



REPUBLIC OF KENYA

CLAIM FOR LAST EXPENSE AND GROUP LIFE – SECONDARY SCHOOL MEDICAL SCHEME

Guidelines

- 1. Part I of this form shall be completed by the Principal of the school of the deceased student.
2. Part II shall be filled by the Claimant/Next of Kin in the presence of the Principal of the school of the deceased student and countersigned by the Bank's authorized representative and stamped.
3. Part III of this form shall be completed by the County Director of Education who shall certify that the claimant is the eligible beneficiary.
4. Claim Documentations;
a. Copy burial permit and copy of Birth certificate shall be attached to this claim form in support of a claim for Last Expense.
b. Original death certificate, Original burial permit and Original Birth certificate shall be attached in support of a claim for Group Life.
5. The original Documents shall be returned to the Claimant on completion of the claim process.

PART I – STATEMENT OF PARTICULARS OF THE DECEASED

- 1. Full Name of Deceased Student.....
2. Student No.....Unique Identification No.....
3. Date of Birth.....
4. Class/Form.....
5. Name of School.....
6. Date of Death.....

For official use

I hereby declare that the above information is true to the best of my knowledge, information and belief

- 7. Name of Principal.....
8. Designation.....TSC. No.....

Signature.....Date.....

PART II – STATEMENT OF PARTICULARS OF THE BENEFICIARY

1. Full Name of the Beneficiary(ies).....,,
.....,,
.....

2. Identification No.....Relationship to deceased student.....

3. Occupation.....

4. Home District.....Division.....

5. Location.....Sub-Location.....

6. Contact Address.....Phone No.....

7. Bank Account Details:

Account Name:

Name of Bank.....Bank Code.....

Branch.....Branch Code.....

Account No.....

Signature..... (of beneficiary (ies))

Date.....

8. Bank confirmation on the account Details stated above

Bank Authorized Signatory and Stamp

PART III – CERTIFICATION BY COUNTY DIRECTOR OF EDUCATION

I certify that Mr./Mrs./Ms.....ID/ No..... is the declared eligible beneficiary and shall be paid Last Expense/Group Life Claim in accordance with the provisions of the Secondary Schools Medical Scheme.

Name of County Director of Education.....

Designation.....P/No.....

Ministry/Department.....

Date.....Signature.....

PART IV – CASES TO BE ADMINISTERED BY PUBLIC TRUSTEES

All cases where the Member dies without a declared beneficiary, the last expense and Group Life benefits will be forwarded to the Public Trustees for administration as required by law.