

CLIENT SERVICES UNIT DEATH CLAIM FORM

Principal Membership Number

Date:

Deceased Membership Number

Principal Member's Name:

Telephone Number:

Email Address:

TYPE OF CLAIM

Claim on principal member

Claim on nominated member

DETAILS OF DECEASED MEMBER

Package Type: Brass Brass Plus Bronze Silver Gold Diamond Platinum

Surname:

Middle name:

First Name:

Date of Birth:

Date of Death:

Relationship:

ID Type: Voter ID Driver's License Passport National ID NHIS

ID Number:

Place of Death: Home Hospital Other Please Specify

Body Deposited in Mortuary/Funeral Home: Yes No

Name and Contact details of Mortuary/Funeral Home

Date/Intended Date of Burial (DD/MM/YYYY)

(The Trust requires a minimum of **6 weeks** between the time of reporting and date of funeral; with no funeral events organized by the Trust in **December & January**)

Name of Church/ Mosque to handle the burial

DOCUMENTS ATTACHED

1. ID of Claimant
2. ID of Deceased
3. Death Certificate
4. Medical Cause of Death Certificate; affixed with the stamp of the specific doctor (general hospital stamps DO NOT suffice)
5. Police Report
6. Membership Card

CLIENT SERVICES UNIT PAYMENT INFORMATION FORM

Principal Membership Number

Date:

Principal Member's Name:

Telephone Number:

PAYMENT OPTION (please select only one preferred payment option)

Cash Benefit Amount GH¢

Bank Transfer

Name of Bank

Account Name

Account Number

Branch Name

Cheque Payment

Name of Payee

Mobile Money (MTN Numbers only)

Mobile Money Number:

Name on Mobile Money Wallet:

MTN Mobile Money payments have a threshold of not more than GHS2,000.00

ID Type: Voter ID Driver's License Passport National ID NHIS

ID Number:

OFFICE USE ONLY

Relationship Officer

Branch

Handled By

Designation

Signature

Date

Approved By

Designation

Signature

Date