



### BENEFIT CLAIM FORM

POLICY NUMBER:

ISSUE DATE:

#### APPLICATION FOR DEATH/BURIAL BENEFIT

The application for Death and Burial Benefit consists of the forms included in this packet, as well as the additional information noted under item 1 below. Please fill out every space on the death claim form to avoid delays in our examination for the application for benefit. If a section does not apply or a information is not available, please write 'NONE' in the space, so that we know you did not overlook the particular question. If an incomplete form is received, it may be returned for completion.

#### REQUIRED DOCUMENTATION FOR CLAIM APPLICATION SUBMITTED (PLEASE TICK)

|  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Death Certificate                      | <input type="checkbox"/> | Proof of age of deceased                               | <input type="checkbox"/> |
| Medical Certificate of Cause of Death  | <input type="checkbox"/> | (Voters ID, National ID, NHIS card, baptismal cert,    |                          |
| Police Report in case accidental death | <input type="checkbox"/> | Birth cert, Drivers license, passport, pensioner's ID) |                          |
| All available burial documentation     | <input type="checkbox"/> | Photo ID of claimant                                   | <input type="checkbox"/> |
| All available mortuary documentation   | <input type="checkbox"/> | (must be an acceptable national ID)                    |                          |

#### NOTE

1. If you are having challenges in accessing any of the above listed documents, please do not hesitate to contact our claims unit.

#### CAUTION

- Submission of fraudulent documentation even in genuine cases may result in undue delay or outright repudiation of your claim
- If after settlement of claim, ELAC's investigation prove that there was any fraudulent act in the processing of the claim, ELAC reserves the right to prosecute the claimant and publish the act in any national dailies or newspaper

#### IDENTIFICATION OF DECEASED

FIRST NAMES:  SURNAME:  DOB \*:

Maiden Names or Aliases where applicable:  RELATIONSHIP TO CLAIMANT:

#### 1. DECEASED PARTICULARS PRIOR TO DEATH

##### a. Contact Details (Telephone Numbers ):

HOME:  MOBILE:  WORK:

POSTAL ADDRESS:

##### b. Physical Address:

TOWN:  SUBURB:  HOUSE NO.:

NOTABLE LAND MARK:

##### c. Employer Details:

ORGANISATION:  OCCUPATION:  TEL:

LOCATION:  ADDRESS:

##### d. Religious details

RELIGION :  DENOMINATION:

NAME OF WORSHIP CENTRE :

ADDRESS:

NOTABLE LANDMARK:

|   |  |
|---|--|
|   |  |
| <b>e. Death Description</b>   |  |
| DATE OF DEATH: <input style="width: 90%;" type="text"/>   |  |
| PLACE OF DEATH (HOME, HOSPITAL, OTHER) : <input style="width: 90%;" type="text"/>   |  |
| CAUSE OF DEATH: NATURAL <input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> EXACT CAUSE OF DEATH: <input style="width: 60%;" type="text"/> TIME OF DEATH: <input style="width: 10%;" type="text"/> |  |
| <b>f. Details of Mortuary/Funeral Home</b>  |  |
| BODY DEPOSITED AT MORTUARY OR FUNERAL (Y/N) <input type="checkbox"/>  |  |
| NAME OF MORTUARY: <input style="width: 90%;" type="text"/>  |  |
| PHONE NUMBER: <input style="width: 90%;" type="text"/>  |  |
| <b>g. Death By Accident (if applicable)</b>   | <b>h. Medical Details</b>  |
| SUMMARY OF ACCIDENT : <input style="width: 90%;" type="text"/>  | HOSPITAL NAME <input style="width: 90%;" type="text"/>               |
| PLACE OF ACCIDENT : <input style="width: 90%;" type="text"/>  | NAME OF DOCTOR <input style="width: 90%;" type="text"/>              |
| NAME/ADDRESS OF POLICE STATION : <input style="width: 90%;" type="text"/>   | PHONE (DOCTOR AND HOSPITAL) <input style="width: 90%;" type="text"/> |
| please attach copy of police findings   |  |
| <b>i. Burial Information</b>  |  |
| HAS DESEACED BEEN BURIED (Y/N) : <input type="checkbox"/>   |  |
| NAME OF CEMETERY / INTENDED CEMETERY <input style="width: 90%;" type="text"/>   |  |
| DATE OR INTENDED DATE FOR BURIAL : <input style="width: 90%;" type="text"/>   |  |
| NAME OF RELIGIOUS BODY BODY THAT HANDLED THE BURIAL SERVICE : <input style="width: 90%;" type="text"/>  |  |
| <b>2. PARTICULARS OF CLAIMANT</b>   |  |
| FIRST NAME : <input style="width: 30%;" type="text"/> SURNAME : <input style="width: 30%;" type="text"/> DOB : <input style="width: 10%;" type="text"/>   |  |
| <b>a. Contact Details (Telephone Numbers)</b>   | <b>b. Physical Address</b>   |
| HOME : <input style="width: 90%;" type="text"/>   | TOWN : <input style="width: 90%;" type="text"/>                      |
| MOBILE : <input style="width: 90%;" type="text"/>   | SUBURB : <input style="width: 90%;" type="text"/>                    |
| WORK : <input style="width: 90%;" type="text"/>   | HSE. NO. : <input style="width: 90%;" type="text"/>                  |
| POSTAL ADDRESS : <input style="width: 90%;" type="text"/>   | NOTABLE LANDMARK : <input style="width: 90%;" type="text"/>          |
| <b>c. Employer Details</b>  | <b>d. Bank Account Details</b>                                       |

