

SHOULDER OF SOLACE PROPOSAL FORM

Application for Group Funeral Expense Insurance

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

Principal Member: Occupation

Date of Birth ID No. PIN No.

Email: Mobile No.

P.O. Box Code Town

Cover Period: From: To:

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.			D D M M Y Y Y Y	
2.			D D M M Y Y Y Y	
3.			D D M M Y Y Y Y	
4.			D D M M Y Y Y Y	
5.			D D M M Y Y Y Y	
6.			D D M M Y Y Y Y	
7.			D D M M Y Y Y Y	
8.			D D M M Y Y Y Y	
9.			D D M M Y Y Y Y	
10.			D D M M Y Y Y Y	

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

1.				
2.				
3.				

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)

Mode of payment

Cash Deposit

Amount

Shoulder of solace loan

Amount

Shoulder of solace loan details

Cover Option

Annual Premiums

Repayment Period (Max 6 months)

SOS Loan payment mode

Tick appropriately

1. M-Pesa	
2. Check Off	

I do hereby authorize Liberty Life Assurance Kenya Limited in the event of my death , to pay benefits under this policy to

	Name	Surname	Relationship	Tel. No.	% Benefits
1.					
2.					
3.					
4.					

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 againstmyself/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	65 Years	Open
Parents/Parents in law	18 Years	75 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 90 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 four (4) claims any one policy period and a maximum of 2 parents per annum.

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

	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6
Main 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
Children (Max 4)	25,000	50,000	100,000	150,000	200,000	250,000
Parents ^[1] ₍₄₎	50,000	100,000	200,000	300,000	400,000	500,000
Premium payable	2,325	4,600	9,120	13,540	17,865	22,100

Rates for additional siblings / dependants:

Additional siblings or dependents have to be financially dependent on the main member and cover amount will be limited to 50% of the main member's cover. The eligibility criteria will be similar to that of the children.

	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6
Additional sibling / dependent	25,000	50,000	100,000	150,000	200,000	250,000
Premium payable	150	350	700	1,000	1,350	1,700

Policy inception/renewal

This is an annual policy renewable on the anniversary date which is the cover inception date for the member.
Proration or premiums will not be applicable. Annual premium is payable at the point of joining.