

APPLICATION FOR
Dread Disease Benefit Statement by Employer

METROPOLITAN
LIFE KENYA



COMPLETE WHERE APPLICABLE USING BLOCK LETTERS, OR TICK APPROPRIATE BLOCK

FUND NAME:

EMPLOYER NAME:

EMPLOYER BRANCH NAME OR NUMBER: FUND NUMBER:

1. Employee details

Surname & title: Member ref. no.:

Alternative surname: Wage/paysheet no.:

First name and initials: Date of birth:

ID no: Occupation:

2. Dread disease details

Date of traumatic incident:

What illness/impairment has led to this claim?

Heart attack	<input type="checkbox"/>	Renal failure	<input type="checkbox"/>
Coronary artery surgery	<input type="checkbox"/>	Paraplegia	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	Major organ transplant	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Blindness	<input type="checkbox"/>

3. Service and membership details

Date of entry into service: Date of entry into fund:

Pensionable salary at: 1. Date of traumatic incident PM PA

2. Scheme anniversary immediately before traumatic incident

If (1) is greater than (2) indicate date of increase.

Declaration

I declare that, to the best of my knowledge, the particulars given above are true and complete. I authorise Metropolitan Life Insurance Kenya Ltd to disclose this information to any other party whose opinion is required for the assessment of the disability claim.

Name: (Please print) Official title:

Contact no.:

Signature of Supervisor/Manager Date

Employer's stamp

Please Note

- The following supporting documentation must be submitted:
- Proof of age - Certified copies of the following documents are acceptable:
 - Identity document
 - Birth certificate
 - Baptismal certificate
- Application for Dread Disease Benefit form: Statement by Employee
- Application for Dread Disease Benefit form: Statement by Medical Examiner

