
Was the member "actively-at-work" at the date of joining the Fund as well as at the date of the last increase in cover? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Last day at which the member was actively-at-work?	<input type="text"/>	* Information not required i.r.o. a claim for funeral benefits.	

B - Deceased's details

Name of deceased	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to member?	Member <input type="checkbox"/>	Spouse <input type="checkbox"/>	Child <input type="checkbox"/>
Date of death (yyyy/mm/dd)	<input type="text"/>	*Pensionable salary at death	<input type="text"/> PM PA
Date of last contribution (yyyy/mm/dd)	<input type="text"/>	Amount of last contribution	<input type="text"/> PM PW
Date of birth (yyyy/mm/dd)	<input type="text"/>	Cause of death	<input type="text"/>
* Information not required i.r.o. a claim for funeral benefits.			

C - Payment details to Scheme

Name	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>	Post code	<input type="text"/>
Payment by cheque	<input type="checkbox"/>	Payment directly into bank or building society account	<input type="checkbox"/>
Name of bank/building society	<input type="text"/>		
Branch office	<input type="text"/>	Branch no.	<input type="text"/> Bank only
Account number	<input type="text"/>	Account type	<input type="text"/> Transmission, cheque, etc.



D - Employer's Discharge

The Employer hereby unconditionally absolves the Fund and Metropolitan Life Insurance Kenya and as necessary indemnifies and keeps indemnified the fund and Metropolitan Life Insurance Kenya from and against all and any loss, damage, cost and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Metropolitan Life Insurance Kenya, on behalf of the Fund, relying on and using any information supplied by the Employer, specially where the Employer has failed to obtain the beneficiary's signature on this notification.

Employer's stamp

Authorised signature

Name (Print)

Designation

Contact number

Date of birth (yyyy/mm/dd)

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NOTES

The following supporting documentation must be submitted at death of member:

Original or certified copy of death certificate.

Original or certified copy of the ID/Passport of the deceased.

Original or certified copy of the member's latest salary statement.

Where no date of birth is reflected on the death certificate, proof of age must be submitted

