



WE ARE ISO 9001:2015 CERTIFIED

## SHOULDER OF SOLACE PROPOSAL FORM

### Documents required for registration

Copy of ID/passport

Copy of KRA (pin certificate)

Passport sized photo

### DETAILS OF THE PROPOSER

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

Name of proposer

National Identification No

Phone Number

D.O.B.

P. O. Box:

Postal code:

Email

KRA PIN Number

Fax Number

### Benefits

#### NUCLEAR FAMILY WITH UP TO 4 CHILDREN

COVER LIMIT	SILVER 200,000	BRONZE 100,000
GROUP COVER	2,700	1,800

#### ADDITIONAL DEPENDENT

SPOUSE	1,800	900
CHILD	500	200

#### RATES WITH PARENTS AND PARENTS IN LAW

COVER LIMIT	AGE	200,000	100,000
GROUP COVER	<65 YEARS	6,000	3,500
	=>65 YEARS	9,500	5,500

### NOTE:

- Pricing is determined by the oldest parent and parent in-law.
- Children below 10 years, max. benefit Kes 100,000 as per insurance act.
- Parents above age 85 years, max. benefit Kes 300,000.
- Reinstatement premium introduced after any payment of parental benefit.

**Mode of Payment**

Cash Deposit

Amount

Shoulder of solace loan

Amount

**SHOULDER OF SOLACE LOAN DETAILS**

Cover Option

Annual Premiums

Repayment Period(Max 6 months)

SOS Loan payment Mode <i>(Tick appropriately)</i>	
1. MPESA	<input type="checkbox"/>
2. CHECK-OFF	<input type="checkbox"/>

I..... of I.D No.....declare to repay the Shoulder of Solace loan within the stipulated period. Member Signature .....

**DEPENDENTS**

Name	Relationship	D.O.B.	ID/ Birth Certificate
	Spouse		
	Child 1		
	Child 2		
	Child 3		
	Child 4		
	Father		
	Mother		
	Father in law		
	Mother in law		
	Additional Spouse		
	Additional Dependent		
	Additional Dependent		
	Additional Dependent		

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

## DETAILS OF BENEFICIARIES (IN CASE OF LOSS OF PRINCIPAL MEMBER)

NAME	RELATIONSHIP	CONTACTS	% OF BENEFIT

### SHOULDER OF SOLACE CLAIM PROCESS.

Incase of claim Submit the below requirments to **customercare@kimisitusacco.or.ke**

- Executed Benefit Claim Form.
- Certified copy of Original Burial permit/Hospital bills/Morturay receipt.
- Claimant's Identification Document (ID) and/or Deceased's Surrender of ID letter.
- Copy of Police Abstract for Accidental Deaths.

Acknowledgement of receipt of all documents and processing of claim within 48 hours following time of receipt of the full documentation.

The Cheque shall be drawn in principal's favor.

### TERMS AND CONDITIONS

- Cover applies to Principal Member, spouse, biological children, and biological parents and parents in-law. Cover maybe extended to adopted children subject to proof of legal adoption.
- Cover commences once the premium is paid in full and all the documentation submitted.
- Waiting period is 30 days for the nuclear family and 60 days for parents & parents in-law, from the date of commencement of the policy and subject to payment of full premium. In case of natural death during the waiting period no benefit is payable.
- The policy lapses if it is not renewed after it expires.
- The aggregate maximum payable amount for a loss covered by multiple claimants on a shared parent is KES. 750,000 proportionate to the cover options taken by the claimants.
- For parents, only one claim is payable per cover period subject to reinstatement of premium except for accidental death (i.e. an event claiming more than one life).
- The maximum amount payable on the death of a child below the age of 10 years shall be KES. 100,000 provided by the Insurance Act. The policy lapses on the death of the principal member.
- In case of divorce or separation, notify the company in writing immediately.
- Fraudulent claims will not be processed.
- There is NO exit age. However, maximum benefit is KES. 200,000 for a member above 85 years under this policy.
- Members covered under this policy to fill a declaration form of good health when upgrading the cover. The new cover limit will be subjected to 3 months waiting period.
- Grace period of 30days allowed but in case of any claim within the period will be paid subject to payment of the outstanding premium.
- 5 Number of claims per year

**MPESA PAYMENT PROCEDURE:**

**How to pay through MPESA:**

- *Pay Bill 911200, under account no: put your ID number followed by word SOS e.g., 123456SOS. Mpesa charges apply.*
- *For repayment of Shoulder of Solace loan, Pay Bill 911200. Under account number, put your ID number followed by word SOL. Mpesa charges apply.*

I .....declare that all the statement made on this form are completed and true to the best of my knowledge and they shall form part of my application. I fully understand the terms, conditions and benefits of this policy. I agree that if the above declaration is not true, the benefits under this policy shall be forfeited.

**Applicant Signature.....Date.....**

**For Official use only:**

**Initiated by..... Signature..... Date.....**

**Approved by..... Signature..... Date.....**

**Principal Officer.....Signature..... Date.....**