CRITICAL ILLNESS CLAIM FORM

Statement by Employer

Cannon
LIFE ASSURANCE

Documents Required	Tick
Copy of Employee's Identity document	
Certified Employee's Pay slip for the month preceding the diagnosis	
Medical reports (e.g medical investigation results, x-ray, etc)	
Medical report summary from the attending doctor	
Claim application form completed by the employer, employee and attending doctor.	

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

SCHEME DETAILS

Scheme name: _____

EMPLOYEE DETAILS

Name: _____

Identity Number: _____ Date of Birth: D D M M Y Y Y Y

Date of joining employer: D D M M Y Y Y Y Date of Joining scheme: D D M M Y Y Y Y

Monthly salary as at date of diagnosis: _____

Employee's date of diagnosis: D D M M Y Y Y Y

Critical Illness: _____

☐ Cancer ☐ Heart Attack ☐ Coronary Artery Surgery ☐ Stroke

☐ Renal Failure ☐ Major Organ Transplant ☐ Paraplegia ☐ Blindness

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 critical illness gave rise to this claim is an employee of the scheme.

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

Signature_____ Date: D D M M Y Y Y Y

Telephone Number: _____ Email address: _____

Employer's Stamp

Cannon Life Assurance (K) Limited

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Regulated by the Insurance Regulatory Authority

AKI ASSOCIATION OF KENYA INSURERS