

LAPF/13 CLAIM FOR GROUP LIFE ASSURANCE COVER – DEATH BENEFIT

IMPORTANT NOTES/REQUIREMENTS

You must carefully read the following notes before filling this application form.

1. The claimants must give correct names and in the order they appear on their NATIONAL IDENTITY CARDS
2. Copies of LEGIBLE National Identification Cards for ALL listed claimants if of majority age.
3. The contacts given on the application form must be the one the **claimant is sure he/she will get a letter delivered to him/her** without difficulties or in the case of mobile number, he/she can be reached easily
4. Where there is no named beneficiaries, the Benefit must be applied for by those who qualify in the following order:
 - (a) Husband/Wife (b) Children (if of majority age) (c) Both Parents
 - (d) Brother/Sister (e) Guardian (d)Other dependents/beneficiaries
5. A copy of the deceased death certificate and most current pay slip duly certified by the employer
6. Police abstract or postmortem report if the cause of death is accidental
7. The original membership card must be attached if available
8. Do not leave any blank spaces. Write NOT APPLICABLE (N/A) instead
9. If the space provided is not enough, fill on a separate sheet and attach to this form. Ensure you append your signature(s) on each separate attachment to this claim
10. Banking details for ALL claimants (i.e. copy of bank cards, account numbers, branch and name of banks)
11. Once ALL spaces have been filled, this application form MUST be witnessed first by the employer and then by a local administrator before forwarding it to LAPFUND offices for processing
12. The claim shall be paid subject to the terms and conditions of this policy

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

PART I – PARTICULARS OF DECEASED MEMBER		
1	Employer	
2	Name of deceased (in capital letters)	
3	LAPFUND membership number	
4	Date of Death	
5	Date of appointment	
6	Date of admission to scheme (if different from above)	
7	Last date of reporting for duty	
8	Date of cessation of contributions (if different from above)	
9	Full names of claimant (in capital letters)	
10	Mobile number	
11	Address	
12	Date of 1 st notification to LAPFUND (if there was earlier written communication on the same)	
13	Basic pay in KES. (as per the attached pay slip)	
14	Claimants bank details (Please attach a copy of your bank card)	
	Bank	
	Branch..... A/C Number	

PART II – PARTICULARS OF SPOUSE AND CHILDREN	
<p>In case the nominated beneficiaries are deceased or incapable of completing this form for medical reasons; apply NOTE no. 4 as outlined on page one (1). Please attach proof of your relationship to the deceased member. Otherwise provide a letter from a court of law or the local administrator showing (i) who is to be paid (GUARDIAN) on behalf of children below 18 years in the event that both parents are not there. (ii) who is to be paid in case the claimant is not a nominated beneficiary and does not appear in NOTE no. 4 as provided for on page one (1).</p>	
Full names of 1st Spouse	
ID Number	
Address and mobile number	

	Names of children of 1st spouse	ID number/Age	Mobile number and signature
1			
2			
3			
4			
5			

I of ID No.hereby declare that the foregoing statements are true to the best of my knowledge and understanding **Signature:** **Date:**

Full names of 2 nd spouse			
ID number			
Address and mobile number			
Names of children of 2 nd spouse		ID number/Age	Mobile number and signature
1			
2			
3			
4			
5			

I of ID No. hereby declare that the foregoing statements are true to the best of my knowledge and understanding **Signature:** **Date:**

PART III – PARTICULARS OF CLAIMANTS (To be filled by NOMINATED claimants who are not the deceased spouse or child)

Full names of claimant	ID number	Mobile number	Relationship to deceased	Signature
1.				
2.				
3.				
4.				

PART IV – WHERE DECEASED WAS UNMARRIED

Father's Full Names	ID Number	Mobile no.	Signature
Mother's Full Names	ID Number	Mobile no.	Signature

Where both parents are alive but only one has applied for this benefit, the other parent should give consent below for the applicant to be paid the Benefit.

I (Name of father/mother) do hereby give authority for my husband/wife Mr/Mrs. of ID No. to be paid this Benefit.

Signed:..... **Date:** **ID No.**.....

PART V – TO BE FILLED BY THE EMPLOYER

1	Employer	
2	Date of member's death	
3	OFFICIAL RUBBER STAM	

I (Name)the (Title)
..... do confirm on behalf of the **Sponsor** that the information given above is correct
to the best of my knowledge and understanding. **Sign:** **Date:**

PART VI - TO BE COMPLETED BY A LOCAL ADMINISTRATOR OR A COURT OF LAW ONCE THE EMPLOYER HAS WITNESSED

1	Name and title	
2	Comments	
3	OFFICIAL RUBBER STAMP	

I (Name)the (Title).....
..... do confirm on behalf of the **State** that the information given above is correct to
the best of my knowledge and understanding. **Sign:** **Date:**.....