



## SMILE LIFE INSURANCE COMPANY LIMITED

### NOTIFICATION OF DEATH OF SCHEME MEMBER

1. Name of Scheme:.....
2. Name of Deceased Member:.....
3. Membership No:..... Date of Birth..... Date of Death.....
4. Death Benefits / Outstanding Loan Balance.....
5. Funeral Benefit Amount.....
6. Total Claim Amount (4+5).....

Name of the Organization's Authorized Official:.....

Designation:.....

Signature.....

Date:.....

Official Stamp

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The following documents are required to initially substantiate a claim:

- Death Discharge Form to be sent to you later
- Death certificate (a provisional Death certificate i.e. Death Report where available will in many cases suffice) or a letter signed and stamped by a District Commissioner or a Traditional Authority from the deceased member's home district indicating date of death and cause of death.
- Copy of the Life Assured's last pay slip or other acceptable form of documentation that proves that life assured was eligible for benefits at time of death.
- Occasionally further documentation may be required but when this is the case it will be specifically called for by Smile Life Insurance Company Limited.