

Retrenchment Claim Form

ADVISE INSURE INVEST
 Regulated by the Insurance Regulatory Authority

Liberty Life Assurance Kenya Limited
 PO Box 30364-00100, Nairobi, Kenya
 t 254 20 286 6000 f 254 20 271 8365
 e libertylife@libertylife.co.ke
 www.libertylife.co.ke

KINDLY ANSWER ALL QUESTIONS IN FULL AND ATTACH SUPPORTING DOCUMENTATION AS LISTED BELOW.

- Retrenchment letter
- Copy of Member ID
- Certificate of service
- Employment offer letter
- Loan schedule/ card statement/Last Pay slip
- Notice to Labour office

POLICYHOLDER DETAILS

First name	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>	Title	<input type="text"/>
Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>Date Month Year</small>	Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Form of identification (tick one)	<input type="checkbox"/> Identity document <input type="checkbox"/> Valid Passport	Date of issue	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>Date Month Year</small>
ID/Passport number	<input type="text"/>	Country of issue	<input type="text"/>
Marital status	<input type="text"/>	Nationality	<input type="text"/>
Telephone number (Work/ Home)	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>		
Physical address	<input type="text"/>		
Postal address	<input type="text"/>	Postal code	<input type="text"/>
	<input type="text"/>	Postal code	<input type="text"/>

EMPLOYMENT DETAILS

Name of employer	<input type="text"/>		
Date of employment	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>Date Month Year</small>	Date of Retrenchment	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>Date Month Year</small>
Previous employer	<input type="text"/>		
Number of years of service with previous employer	<input type="text"/>	Number of years of service with current employer	<input type="text"/>
Policyholder's full name and surname	<input type="text"/>		
Policyholder's signature	<input type="text"/>	Date	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>Date Month Year</small>

DECLARATION BY EMPLOYER

Name of employer	<input type="text"/>		
Email address of employer	<input type="text"/>		
Telephone number of employer	<input type="text"/>		
Name of employee	<input type="text"/>		
Employee number	<input type="text"/>	Initial date of employment	<input type="text"/> - <input type="text"/> - <input type="text"/>
			<small>Date Month Year</small>
Date of retrenchment	<input type="text"/> - <input type="text"/> - <input type="text"/>	Date informed about retrenchment	<input type="text"/> - <input type="text"/> - <input type="text"/>
	<small>Date Month Year</small>		<small>Date Month Year</small>
Reason for termination	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Occupation of employee	<input type="text"/>		
Nature of employment	<input type="checkbox"/> Full Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Fixed term contract <input type="checkbox"/> Self-employed

Pre-Authorization Clause

I hereby consent to Liberty Life Assurance Ltd seeking information relating to my employment for purposes of my retrenchment cover from any regulatory authority or organization, institution or person who has my records and I authorize the giving of such information.

I hereby agree that all written documentation required and submitted in support of a claim assessment shall be considered solely for such purpose and shall in no way constitute an automatic approval of the said claim by Liberty Life. Liberty Life reserves all rights on assessment, approval and payment of claims, which includes contacting my employer or any other institution to enable it to make a decision regarding my claim.

I acknowledge and agree that any benefits payable in respect of this claim shall be forfeited if I have knowingly withheld material fact or submitted any false information in respect of the claim.

I further agree that upon payment by Liberty Life of the benefits hereby claimed, Liberty Life shall be discharged from all liability in respect of such benefits.

DECLARATION

I/We consent to Liberty Life Assurance Kenya Limited:

- (i) Collecting, using, disclosing and/or processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;
- (ii) Collecting and sharing my personal data in accordance with the privacy statement on its website (<https://www.liberty.co.ke/>);
- (iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;
- (iv) And /Or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and Liberty Life Assurance Kenya Limited.

I/We hereby declare that I have read and understood the provisions this Form.

Name	<input type="text"/>		
Position	<input type="text"/>		
Physical address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Policyholder's signature	<input type="text"/>	Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
			<small>Date Month Year</small>