

# RETRENCHMENT COVER

# **CLAIM FORM**

## JUBILEE LIFE INSURANCE LIMITED

### Head Office:

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### **DIRECTIONS:**

- Please attach the following documents:
  1. Original letter from the Human Resource personnel indicating that the member has been retrenched.
- Certified copy of the member's pay slip for the last month in service.
- Copy of the National Identity Card or Passport. Copy of the loan application form.
- Loan amortisation schedule.

Full name of the scheme	
Full name of the retrenched member	
Occupation of the retrenched member	
Membership/staff no.	
Date of employment DD/WW/YYYY	Date of joining the scheme DD/MM/YYYY
Date of retrenchment DD/MM/YYYY	Date last reported on duty DD/MM/YYYY
Reason for retrenchment	
Amount of loan issued	Date loan was issued DD/MM/YYYY
Monthly loan repayment amount	Loan repayment term
Loan repayment commencement date DD/MM/YYYY	
DECLARATION	
Note that where copies of documents are to be provided, the same must be clear and legible. These documents must include indication of the source, name/initials/signature of the author and date of processing. The Jubilee Life Insuarnce Limited reserves the right to call for any document(s) relevant to the claim.	
I, on behalf of and being Authorised officer of the assured of trus in fact.	stee declare and state that the foregoing statements are true in substance and
Signed at this	day of20
By:	
Authorised Officer	
Name	Signature
Stamp	