

Kuscco Mutual Assurance
Your life assured

Proposal Form No.

KUSCCO Centre, Kilimanjaro Avenue, Upper Hill, 1st floor
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LAST EXPENSE MEMBERSHIP APPLICATION FORM

(Tick Selected Option)

- ☐ INDIVIDUAL
☐ GROUP
☐ SACCO

All questions must be answered in full and in Block letters

Name: _____

Intermediary: _____ Tel. No: _____

DETAILS OF PRINCIPAL MEMBER

Name (in Block Letters) of the person by whom the assurance is to be effected.

Title

First name

Middle name(s)

Surname

National Identity card No.: _____ KRA PIN: _____

D.O.B.: _____ Phone Number: _____

P.O. Box: _____ Postal code: _____ email: _____

Occupation: _____ Huduma No.: _____

COVER OPTIONS

TYPE OF COVER	SUM ASSURED	CHILD COVER	(Tick Selected Option)
Jadeite	Kshs. 500,000	Kshs. 250,000	<input type="checkbox"/>
Gold	Kshs. 400,000	Kshs. 200,000	<input type="checkbox"/>
Ruby	Kshs. 300,000	Kshs. 150,000	<input type="checkbox"/>

TYPE OF COVER	SUM ASSURED	CHILD COVER	(Tick Selected Option)
Silver	Kshs. 200,000	Kshs. 100,000	<input type="checkbox"/>
Diamond	Kshs. 100,000	Kshs. 100,000	<input type="checkbox"/>
Platinum	Kshs. 50,000	Kshs. 50,000	<input type="checkbox"/>

NB: Maximum limit of KES.100,000 payable on child below age 10 years as provided for in the Insurance Act.

DEPENDENTS (individuals covered under this policy)

Name:	Relationship:	D.O.B.	A.N.B. (Age Next Birthday)	Phone No.:	I/D No./Birth Certificate No.:
	Spouse				
	Child 1				
	Child 2				
	Child 3				
	Child 4				
	Father				
	Mother				
	Mother in law				
	Father in law				
	Additional Spouse				
	Additional Dependents (Children below 24 yrs of age)				

NOTE: Attach Legal identification documents for the members covered i.e. ID/Passport for adults and Birth Certificates for Children, and KRA PIN certificate of the Principal Member.

GENERAL INFORMATION:

Have you or any of your listed dependents been insured with us before? Yes ☐ No ☐

If Yes give details of cover.....

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DETAILS OF BENEFICIARIES (individuals to be paid in the event of the death of the Principal Member)

Name:	Contacts:	Relationship:	% of Benefit:
1.			
2.			
3.			
4.			
5.			

Declaration

I/We declare that all statements made on this form are complete and true and I/We agree they shall form part of **My/Our** application. I/We fully understand the terms, conditions and benefits of the policy. I/We agree that if the above declaration is not true, the benefits under this scheme shall be null and void.

Member's Signature: _____ Date: _____

MODE OF PAYMENT:

(Tick Selected Option)

- | | |
|--|--------------------------|
| 1. Mpesa i) Paybill No. 851893
ii) Account No. - Your ID
iii) Enter amount payable
iv) Enter Mpesa PIN & OK | <input type="checkbox"/> |
| 2. Cheque (Pay KUSCCO Mutual Assurance Ltd.) | <input type="checkbox"/> |
| 3. Any other (Specify) | <input type="checkbox"/> |

NB: For Mobile money payment please indicate the amount and the confirmation number.

For Official Use Only

(Tick after confirming)

Principal Member's KRA PIN Certificate	<input type="checkbox"/>
Spouse's ID/Passport	<input type="checkbox"/>
Child 1 Birth Certificate	<input type="checkbox"/>
Child 2 Birth Certificate	<input type="checkbox"/>
Child 3 Birth Certificate	<input type="checkbox"/>
Child 4 Birth Certificate	<input type="checkbox"/>
Father's ID/Passport	<input type="checkbox"/>
Mother's ID/Passport	<input type="checkbox"/>
Mother in law's ID/Passport	<input type="checkbox"/>
Father in law's ID/Passport	<input type="checkbox"/>
Additional Spouse's ID/Passport	<input type="checkbox"/>
Additional Dependent's Birth Certificate (Children below 24 yrs of age)	<input type="checkbox"/>

DOCUMENTS ATTACHED

For Official Use Only

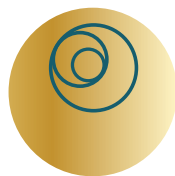
Officer's Name & Signature: _____ Date: _____

