



INSURANCE AGENCY

P.O. BOX 48154-0100, NAIROBI, KENYA KENCOM HOUSE, MOI AVENUE
 TEL: +254 20 270210/0711012000 FAX: +254 20 22424801
 EMAIL: Bancassurance@kcb.co.ke WEBSITE: www.kcbbankgroup.com
 CONTACT CENTER: contactus@kcbbankgroup.com



APPLICATION FOR GROUP FUNERAL EXPENSE INSURANCE (FINAL)

UNDERWRITER: _____

Name of the Group: (If Any) _____ (Each family to complete separate form)

PRINCIPAL MEMBER: _____ OCCUPATION _____

DOB: _____ ID NO. _____ PIN No. _____ E-MAIL _____

P.O. BOX: _____ CODE: _____ TOWN: _____ MOBILE No. _____

COVER PERIOD: FROM: _____ TO: 31/03/20 (Anniversary)

Dependents within Main Package: Refer to options {One Spouse, Max. 4 children, Principal's & Spouse's Parents (Max 4)}

No.	Name as per Identification document	Relationship	D.O.B. (dd/mm/yyyy)	Identification No.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Additional members: (Must be immediate family members directly dependent on the Principal member or spouse)

1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

NB: Mandatory documents

- i) Principal member to attach copy of ID and KRA PIN; and spouse to attach a copy of ID
- ii) Copies of National IDs for ALL other adults and Birth certificates for all the children

Option Selected: _____ (DETAILS OVERLEAF)

DECLARATION: I/We confirm that I have read and understood cover the details. I warrant that the above statements are true and that I/we have not withheld, distorted or concealed any information for the proposed insurance. I also confirm that I/We understand that any falsification made in this application is criminal which will render any claim arising out of this application be declined and legal action taken against myself/ourselves.

Principal Member: _____ Sign: _____ Date: _____

Official Use Only: Application received and confirmed by:

Officer's name: _____ Staff No. _____ Branch _____ Sign _____

**GROUP FUNERAL EXPENSE POLICY**

The policy will pay a lumpsum as per the selected option in the event of the demise of any one of the members covered within 48 hours upon production and verification of the required claim documents.

ELIGIBILITY AGES			
Category	Minimum entry age	Maximum Entry age	Cover cease age
Principal member / Spouse	18 Years	70 Years	Open
Parents/Parents in law	18 Years	80 Years	Open
Child	14 Days	18 Years	24 Years
Siblings (dependent)	14 Days	18 Years	24 Years

Addition of Members

Members (i.e. spouse, parents in law or children) could be added at any date during the policy period. They will automatically be covered within the benefit option enjoyed by the family but waiting periods apply. Addition of members shall be allowed **ONLY** if they did not exist at application.

No additional premium will be charged if the added member(s) is within the main package.

Waiting Periods

The policy has a **60 days** waiting period from the admission date (cover start date) on all causes of death except Accidental. Non-accidental claims within the waiting period will not be payable.

Maximum payable claims within the year of cover

The policy shall pay a maximum of **six (6)** claims any one policy period.

Claim documents

- i) Duly completed claim form
- ii) Identification documents of the claimant
- iii) Identification documents for the deceased (as provided during the application)
- iv) Original Burial permit/Death certificate

Benefits Options/Premium structure (Kenya Shilling currency): PAYABLE PER MEMBER

Category (Main package)	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6
Principal Member	50,000	100,000	200,000	300,000	400,000	500,000
Spouse	50,000	100,000	200,000	300,000	400,000	500,000
Child (Max. 4)	50,000	100,000	100,000	150,000	200,000	200,000
Parent (Max. 4)	50,000	100,000	200,000	300,000	400,000	500,000
Annual Premium	1,200	2,300	4,600	6,800	9,000	11,400
Additional premium per member for extra members						
Child/Dependent sibling	150	300	300	450	600	600

Policy inception/renewal

This is an annual policy renewable every **01st April**.

Any application within the policy year shall be prorated subject to a minimum of **KES 200** on the Main package.