



## Life insurance registration form

Serial No.....

**Spouse:**

Full Names ..... (Gender) .....Date of Birth.....

**Dependants: List children under the age of 18 Years.**

1. Full Names .....Gender .....Date of Birth.....
2. Full Names .....Gender .....Date of Birth.....
3. Full Names .....Gender .....Date of Birth.....
4. Full Names .....Gender .....Date of Birth.....
5. Full Names .....Gender .....Date of Birth.....
6. Full Names .....Gender .....Date of Birth.....

**Benefit Structure:**

	Benefits	Level of Cover	In the event of
1.	Death cover	100% of outstanding loan balance as at date of death	Natural or accidental death
2.	Permanent Total Disability	100% of outstanding loan balance as at date of disability; accelerated to death benefit.	Insured is permanently and totally disabled due to either accident or illness. Waiting period: Sickness – 6 months Accidental – no waiting period
3.	Last Expense	Kes.40,000.	Covers the burial expenses for the borrower. The amount of cover is payable within 48 hours upon receipt of full documentations.
4.	Cash Benefit	Death of a Spouse-Kes.25,000 Death of a Child-Kes.25,000 **The maximum benefit payable per event per calendar year is Kshs.50,000	The benefit is payable to the borrower upon death of a spouse or a child. The amount of cover is payable within 48 hours upon receipt of full documentations. Waiting period: Sickness – 3 months Accidental death – no waiting period
5.	Credit health	Pays two (2) months instalments of the insured member's loan in the event of hospitalization.	The loan repayment is effective 5 days after hospitalization of the member. Payment for this service will be made on the basis of a 5 days of continuous admission. This benefit is payable once during the policy period and is paid to the financier

**Claims Documentation:**

Death: - Original Death Certificate, ID copy, Certified copy of Death certificate, Police Abstract in case of accident, Post mortem report where cause of Death is not clear.

Permanent and Total Disability: - ID copy, certified copy of the borrower's statement at the time of disability, Personal medical attendant's report, Specialist Opinion.

Last Expense: - Fully Executed Claim form, ID copy, Burial Certificate.

Cash benefit: - Fully Executed Claim form, ID copy, Burial Certificate.

Credit Health: - Medical records indicating the period

I confirm that the information above is true to the best of my knowledge.

 Signed: Verified by: ..... **MEMBER**

 Signed: Verified by: ..... **GROUP REPRESENTATIVE**
**GROUP NAME**.....

**BRANCH NAME** .....

**FT MFB LTD Loan Officer** .....**Date** .....