Kingsize Regulated
NWDT Sacco
Quality Products & Services

BENEVOLENT FUND CLAIM FORM

Note: This claim MUST be made not later than one year after the death. For hospitalization not 60 days after the hospital admission. Death benefits are Ksh 70,000/= if the contributor, Ksh 60,000/ for declared spouse (only one is admissible), Ksh 40,000/= for a biological child (must be below 30 years). For hospitalization Ksh 500 per day for bed for a maximum period of 30 days directly to the hospital.

Part A: Principle member information

Name of principle member:.....ID No.....

Member No.....SAP No.....Tel No.....Email.....

Employer:.....Department.....Station.....

Next of Kin Name:.....ID No.....Tel.....

Part B: Deceased Details

Name:.....ID or Birth Certificate No.....Age.....

Relationship to the principle member.....Date of Death...../...../.....

Place of Death..... Is the death under police investigation.....YES/NO.....

Part C: Applicants Details

Name: .....ID No.....Tel No.....

Relationship to the deceased/hospitalized.....

Email Address:.....Physical Addresss.....

1. Purpose of Application | DEATH | HOSPITALIZATION |

2. Name of hospital.....Tel contacts.....

I certify that the information I have provided with the relevant attachments is true to my knowledge and further aver that I am fully aware of the consequences of providing false records.

Signature:.....Date:.....

Witness (Name).....ID No.....Tel No.....Signature.....

Save Regularly and Borrow Wisely

Required Supporting Documents to provide (In case of Death)

a. Original and copies of Death Certificate or burial permit
b. Original and copied of the National ID card or Birth Certificate of the deceased
c. Letter from the area Sub-County Commissioner confirming the death
d. Original and copies of ID of the principle member
e. Original and copies of ID of the Applicant.
f. For a spouse, a marriage certificate for unions from 2015 must be availed and unions prior to 2015 where there is no marriage certificate a sworn affidavit accompanied with a letter from the Sub-County Commissioner must be availed to accompany items in No. (a) to No. (e).
g. If the principle member is in active employment, then a letter from the employer confirming awareness of the death.

Required Supporting Documents to provide (Hospitalization)

Take note this benefit is only for the contributor and no-one else.

1. Letters of Admission
2. Certified bed bill/invoice (net of amount payable by the government agencies)
3. Bank details of the hospital

Part D: For Official Use

1. I certify that the information provided by the claimant is sufficient for the purpose of processing settlement of the said claim.
2. Ksh ..... in words..... has been disbursed to account No.....
3. I certify this fully settles the claim by the members.

If not paid, please explain the reasons for non-payment and the date referred to Board for resolution.

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Accountant.....Signature.....Date.....

CEO.....Signature.....Date.....

Treasurer..... Signature.....Date:.....