

Death Claim & Funeral Claim Form

Complete in BLOCK LETTERS or tick where applicable
In respect of a claim for death or funeral benefits

Instructions

1. For approved benefits complete sections A, B, C, E
2. For unapproved benefits complete sections A, B, C, D, E
3. For funeral claims complete sections A, B, C, E

A - Scheme details

Scheme name Scheme ref.

Employer name

Employer branch name or no.

Is this benefit approved unapproved

B - Member's details

Member title Initials

First name/s

Surname

RSA ID Yes No ID/Passport No.

Date of birth DD - MM - YYYY Member ref. no.:

Wage/paysheet no. *Revenue office:

*Income tax number

Marital status Married Single Divorced Widowed

Postal address

Date of joining the employer DD - MM - YYYY Date of joining the scheme DD - MM - YYYY

Was the member actively at work at the date of joining the scheme as well as at the date of the last increase in cover Yes No

Last day at which the member was actively at work DD - MM - YYYY * Information not required i.r.o. a claim for funeral benefits.

C - Deceased's details

Title Initials

First name/s

Surname

Relationship to member Member Spouse Child Parent

Date of death DD - MM - YYYY Date of birth DD - MM - YYYY

Cause of death

Date of last risk contribution: DD - MM - YYYY *Risk salary at death: R PM PA

Amount of last risk contribution: R PM PW

* Information not required i.r.o. a claim for funeral benefits.

D - Disposal of benefits**

Title	<input type="text"/>	Initials	<input type="text"/>
First name/s	<input type="text"/>		
Surname	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postal code:	<input type="text"/>
Relationship to member	<input type="text"/>	% Share	<input type="text"/> %
Title	<input type="text"/>	Initials	<input type="text"/>
First name/s	<input type="text"/>		
Surname	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postal code:	<input type="text"/>
Relationship to member	<input type="text"/>	% Share	<input type="text"/> %
Title	<input type="text"/>	Initials	<input type="text"/>
First name/s	<input type="text"/>		
Surname	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postal code:	<input type="text"/>
Relationship to member	<input type="text"/>	% Share	<input type="text"/> %
Title	<input type="text"/>	Initials	<input type="text"/>
First name/s	<input type="text"/>		
Surname	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postal code:	<input type="text"/>
Relationship to member	<input type="text"/>	% Share	<input type="text"/> %

E - Payment details

where pre-retirement spouses and children's benefits are payable this section must also be completed.

To whom is benefit payable?	<input type="checkbox"/> Dependants/ nominees	<input type="checkbox"/> Member	<input type="checkbox"/> Fund	<input type="checkbox"/> Other	If other enter name and postal address
Name of payee	<input type="text"/>				
Postal address	<input type="text"/>				
	<input type="text"/>	Postal code:	<input type="text"/>		
Account holder's name	<input type="text"/>				
Name of bank/building society:	<input type="text"/>				
Branch office:	<input type="text"/>				
Account number:	<input type="text"/>	Branch no.:	<input type="text"/>		
Account type:	<input type="text"/>				
Transmission, cheque, etc					

Signature of Member

Where the claim is for the member's spouse, child or parent.

 - - **Date****Signature on behalf of Employer/Trustees** - - **Date**

I hereby declare that the information furnished above is true and correct. I further indemnify MMI Group Limited against any action and/or liability that may arise as a result of any error or incorrect information supplied herein.

Notes

The following supporting documentation must be submitted:

- Death of member:
- Original or certified copy of death certificate.
 - Original or certified copy of the ID for the member
 - Original or certified copy of the member's latest salary statement.
 - Original or certified copy of marriage certificate where spouses benefits are payable or benefit is payable to spouse.
 - Original or certified copy of the ID for the spouse (where spouse's benefits are payable.)
 - Original or certified copy of birth certificate/s of children where children's benefits are payable.
 - Copy of latest bank statement if payment is to be made to beneficiary.
 - For a foreign national, a certified copy of the late member's passport and death certificate. B1-20+BI- 1663 form. An English translation of document submitted in another language.
- Death of spouse:
- Original or certified copy of death certificate.
 - Original or certified copy of marriage certificate or proof of customary union.
 - Original or certified copy of the ID for both the member and the spouse.
 - Original or certified copy of members latest salary slip
- Death of child:
- Original or certified copy of death certificate.
 - Original or certified copy of the ID for both the member and the child. If the surnames are different, an affidavit is required from both parents.
 - For a child over 21 and younger than 25 and is a fulltime student, we require proof of registration as a student in the year of death.(If benefit applicable on policy)
 - For a child who is incapacitated (mentally or physically) we require proof of disability e.g. report from attending doctor or medical certificate.
 - If the child is a stillborn, please provide letter from Doctor specifying term of pregnancy at date of death and BI-1663 form.
 - Original or certified copy of members latest salary slip
- Death of parent:
- Original or certified copy of death certificate.
 - Original or certified copy of the ID for both the member and the parent as well as the member's marriage certificate in respect of a death of a parent-in-law.
 - Original or certified copy of members latest salary slip
- Other dependants or nominees:
- Original or certified copies of proof of relationship.
 - Original or certified copy of the ID.
 - Option form showing selection.
 - Original or certified copy of members latest salary slip

Momentum reserves the right to request additional documents should they so require.

Where no date of birth is reflected on the death certificate, proof of age must be submitted.