

FUNERAL GRANT CLAIM FORM



Generation Health
P.O. Box 10130
HARARE
Website: www.generationhealth.co.zw

Generation Health
2nd. Floor, Zimnat House
Nelson Mandela Ave./ 3rd. Street
HARARE

Administered by:
Sovereign Health
Tel: (263 4) 793389; 250680
Nelson Mandela Ave./ 3rd. Street
Fax: (263 4) 790700
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Section A: Policy holder details (Deceased)

Title		Surname			
Name/s				Identify number	
Member number		Date of birth		Date of death	
Cause of death				Place of death	

Please provide the following:

1. ID copy of the deceased
2. Notice of death or Death certificate

Section B: Claimant details:

Title		Surname		Cellphone	
Name/s				Identity number	
Relationship to deceased				Date of birth	
Physical address					

Please provide the following for the claimant:

1. ID copy of the claimant
2. Proof of relationship to the deceased

Section C: Banking details for funeral grant claim payment

Proof of banking details required in the form of letter from bank or banking details on company letterhead signed and stamped by the relevant issuer

Bank name		Branch name		Branch code	
Account type		Account number			
Account holder (Company)					

Declaration statement

1. The information supplied in and with this application form is complete and accurate to the best of my knowledge and belief;
2. I authorise Generation Health Medical Aid Fund to use the information provided in this application for verify accuracy and validity of this claim

Claimant signature: _____ **Date:** _____