

GUARANTEED LIFE PLAN CLAIM FORM

DECEASED'S DETAILS	
Name	
ID number	
Medical aid no.	
Date of death	
Place of death	
Cause of death	
Circumstances surrounding death	
CLAIMANT'S DETAILS	
Name	
ID number	
Relationship to deceased	
Contact number: Home	
Business	
Cellphone	
DOCTOR'S DETAILS	
Name of Doctor that certified member as deceased	
Practice Number	
Contact number: Surgery	
Fax	
Cellphone	
PAYEE DETAILS	
Name	
Name of Bank	
Name of Branch	
Account number	
Account type	
Bank code	
DECLARATION	
I hereby declare that all information supplied on this form is true and correct.	
Claimant's signature	
Date	

Please submit supporting documentation certified by a commissioner of oaths:

- Death certificate,
- ID documents of Claimant and Deceased
- Certified copy of Marriage Certificate / Proof of Relationship, if applicable
- If payment is to be made to a funeral parlour, please provide copy of funeral parlour invoice.
- Proof of Claimant's Bank Account (copy of cancelled cheque/bank statement/salary slip).
- Form BI1663-Notification of Death Form and Burial Order (Obtain copy from Undertaker)
- In the event of an Unnatural Death: Copy of Police Report, Accident Report & Certified Driver's Licence (MVA & driver of vehicle) and Post Mortem Report are required.
- In the event of death due to Natural causes within first 24 months of the policy: please provide copies of clinical records from treating doctor/hospital.

If the required documentation is not clear, MS Life reserves the right to call for original documentation.