DEATH CLAIM FORM
GROUP LIFE

A. DOCUMENTS REQUIRED

Documents Required	Tick
Original or certified copy of death certificate by a Commissioner of Oaths	
Police abstract for unnatural/ accidental death	
Copy of Employee's Identity Document	
Copy of Payee's Identity Document	
Certified Employee's latest payslip	
Claim application form completed by the authorized representative of the employer	

Cannon Life Assurance (K) Limited reserves the right to call for additional documents where necessary to validate the claim.

B. SCHEME AND EMPLOYEE DETAILS

Scheme Name: _____

Employee Details

Name: _____

Identity Number: _____ Date of Birth: _____ (DD/MM/YYYY)

Date of Joining Employer: _____ (DD/MM/YYYY) Date of Joining Scheme: _____ (DD/MM/YYYY)

Monthly Salary at Date of Death: _____ Date of Death: _____ (DD/MM/YYYY)

Main Cause of Death: _____

Cannon Life Assurance (K) Limited

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www.cannon.co.ke

Regulated by the Insurance Regulatory Authority

C. EMPLOYER'S DECLARATION

I, _____ in my capacity as _____ and duly authorized to make this declaration, hereby declare:

1. That the information provided in this claim is true and correct, and that no information has been omitted or withheld
2. That the insured person whose death gave rise to this claim is an employee of the scheme.

I indemnify Cannon Life Assurance (K) Limited against any claim that may arise from any incorrect information provided in this form.

Signature: _____

Date: _____ (DD/MM/YYYY)

Telephone Number: _____ Email Address: _____

Employer's Stamp

Click to Submit

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