


BUSINESS *Shield*

 Membership no.:

Funeral Claim Form

1.	Name of Policyholder:		
2.	Particulars of the business:		
	•	Postal address:	
	•	Registration no.:	
	•	Physical address:	
	•	Email address:	
	•	Telephone no.:	
	•	Cellphone no. of business representative:	
	•	Fax no.:	
3.	Effective date of policy:		
4.	Particulars of deceased employee:		
	•	Name & Surname:	
	•	ID no.:	
	•	Employee no.:	
	•	Date of employment:	
	•	Date of death:	
	•	Cause of death:	
	•	Place of death:	
5.	Details of previous submitted claim:		
6.	Documents attached:	Yes	No
	A: Death Certificate:		
	B: Medical Report:		
	C: Employment Contract:		
	D: ID of beneficiary:		

I, hereby, certify that the above information is to the best of my knowledge true and correct and fully understand that this claim may be repudiated in the event that I have intentionally provided Trustco Insurance with false information.

Signature of person submitting claim: _____

Name and Surname: _____

Date: _____


TRUSTCO
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