

KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATIONOF THE PHILIPPINES, INC.

Gen. Luna cor. Sta. Potenciana Sts., Intramuros, Manila 1002 Tel No. (02) 8527-2249 local nos. 151 to 159 Telefax No. (02) 8527-2241

E-mail: <u>bcservices@kofc.org.ph</u> KC Text Bilis: (0917) 825-5632 Globe: (0926) 722-2613 Smart: (0928) 954-5012

STATEMENT OF CLAIMANT

NOTE: Every question must be fully answered and submit the required documents (see document checklist at the back page). The company reserves the right to require further information/documents should it be deemed necessary. Please write all answers legibly.

| CP NO | CP NO | |
|---|--|------------------|
| Claimant (Printed name & signature) | Claimant (Print name & signature | |
| 7.Do you guarantee that all the statements and answers mad- concealed any material facts from the company? ——— | e by you in this questionnaire are true and the | • |
| | | |
| 6. In what other company/ies and for what amount was dece Name of Company | eased insured? Total Coverage | |
| b. Are you legally entitled to receive the entire amount pa | yable on the Benefit Certificate? | |
| 5. a. In what capacity, or by what title do you make this clair | | |
| Are there any endorsement on the Certificate other than If so, furnish us a verified or certified copy of the endor | | |
| b. If so, to whom and when | | |
| 4. a. Has the certificate ever been assigned? | | |
| | | |
| Date Nature of Attended Illness/ diagnosis | Name/Addresses of Attending F hospitals/clinics where treatmen | |
| Please state the physicians whom the deceased consulted was confined or treated: | during his lifetime and/or clinic/ hospital whe | ere the deceased |
| e. Occupation of deceased at the time of death | | |
| d. Occupation of deceased at the time of issuance of the | | |
| b. Causes of death c. Place of death | | |
| 2. a. Date of death | | |
| e. Residence of deceased at the time of deathf. Upon what document did you base your answers to th | | |
| d. Residence of deceased when BC was issued | | |
| b. Date of birth c. Place of birth of deceased | | |
| Name of deceased in full Last Name | First name | M.I. |
| (P). | | |
| Columbus Fraternal Association of the Philippines, Inc., Bene on for the amount of (P). | fit Certificate No./s | issued PESOS |
| and to support my/ | form part of the proof of death of the four claim for payment of the proceeds of | f the Knights of |



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|--|---|--|
| CP NO | CP NO | |
| Claimant (Printed name & signature) | Claimant (Printed name & signature) | |
| CP NO | CP NO | |
| HOSPITAL'S OR ATTENDIN | NG PHYSICIAN'S AUTHORIZATION | |
| To Whom It May Concern: | | |
| This is to authorize you to disclose and fu Philippines, Inc. through its representative, any and a | rnish the Knights of Columbus Fraternal Association of the II clinical records of the herein named patient. | |
| | | |
| Name of Patient | Claimant (Print name & sign) | |
| Date | Relationship of the Patient | |

DEATH CLAIM REQUIREMENTS

- 1. Duly accomplished and signed Claimant's Statement
- 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)
- Photocopy of 2 valid IDs of beneficiaries/claimants bearing their signatures
- 5. Photocopy of Marriage contract if beneficiary is husband or wife
- In case daughters-beneficiaries are already married, photocopy of their marriage contracts are required. 6.
- Submit a duly notarized Affidavit of Guardianship to be accomplished by the legal guardian if the beneficiary is a minor and 7. 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
- 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.