TERMS & CONDITIONS

1. Cover applies to Principal Member, spouse, biological children and biological parents and parents in law. Cover may be extended to adopted children subject to proof of legal adoption.
2. Cover commences once the premium is paid in full and all the documentation submitted.
3. **Waiting period is 30 days for nuclear family and 90 days for parents & parents In-Law**, from the date of commencement of the policy and subject to payment of full premium. In case of natural death within the waiting period no benefit is payable. There is no waiting period for accidental death.
4. Failure to renew the policy after expiry, the policy lapses.
5. The aggregate maximum payable amount for a loss covered by multiple claimants is KES. 750,000 proportionate to the cover options taken by the claimants.
6. For parents, only one claim is payable per every cover period subject to reinstatement of premium except for accidental death. (i.e an event claiming more than one life).
7. The maximum amount payable on death of a child below the age of 10 years shall be KES. 100,000 as provided by Insurance Act.
8. The policy lapse on the death of the principal member.
9. In case of Divorce and/or Separation, Notify the company in writing immediately.
10. Fraudulent Claims will not be processed.
11. There is NO exit age. However maximum benefit is KES. 200,000 for a member above 85 years under this policy.
12. Members covered under this policy to fill a declaration form of good health when upgrading the cover. The new cover limit will be subjected to 3 months waiting period

CLAIMS PROCEDURE

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Call KMAL immediately on the contacts provided upon happening of death 2. Provide the below documents: <ol style="list-style-type: none"> a. Filled in claim form. b. Certified Original burial permit from a hospital and/ or morgue | <ol style="list-style-type: none"> c. Copy of Police abstract and any other required documents for accidental deaths d. Copy of Claimant's National ID / Surrender of National ID document e. Bank account details of the beneficiaries 3. Wait for up to 48 hours for claim settlement after submitting full claim documentation. |
|---|--|



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FREQUENTLY ASKED QUESTIONS

What is Last Expense?

This is a funeral cover to help families deal with the burden of meeting the last respect expenses on the death of a family member

How long will I wait before I receive amount claimed?

Within 48 hours of claim reporting subject to full documentation.

What is the eligible age for joining?

TYPE OF MEMBER	ENTRY AGE LIMIT
Principal Member	18 - 70
Spouse	18 - 70
Child(upto 4)	1Month to 24 Years
Parent of Principal Member/ Spouse	Age limit 80 Years

Additional Dependant can be covered under addition premium depending on cover limit.

How much will it cost?

The table below shows premium rates for each benefit amount and type cover.

Premium Rates for Nuclear Family with up to 4 children						
COVER LIMIT	500,000	400,000	300,000	200,000	100,000	50,000
GROUP COVER	6,900	5,500	4,100	2,700	1,800	900
INDIVIDUAL COVER	7,800	6,200	4,600	3,000	2,000	1,000
Additional Dependents						
Spouse	2,300	1,900	1,400	900	500	200
Child	1,100	900	700	400	200	100

NB: KES.100,000 payable on child below age 10 years as provided for in the Insurance Act.

Premium Rates for Nuclear Family with up to 4 children plus Parents and Parents in Law							
COVER LIMIT	PARENT AGE LIMIT	500,000	400,000	300,000	200,000	100,000	50,000
GROUP COVER	Up to 65 years	15,300	12,200	9,100	6,000	3,500	1,700
	66 - 70 years	18,800	15,000	11,300	7,500	4,200	2,100
	71 - 75 years	22,000	17,600	13,200	8,800	4,800	2,400
	76 - 80 years	34,400	27,500	20,600	13,700	7,300	3,600
COVER LIMIT	PARENT AGE LIMIT	500,000	400,000	300,000	200,000	100,000	50,000
INDIVIDUAL COVER	Up to 65 years	17,200	13,700	10,200	6,800	3,900	1,900
	66 - 70 years	21,200	16,900	12,700	8,400	4,700	2,400
	71 - 75 years	24,800	19,800	14,900	9,900	5,400	2,700
	76 - 80 years	38,700	30,900	23,200	15,400	8,200	4,100

NB: Pricing inclusive of parents will be determined by the oldest parent

When does the cover start?

Insurance Cover shall only commence once our proposal form is completed and the premium paid in full.

What is the waiting period?

- | | |
|--|----------------|
| 1. Accidental Deaths | Nil |
| 2. Illness Related Deaths
(Nuclear Family) | 30 days |
| 3. Illness Related Deaths
(Parents, Parent In-Laws) | 90 days |

When does the policy lapse?

- The policy lapse on the death of the principle member.
- In the event of 5 claims payments within the policy cover period.
- Non-Renewal of the Policy.
- In the event of forged documents/Fraudulent Claims.