

UNDERWRITTEN BY:



LIBERTY

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Last Expense Plan Membership Application Form

Individual/Group Last Expense Application Form

Group name	<input type="text"/>	Bank & A/C No	<input type="text"/>
Group's contact person	<input type="text"/>	Tel	<input type="text"/>
Position	<input type="text"/>	Principal Member	<input type="text"/>
Occupation	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="text"/> <input type="text"/>
ID No	<input type="text"/>	PIN No	<input type="text"/>
E-mail	<input type="text"/>	Mobile No	<input type="text"/>
P.O. BOX	<input type="text"/>	Code	<input type="text"/> Town <input type="text"/>
Cover Period	From <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Anniversary <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Admissible Identification documents: National ID (ID), Passport (PP), Birth Certificate (BC) or Birth Notification if less than 2years, (BN) Dependents within Main Package: Refer to options {One Spouse, Max. 4 children, Principal's & Spouse's Parents (Max 4)}

All information given MUST be as per the Identification document used whose copy will be required at claim's stage

No	Full Names	Relationship	Date of Birth (dd/mm/yyyy)	Age	ID Number	Doc. Used	Mobile Phone No.(Adults)
1.		Spouse					
2.		Child 1					
3.		Child 2					
4.		Child 3					
5.		Child 4					
6.		Mother					
7.		Father					
8.		Mother-in-law					
9.		Father-in-law					

Additional members: Must be immediate family members below 24 years and financially dependent on the Principal member or the names spouse

No	Full Names	Relationship	Date of Birth (dd/mm/yyyy)	Age	ID Number	Doc. Used	Mobile Phone No.(Adults)
1.							
2.							
3.							
4.							
5.							

NB: MANDATORY DOCUMENTS

Principal member's copy of ID and KRA PIN, spouse's copy of ID, copies of children's birth certificates/notifications and parents' National IDs/Passports.

Option Selected: OPTION (SEE DETAILS OVERLEAF) 1. 2. 3. 4. 5. 6.

DECLARATION: I/We confirm that I/we have read and understood the cover details. I/we warrant that the above statements are true and that I/we have not withheld, distorted or concealed any information for the proposed insurance. I/we also confirm that I/we understood 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.

PRINT AND SIGN

Principal Member _____ Sign _____ Date _____

OFFICIAL USE ONLY: APPLICATION RECEIVED AND CONFIRMED BY

Officer's name _____ Name _____ 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 (attaining)
Principal member / Spouse	18 Years	70 Years	Open
Parents/Parents in law	18 Years	80 Years	Open
Child	14 Days	24 Years	25 Years
Siblings (dependent)	14 Days	24 Years	25 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 per family during any one policy period (one year)

CLAIM DOCUMENTS

1. Duly completed claim form
2. Identification documents of the claimant

Claimant will be the Principal, Spouse, Child >=18years, Parent, Welfare Group or a Legal administrator respectively

3. Identification documents for the deceased (as used in the application)
4. Original/Certified 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

PREMIUM PAYMENT

Acceptable methods are M-pesa pay bill number **201201** where you will indicate the following: Dove,Group Name, National ID No. as the account number. Other payment methods are direct debits, standing orders, salary deductions and bank transfers.

BANKING DETAILS:

ACCOUNT NAME	LIBERTY LIFE ASSURANCE KENYA LIMITED
BANK	STANBIC BANK LIMITED
BRANCH	CHIROMO ROAD
ACCOUNT NUMBER	0100-000-055-648
BANK CODE	31007
SWIFT CODE	SBICKENX

POLICY INCEPTION/RENEWAL

This is an annual policy renewable on the same date of cover inception

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