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**

# 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)