

FUNERAL COVER CLAIM

Name of Group Risk Policy

Policy number

1. YOUR CHECKLIST

Certified copy of death certificate (serial numbers must be visible) and notice of death form BI 1663.

Certified copy of employee's ID or back and front copies of new ID card (photo must be visible).

For foreign nationals, a certified copy of the deceased's passport and death certificate. BI 20 and BI 1663 forms.

For all unnatural causes of death, a police declaration report is required, including page 4 of BI 1663 (medical certificate).

All payments are made into a bank account. We require proof of bank details i.e. cancelled cheque or bank statement (not older than three months) that confirms the account holder's full names, account number and branch code.

Death of spouse:

Certified copy of deceased's ID or back and front copies of new ID card or unabridged birth certificate.

If the surname of a child is different and an abridged birth certificate is provided, we will require an affidavit from both parents as proof of relationship.

If stillbirth, a doctor's note or BI 1663 confirming gestation period at date of death and certified copy of mother's clinic card.

Death of parent:

Certified copy of deceased's ID or back and front copies of new ID card (photo must be visible).

Certified copy of marriage certificate or proof of customary or religious marriage (i.r.o death of parent and parent-in-law).

Affidavit from independent third party confirming relationship to member, eg. tribal chief/community leader/minister of religion.

2. EMPLOYEE DETAILS

Title

Initials

Surname

Full name/s

ID/passport number

Date of birth

Contact number

3. DECEASED DETAILS

[illegible]

4. PAYMENT DETAILS FOR FUNERAL COVER CLAIM

To ensure fast payment and for your protection, payment will only be made by electronic funds transfer. Payment will be made to the policyholder, or another party if so requested by the policyholder.

Name of accountholder																				Name of bank																				Account number																			
Account type																				Branch name																																							
Branch number																																																											

Please ensure that the above information is correct. Fedgroup Life will not be held responsible for delays, bank charges, penalties or damages due to incorrect details provided. A fee may be deducted from any payment returned to Fedgroup due to incorrect details.

5. DECLARATION BY EMPLOYER

We, the undersigned, hereby declare that the deceased qualified for benefits in terms of the Fedgroup Life Risk Policy at the date of death, that the above information is complete and correct, and that we recommend that the claim be admitted. I hereby warrant that I have been duly authorised by the employer to sign this form on its behalf.

Name	Designation
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AUTHORISED REPRESENTATIVE'S SIGNATURE	Date
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6. DECLARATION BY CLAIMANT

In my capacity as the claimant, I declare and warrant that all statements and answers which may now or at the time be given in connection with this claim, whether in my handwriting or not, are true and complete. I further understand that any incorrect statements or non-disclosure, which materially affects the assessment of this claim, will entitle Fedgroup Life to declare this claim null and void.

CLAIMANT'S SIGNATURE

Date

D

D

M

M

Y

Y

Y

Y

On completion, please email or post a copy of this form to the below details.