

D - Employer's Discharge

The Employer hereby unconditionally absolves the Fund and Metropolitan Life Insurance Kenya and as necessary indemnifies and keeps indemnified the fund and Metropolitan Life Insurance Kenya from and against all and any loss, damage, cost and expenses which the beneficiaries, or any other person whatsoever, may sustain or incur, either directly or indirectly as a result of Metropolitan Life Insurance Kenya, on behalf of the Fund, relying on and using any information supplied by the Employer, specially where the Employer has failed to obtain the beneficiary's signature on this notification.

Employer's stamp

Authorised signature

Name (Print)

Designation

Contact number

Date of birth (yyyy/mm/dd)

NOTES

The following supporting documentation must be submitted at death of member:

Original or certified copy of death certificate.

Original or certified copy of the ID/Passport of the deceased.

Original or certified copy of the member's latest salary statement.

Where no date of birth is reflected on the death certificate, proof of age must be submitted

Death claim form
Employee Benefits

METROPOLITAN
LIFE KENYA

Please write clearly using block letters and tick appropriate blocks

Scheme name

Employer name

Employee number

Scheme number

A - Member's details

Surname & title

Alternative surname

First name & initials

Identification number

*Income tax number

Marital status

Married

Single

Divorced

Widowed

Postal address

Postcode

Date of joining the employer?
(yyyy/mm/dd)

Date of joining the Fund?

Was the member "actively-at-work" at the date of joining the Fund as well as at the date of the last increase in cover? Yes No

Last day at which the member was actively-at-work?

* Information not required i.r.o. a claim for funeral benefits.

B - Deceased's details

Surname & title		First name & initials	
Name of deceased:			
Relationship to member? Member <input type="checkbox"/>		Spouse <input type="checkbox"/>	
		Child <input type="checkbox"/>	
Date of death (yyyy/mm/dd)		*Pensionable salary at death	PM PA
Date of last contribution (yyyy/mm/dd)		Amount of last contribution	PM PA
Date of birth (yyyy/mm/dd)		Cause of death	
* Information not required i.r.o. a claim for funeral benefits.			

C - Payment details to Scheme

Name	
Postal address	
Post code	
Payment by cheque <input type="checkbox"/>	Payment directly into bank or building society account <input type="checkbox"/>
Name of bank/building society	
Branch office	Branch no. Bank only
Account number	Account type Transmission, cheque, etc

