



## 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. Annual Salary of Member as at Renewal Date.....
5. Amount of Group Life Assurance Cover.....
6. Funeral Benefit Amount.....
7. Total Claim Amount (5+6).....

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

Designation:.....

Signature.....

Date:.....

Official Stamp

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.