

2. Details of Member

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Names

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials

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Date of Birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

ID Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country of Origin

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Residential Address

Code

--	--	--	--	--	--	--	--

Date of Employment

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

When did the member first become eligible for membership of the plan?

Date of Eligibility

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Was the member at work on the day they became eligible? If no state reason. Yes No

Last day actively at work

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

If the last day actively at work differs from the date of death, state reason for absence.

3. Details of Deceased

Relationship to Member

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Surname

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First Names

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials

--	--	--	--

Date of Birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

ID Number

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7. Declaration

I declare my answers and statements are true and correct and I have not omitted or withheld any material fact from Triarc.

I understand and accept that it may be necessary for Triarc to disclose the benefit payment details to the policyholder, beneficiaries and/ or their respective agents.

Triarc is authorised to make payment as instructed and I acknowledge that payment, by Triarc of the benefits claimed, will release Triarc from all liability for such benefits.

Signed at

Date

Y Y Y Y M M D D

Signatory First Name(s) and Surname

Designation

Signature

Company Stamp

Annexure A

The following supporting documentation must be submitted:

Death of Member	
Copy of Death certificate	
Copy of member's ID or back and front copies of new ID card	
Copy of latest pay slip (member)	
For Foreign national, a certified copy of the late member passport and death certificate. BI-20+BI-1663 forms. An English translation of document submitted in another language	

Death of Spouse	
Copy of Death certificate	
Copy of member's ID or back and front copies of new ID card	
Copy of deceased's ID or back and front copies of new ID card or birth certificate	
Copy of latest pay slip (member)	
Copy of marriage certificate or proof of customary union or marriage	

Death of Child	
Copy of Death certificate	
Copy of member's ID or back and front copies of new ID card	
Copy of deceased's ID or back and front copies of new ID card or birth certificate	
Copy of latest pay slip (member)	
If the surname of a child is different to that of the member, an affidavit is required from one of the parents as proof of relationship.	
If Stillbirth, a doctor's note or BI-1663 confirming gestation period at date of death.	
Child in full time study (if benefit applicable per policy) proof of registration as a student in the year of death.	
Child who is incapacitated (mentally or physically) proof of disability (e.g. report from attending doctor or medical certificate)	

Triarc reserves the right to request additional documents should they so require.

Where no date of birth is reflected on the death certificate, proof of age must be submitted.