



AEA Plaza, Valley Road,

P.O BOX 10454-00100, Nairobi Call Center 0709136000

www.kimisitusacco.or.ke

customercare@kimisitusacco.or.ke

Documents required for registration.

Copy of ID (Principal Member) Copy of KRA pin certificate Passport sized photo

SHOULDER OF SOLACE MEMBERSHIP FORM.

DETAILS OF PRINCIPAL MEMBER

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

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Title First Name Middle Names Surname

National Identification No KRA PIN:

D.O.B. Phone Number

P. O. Box: Postal code: Email

Cover Option *(Tick Selected Option)*

Cover – Kshs100,000 per member <input type="checkbox"/>	Annual Premiums -Kshs 3,100
• Additional Spouse <input type="checkbox"/>	• Annual Premiums -Kshs 900
• Additional Dependent Charge <input type="checkbox"/>	• Annual Premiums -Kshs 200
Cover- Kshs 200,000 per member <input type="checkbox"/>	Annual Premiums –Kshs.6,100
• Additional Spouse Charge <input type="checkbox"/>	• Annual Premiums- Kshs 1,800
• Additional Dependent <input type="checkbox"/>	• Annual Premiums- Kshs 500
Cover Kshs 300,000 per member <input type="checkbox"/>	Annual Premiums – Kshs. 9,200
• Additional Spouse <input type="checkbox"/>	• Annual Premiums – Kshs 3,600
• Additional Dependent Charge <input type="checkbox"/>	• Annual Premiums- Kshs 700

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)

<u>SOS Loan payment Mode</u>	
<i>(Tick appropriately)</i>	
1. MPESA	
2. CHECK-OFF	

I....., of ID number declare to repay the
Shoulder of Solace loan within the stipulated period. Member signature.....

DEPENDENTS.

Name	Relationship	D.O.B.	ID/ BirthCertificate
	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

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

For Official Use Only:

Initiated by:.....

Signature

.....

Date

.....

Approved by:.....

.....

.....

KIMISITU SACCO BENEVOLENT FUND

MEMBERSHIP

- Membership to the scheme is voluntary to all Sacco members only.
- Entry is by registration/ filling a form
- Withdrawal can happen at any time and member forfeits benefits and premiums paid thereof
- Re - admission to the scheme will be free
- Annual premiums shall be Kes.3,100, Kes.6,100 or Kes.9,200 per month either by check off system, M-Pesa, Bank Transfer or by Cash.
- Sacco will pay premiums for members who don't have cash and allow 6 months interest **FREE** instalments i.e. Kes.517, Kes.1017 & Kes.1,533 respectively for the 3 categories

BENEFITS TO MEMBERS

BENEVOLENT PREMIUM/BENEFITS			
Relation/Premium (SACCO)			
Relation/Premium	Ksh 3,100 per Year per member	Ksh 6,100 per Year per member	Ksh 9,200 per Year per member
Self	100,000	200,000	300,000
Spouse (one)	100,000	200,000	300,000
Parents (2)	100,000	200,000	300,000
Children (4)	100,000	200,000	300,000
Parents In-law (2)	100,000	200,000	300,000
Additional Spouse Charge	900	1,800	3,600
Additional Dependent Charge	200	500	700

SHOULDER OF SOLACE CLAIM PROCESS

- ✚ Forward claim notification and/or claim forms from the principal member physically or sent to customercare@kimisitusacco.or.ke
- ✚ If the notification is via email, it is printed and circulated for claim by receiving Sacco officer
- ✚ Ensure all the relevant documents required for membership application were provided and premium paid. Otherwise attach them to claim documentation.
- ✚ Submit claim supporting documents. The following **MUST** be attached.
 - Executed Benefit Claim Form.
 - Certified copy of Original Burial permit.
 - 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

- ✚ Member to give notice of death to the Sacco through email: customercare@kimisitusacco.or.ke
- ✚ Provide a Burial Permit or Funeral gathering permit
- ✚ For children - Birth certificates
- ✚ For those above 18 - copy of deceased ID & Members ID copy
- ✚ Waiting period:
 - **Natural death:**
 - i) Member spouse and children - 1 month
 - ii) Nuclear family: 2 months
 - **Accident:** No waiting period
- ✚ Premiums are paid and renewed annually through cash or instalment free payments
- ✚ Any member who moves from a lower tier of premium to a higher tier must top up contributions.
- ✚ If a member wishes to withdraw from the scheme and stops contributing, all the contributions made earlier will be forfeited.
- ✚ In case of claim the member must fill in a claim form.
- ✚ Maximum entry age of a principal member and spouse is 70
- ✚ Maximum entry age for parents and parents in law is 85 years
- ✚ Non-members can join if they pay cash through bank or Mpesa
- ✚ Maximum members can claim for their parents as Kes.700,000/=
- ✚ Beneficiaries information will be used at the event of the principal member demise
- ✚ The cover commences upon payment of FULL premium per selected package

MPESA PAYMENT PROCEDURE:

- ✚ How to pay through MPESA: Pay Bill 911200, under account no: put your ID number followed by word SOS eg 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

"Your Partner to Prosperity"