CUNA CARIBBEAN INSURANCE

The Family Indemnity Plan

CLAIM STATEMENT

Please write in BLOCK letters and WITHIN THE BOXES, AVOIDING CONTACT WITH THE EDGE OF THE BOX 1 2 3 4 ; mark all choice boxes with an X and NOT with a tick (✓).

Complete in detail and **forward with a Death Certificate and a copy of the Birth Certificate or ID Card.**

To be completed by the Organisation.

Organisation

Telephone Number

Fax Number

Date mm / dd / yyyy

Member's Name

Certificate Number

Deceased's Name

Deceased's Date of Birth mm / dd / yyyy

Deceased's Date of Death mm / dd / yyyy

Plan

Plan Amount

Deceased's Usual Duties of Livelihood (i.e. Fireman, Labourer, etc.)

Relationship To The Member

I hereby certify that the above information is true and correct, **premium has been paid**, and any facts not revealed above are explained in the REMARKS section. The Office that administers this Program is hereby released with respect to payments made on behalf of the above insured person.

Remarks

Claimant Signature

Print Name

Authorised Organisation Signature

Print Name

A member of CUNA MUTUAL GROUP

PROOF OF DEATH

NOTICE TO PHYSICIAN: To be completed by attending or family physician having knowledge of conditions causing and contributing to death and returned to Organisation below **(IF DEATH WAS DUE TO SUICIDE, HOMICIDE OR AN ACCIDENT).**

Cause Of Death _____

Death Due To

☐ Accident ☐ Suicide ☐ Homicide

Dates of Onset (mm/dd/yyyy)

Principal Cause _____ ☐☐ / ☐☐ / ☐☐☐☐

Contributing Cause _____ ☐☐ / ☐☐ / ☐☐☐☐

Please give an explanation:

_____

_____

_____

I certify that I attended to the deceased from ☐☐ / ☐☐ / ☐☐☐☐ (mm / dd / yyyy) to ☐☐ / ☐☐ / ☐☐☐☐ (mm / dd / yyyy) and death occurred from the causes listed.

_____ _____

Physician's Signature **Print Name**

Telephone Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Date** ☐☐ / ☐☐ / ☐☐☐☐ (mm / dd / yyyy)

POLICE REPORT (To be completed by the POLICE for HOMICIDE cases.)

Reporting Officer

Police Station

Incident

Details

_____

_____

_____

_____

_____

_____

Police Officer's Signature

POLICE STAMP

Date ☐☐ / ☐☐ / ☐☐☐☐ (mm / dd / yyyy)

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