



KofC Family ... Our Concern

KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATION OF THE PHILIPPINES, INC.
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 Claimant (Printed name & signature)

CP NO. _____

 Claimant (Printed name & signature)

CP NO. _____

 Claimant (Printed name & signature)

CP NO. _____

 Claimant (Printed name & signature)

CP NO. _____

HOSPITAL'S OR ATTENDING PHYSICIAN'S AUTHORIZATION

To Whom It May Concern:

This is to authorize you to disclose and furnish the Knights of Columbus Fraternal Association of the Philippines, Inc. through its representative, any and all clinical records of the herein named patient.

 Name of Patient

 Date

 Claimant (Print name & sign)

 Relationship of the Patient

DEATH CLAIM REQUIREMENTS

1. Duly accomplished and signed Claimant's Statement
2. Original Death Certificate issued by the Local Civil Registrar of place of death. Photocopy of the original death certificate will be accepted provided it is properly authenticated by the Civil Registrar as certified true copy and it bears his/her original signature and seal.
3. Original Benefit Certificate or in case of loss, a duly notarized affidavit of loss (not applicable for CMBP)
4. Photocopy of 2 valid IDs of beneficiaries/claimants bearing their signatures
5. Photocopy of Marriage contract if beneficiary is husband or wife
6. In case daughters-beneficiaries are already married, photocopy of their marriage contracts are required.
7. Submit a duly notarized Affidavit of Guardianship to be accomplished by the legal guardian if the beneficiary is a minor and his or her interest in the death benefit proceeds does not exceed P500,000.00. If the value of the death benefit proceeds exceeds P500,000.00, a Court Order and Guardianship Bond are required.
8. Photocopy of death certificates of deceased beneficiaries
9. Photocopy of birth certificate of insured in case there is discrepancy in birth date

Other documents may be required by Home Office during evaluation of the claim (ex. Affidavit of 2 Disinterested Persons, Deed of Waiver and Quitclaim, Affidavit of Living Heirs, etc.)

For death claims within the 2-year contestability period, beneficiaries must submit also the following:

- 1) All applicable requirements mentioned above
- 2) Past medical records of the deceased BC Holder
- 3) Contact numbers and address of physicians who attended the BC Holder
- 4) Names and addresses of Hospitals where the BC Holder had previous confinements/consultations
- 5) Completely accomplished and signed Claimant's Statement and Hospital or Attending Physician's Authorization
- 6) If the insured died a violent death (ex: murder, homicide, death by accidental means), the following documents are required:
 - Certified true copy of the final police investigation report.
 - Certified true copies of sworn statements on file with the said authorities, or, if none, affidavits of two independent witnesses to the incident on the circumstances surrounding the insured's death.

For request to deposit claim proceeds directly to beneficiaries' bank accounts, please submit written request and proof of bank details showing the bank name, bank account number and name of depositor.