



## LAPF/12 CLAIM FOR GROUP LIFE ASSURANCE COVER – FUNERAL GRANT

**IMPORTANT NOTES:**

1. A copy of the deceased death certificate or burial permit duly certified by the employer should be attached
2. A Photocopy of the National Identification Card of the Claimant should be attached
3. The Next of Kin shall notify us of the death of a LAPFUND member and furnish us with all information necessary within 90 days
4. The claim shall be paid subject to the terms and conditions of this policy

<b>PART I – TO BE FILLED BY CLAIMANT (NOMINATED)</b>	
1.	Employer
2.	Name of deceased <b>(in capital letters)</b>
3.	LAPFUND membership number
4.	Date of Death
5.	Date of Termination of employment <b>(if different from date of death)</b>
6.	Date of cessation of contributions <b>(if different from above)</b>
7.	Full names of claimant <b>(in capital letters)</b>
8.	Mobile number
9.	Address
10.	Relationship to deceased
11.	<b>Claimants Bank Details (Please attach a copy of your bank card)</b>  Bank .....  Branch..... A/C Number .....
<p>I ..... of ID No. ....hereby declare on this <b>Date:</b> ..... that the foregoing statements are true to the best of my knowledge and understanding <b>Signature:</b> .....</p>	

<b>PART II – TO BE FILLED BY THE EMPLOYER</b>	
<b>Employer (Name)</b>	
<b>Employer (Stamp)</b>	
<p>I (Name) ..... the (Official Job Title)..... do confirm on behalf of the Sponsor that the information given above on this <b>Date</b> ..... is correct to the best of my knowledge and understanding. <b>Signature</b> .....</p>	

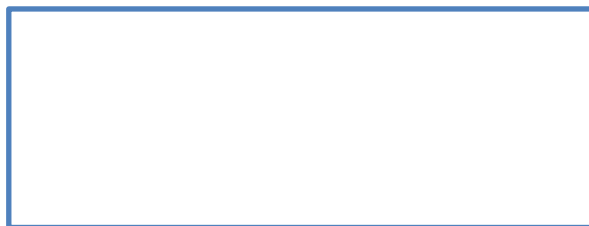
**LAPF/12 CLAIM FOR GROUP LIFE ASSURANCE COVER – FUNERAL GRANT**

**FOR LAPFUND OFFICIAL USE ONLY** (checked and received by)

NAMES .....

POSITION/DESIGNATION .....

SIGNATURE ..... DATE .....



**LAPFUND OFFICIAL RUBBER STAMP**

**THE CLAIM FORMS CAN BE OBTAINED FROM THE FOLLOWING LAPFUND OFFICES:**

<p><b>NAIROBI (Head Office)</b> P.O. Box 79592 – 00200 Nairobi, Kenya Kenyatta Avenue, ICEA Building, 8<sup>th</sup> Floor Nairobi. Tel: +254 709805000/ 100 Email: <a href="mailto:info@lapfund.or.ke">info@lapfund.or.ke</a> <a href="http://www.lapfund.or.ke">www.lapfund.or.ke</a></p>	<p><b>KISUMU (Western Zone Office)</b> Al-Imran Plaza, 2<sup>nd</sup> Floor Oginga Odinga Street Kisumu City, Kenya Email: <a href="mailto:kisumuoffice@lapfund.or.ke">kisumuoffice@lapfund.or.ke</a> Mobile: 0709805600</p>	<p><b>NAKURU (Rift Valley Zone Office)</b> Polo Centre, 1<sup>st</sup> Floor, Kenyatta Ave Nakuru, Kenya Email: <a href="mailto:nakuruoffice@lapfund.or.ke">nakuruoffice@lapfund.or.ke</a> Mobile: 0709805500</p>
<p><b>ISIOLO OFFICE</b> Desert Trail Building Behind Shell Petrol Station Email: <a href="mailto:isiolooffice@lapfund.or.ke">isiolooffice@lapfund.or.ke</a></p>	<p><b>MOMBASA (Coast Zone Office)</b> Imaara Building, 2<sup>nd</sup> Floor Opp. Pandya Hospital Dedan Kimathi Road, Mombasa Ctity, Kenya Email: <a href="mailto:mombasaoffice@lapfund.or.ke">mombasaoffice@lapfund.or.ke</a> Mobile: 0709805300</p>	<p><b>NYERI (Central Zone Office)</b> The Fortress Building, 1<sup>st</sup> Floor (Next to Gakwanja School Uniforms) Kimathi Way, Nyeri Town Email: <a href="mailto:nyerioffice@lapfund.or.ke">nyerioffice@lapfund.or.ke</a> Mobile: 0709805400</p>
<p><b>GARISSA OFFICE, LILAC CENTRE, 1<sup>ST</sup> FLOOR - OFF KISMAYU ROAD</b></p>		