



Kuscco Mutual Assurance
Your life assured

Proposal Form No.

KUSSCO Centre, Kilimanjaro Avenue, Upper Hill, 1st Floor
P. O. Box 28403 - 00200, Nairobi Kenya
Phone: (020) 4400019
e-mail: info@kuscocomutual.co.ke Website: www.kuscocomutual.co.ke

LAST EXPENSE PLAN MEMBERSHIP APPLICATION FORM

Name of Group / SACCO _____

DETAILS OF PRINCIPAL MEMBER

Name (in Block Letters) of the person by whom the assurance is to be effected.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Middle Name(s)	Surname

National Identity Card No.: KRA PIN:

D.O.B.: Phone Number:

P. O. Box: Postal code: email:

COVER OPTIONS

(Tick Selected Option)

Jadeite	Cover – Kshs. 500,000 per member	<input type="checkbox"/>
Ruby	Cover – Kshs. 200,000 per member	<input type="checkbox"/>
Platinum	Cover – Kshs. 100,000 per member	<input type="checkbox"/>
Gold	Cover – Kshs. 50,000 per member	<input type="checkbox"/>

DEPENDENTS

Name:	Relationship:	D.O.B.	Phone No.:
<input type="text"/>	Spouse	<input type="text"/>	<input type="text"/>
<input type="text"/>	Child 1	<input type="text"/>	<input type="text"/>
<input type="text"/>	Child 2	<input type="text"/>	<input type="text"/>
<input type="text"/>	Child 3	<input type="text"/>	<input type="text"/>
<input type="text"/>	Child 4	<input type="text"/>	<input type="text"/>
<input type="text"/>	Father	<input type="text"/>	<input type="text"/>
<input type="text"/>	Mother	<input type="text"/>	<input type="text"/>
<input type="text"/>	Father in law	<input type="text"/>	<input type="text"/>
<input type="text"/>	Mother in law	<input type="text"/>	<input type="text"/>
<input type="text"/>	Additional Spouse	<input type="text"/>	<input type="text"/>
<input type="text"/>	Additional Dependents	<input type="text"/>	<input type="text"/>

NOTE: Attach Legal identification documents for the members covered i.e ID/Passport for adults and Birth Certificates for Children.

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DETAILS OF BENEFICIARIES

Name:	Contacts:	Relationship:	% of Benefit:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

DECLARATION:

I _____ declare that all statements made on this form are complete and true and I agree they shall form part of my application. I fully understand the terms, conditions and benefits of the policy. I agree that if the above declaration is not true, the benefits under this scheme shall be null and void.

Member's Signature _____ Date _____

MODE OF PAYMENT:

(Tick Selected Option)

- 1. Mpesa **i) Paybill No. 851893**
ii) Account No - Your ID No.
iii) Enter amount payable
iv) Enter Mpesa pin & Ok
- 2. Cheque (Pay KUSCCO Mutual Assurance Ltd)
- 3. Any other (Specify)