|                |                      |                  |                      |
|----------------|----------------------|------------------|----------------------|
| ORGANISATION : | <input type="text"/> | BANK NAME :      | <input type="text"/> |
| OCCUPATION :   | <input type="text"/> | BRANCH NAME :    | <input type="text"/> |
| DEPARTMENT:    | <input type="text"/> | ACCOUNT NUMBER : | <input type="text"/> |
| PHONE EXT. :   | <input type="text"/> |                  |                      |

**3. PARTICULARS OF CLAIMANT'S SIBLING FROM A RECOGNIZED INSTITUTION(S)**

FIRST NAME:  SURNAMES:  DOB :

|                           |                            |
|---------------------------|----------------------------|
| <b>a. Contact Details</b> | <b>b. Physical Address</b> |
|---------------------------|----------------------------|

|                                       |  |
|---------------------------------------|--|
| HOME : <input type="text"/>           | TOWN : <input type="text"/>            |
| MOBILE : <input type="text"/>         | SUBURB : <input type="text"/>          |
| POSTAL ADDRESS : <input type="text"/> | HSE. NO. : <input type="text"/>        |
|                                       | NOTABLE LANDMARK: <input type="text"/> |

**c. Employer details**

ORGANISATION :

DEPARTMENT:

OCCUPATION:

PHONE EXT:

**4. PARTICULARS OF CLAIMANT'S SPOUSE (IF NOT SAME AS DECEASED)**

FIRST NAMES :  SURNAME:  DOB :

|                           |                            |
|---------------------------|----------------------------|
| <b>a. Contact Details</b> | <b>b. Physical Address</b> |
|---------------------------|----------------------------|

|                                       |  |
|---------------------------------------|--|
| HOME : <input type="text"/>           | TOWN : <input type="text"/>              |
| MOBILE : <input type="text"/>         | SUBURB : <input type="text"/>            |
| POSTAL ADDRESS : <input type="text"/> | HSE. NO. : <input type="text"/>          |
|                                       | NOTABLE LAND MARK : <input type="text"/> |

**c. Employer Details**

ORGANISATION :

OCCUPATION :

DEPARTMENT :

PHONE EXT:

**5. PARTICULARS OF ELDEST CHILD OF DECEASED**

FIRST NAMES:  SURNAME:  DOB :

**a. Contact Details**

HOME :   
MOBILE :   
WORK :   
POSTAL ADDRESS :

**b. Physical Address**

TOWN :   
SUBURB :   
HSE. NO:   
NOTABLE LANDMARK:

**c. Employer Details**

ORGANIZATION :   
OCCUPATION :   
DEPARTMENT :   
PHONE EXT :

**d. Employer Address**

TOWN :   
SUBURB :   
REGION :

**Additional Information**

**Declaration**

I further declare that the above statements and answers to above questions are full and true, that I have withheld no material information and that I undertake to furnish any documentation which may be required by ELAC. I expressly waive all provisions of law, custom or professional etiquette forbidden any physician or other person who attended or examined the deceased, or any institution in which the deceased received treatment, to disclose any knowledge or information which was thereby acquired and I authorize all such persons or agencies to furnish any information in their possession to ELAC

SIGNATURE OF CLAIMANT

SIGNED DATE

NB: DOB = Date of Birth