

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: (263 242)793389; 797843; 793476
Nelson Mandela Ave./3rd. Street
Fax: (263 4) 790700
CDMA: (263 242) 2928629; 2928930

Section B: Patient details: This section must be completed by the patient

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

Please provide the following:

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

Section B: Patient details: This section must be completed by the patient

Title		Surname	Cellphone		
Name/s			Date of birth		
Identity number			Relationship to deceased		
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:** _____