

**LOCAL AUTHORITIES AND UTILITY SERVICES IN NAMIBIA (023418)
FUNERAL INSURANCE CLAIM FORM**

A. Particulars of Member

Full Names: _____
 Identity Number: _____ Date of Birth: ___/___/_____
 Employee Nr: _____ Gender: _____ Marital status: _____
 Date of permanent appointment: ___/___/_____
 Last date of active service: ___/___/_____
 Date of last contribution: ___/___/_____

B. Particulars of Deceased

Full Names: _____
 Identity Number: _____ Date of Birth: ___/___/_____
 Gender: _____ Marital status: _____
 Date of death: ___/___/_____
 Cause of death: _____

C. Description	Tick applicable box:	Amount Payable
Qualifying member		N\$ 42 000.00
Qualifying spouse		N\$ 42 000.00
Qualifying child (Age 14 years and over)		N\$ 42 000.00
Qualifying child (Age 6 years and over, but younger than 14 years)		N\$ 22 000.00
Qualifying child (younger than age 6 years and older than 1)		N\$ 10 000.00
Qualifying child (younger than age 1 years and still-born child)		N\$ 10 000.00

D. Documents required by Sanlam

1. Certified copies of the following:
 - Death certificate
 - Deceased's identity document
 - Medical causes of death certificate
 - Claimant's identity document
 - Marriage certificate or Certificate of Customary Union (in the case of a deceased spouse)
 - Full birth certificate (in the case of a deceased child)
2. A bank verification document
3. Copy of insured's latest pay slip
4. Latest Group Data

Please note:

- we will only process the claim once all the requested documents are provided
- additional documents aligning to the policy definitions may be requested
- Sanlam cannot be held liable to pay claims if any obligations in terms of the policy are not met

E. Beneficiary Details

Full Names:	_____
Bank Name:	_____
Branch:	_____
Account Number:	_____
Residential Address:	_____
Contact Details:	_____

F. Declaration and Certification

We, the undersigned, hereby declare that the deceased qualified for benefit in terms of the scheme at the date of death, that the above information is complete and correct, and we recommend that the claim be admitted.	
Signed at _____	on the _____ day of _____ cyy _____
On behalf of the scheme	
1. _____	(Capacity): _____

Official Stamp of Company/Principal Officer:

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