

## BENEFIT OPTIONS

### Cover Limit

TYPE OF COVER	SUM ASSURED	CHILD COVER
Jadeite	Kshs. 500,000	Kshs. 250,000
Gold	Kshs. 400,000	Kshs. 200,000
Ruby	Kshs. 300,000	Kshs. 150,000
Silver	Kshs. 200,000	Kshs. 100,000
Diamond	Kshs. 100,000	Kshs. 100,000
Platinum	Kshs. 50,000	Kshs. 50,000

Dependants are covered to the following age limits:-

TYPE OF MEMBER	ENTYR AGE LIMIT
Principal Member	18 - 70
Spouse	18 - 70
Child	1Month to 24 Years
Parent of Principal Member/ Spouse	Age limit 80 Years

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

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

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

\*Pricing inclusive of parents will be determined by the oldest parent



## WHO SHOULD JOIN?

- ✓ Individuals
- ✓ Groups

**Group** - consists of 10 individuals or more.

**Policy Term** - The policy shall be a one year renewable policy. There shall be no withdrawal or surrender benefit.

**Claims Processing** - In the event of a claim, it shall be processed within 48 hours of the insurer being notified and the necessary documentation submitted by the claimants.

## CLAIMS

Notification must be sent to **KUSCCO Mutual Assurance Ltd.** immediately after the death of any member.

**Contact:**claims@kusccomutual.co.ke

## REQUIRED CLAIM DOCUMENTS

- ✓ Executed Benefit Claim Form
- ✓ Certified copy of Original Burial Permit from a Morgue or Hospital
- ✓ Copy of Police Abstract for Accidental Deaths
- ✓ Copy of Claimant's National Identification card.
- ✓ Copy of Deceased National Identification **OR** Copy of Certified Surrender of National ID Letter

## WAITING PERIOD

1. Accidental Deaths
2. Illness Related Deaths (Nuclear Family)
3. Illness Related Deaths (Parents, Parent In-Laws)

Nil  
30 days  
90 days

## COMMENCEMENT OF INSURANCE COVER

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