

NATCCO MBAI CLAIM FORM

DATE: _____

Cooperative Name: _____

Exact Address of Cooperative: _____

Coop's Bank Details: Account Name: _____

Account Number: _____ Bank: _____

Name of MEMBER: _____ Coop Membership Date: _____

Beneficiary/Contact Person: _____ Contact Number: _____

Name of Deceased Person: _____ Date of Death: _____

Category of Deceased (*please check*) : Member / Dependent

We are submitting herewith the documents for the following claims:

<p><input type="checkbox"/> DECEASED Member Product: BLIP Coverage: From _____ To: _____</p> <p><input type="checkbox"/> NATCCO MBAI Claim Form <input type="checkbox"/> Application Form <input type="checkbox"/> Health Questionnaire <input type="checkbox"/> Death Certificate of Insured: Original or Certified True Copy (signed, sealed, and numbered by the Local Civil Registrar (LCR)) <input type="checkbox"/> Birth or Baptismal Certificate of the Insured/Member <input type="checkbox"/> Valid ID of Insured/Member <input type="checkbox"/> Birth Certificate of Beneficiary <input type="checkbox"/> Valid ID of Beneficiary <input type="checkbox"/> Marriage Certificate (if member is married) <input type="checkbox"/> Police Report: if death is due to accident <input type="checkbox"/> Post Mortem /Autopsy Report (if any)</p>	<p><input type="checkbox"/> DECEASED Member Product: CLIP Amount Covered: _____ Coverage: From _____ To: _____</p> <p>No. of months: _____</p> <p><input type="checkbox"/> NATCCO MBAI Claim form <input type="checkbox"/> Application Form <input type="checkbox"/> Health Questionnaire <input type="checkbox"/> Death Certificate of Insured: Original or Certified True Copy (signed, sealed, and numbered by the Local Civil Registrar (LCR)) <input type="checkbox"/> Birth or Baptismal Certificate of the Insured/Member <input type="checkbox"/> Valid ID of the Insured/Member <input type="checkbox"/> Birth Certificate of Beneficiary <input type="checkbox"/> Valid ID of Beneficiary <input type="checkbox"/> Marriage Certificate (if member is married) <input type="checkbox"/> Claimant's Statement (for claims amount of P100,000 and up) <input type="checkbox"/> Physician's Certificate (for claims amount of P100,000 and up)</p>
<p><input type="checkbox"/> DECEASED Dependent Product: BLIP Coverage: From _____ To: _____</p> <p><input type="checkbox"/> NATCCO MBAI Claim Form <input type="checkbox"/> Application Form <input type="checkbox"/> Health Questionnaire <input type="checkbox"/> Death Certificate of Insured: Original or Certified True Copy (signed, sealed and numbered by the Local Civil Registrar (LCR)) <input type="checkbox"/> Birth or Baptismal Certificate of the Insured (Dependent) <input type="checkbox"/> Valid ID of Insured (Dependent) <input type="checkbox"/> Birth Certificate of Beneficiary <input type="checkbox"/> Valid ID of Beneficiary <input type="checkbox"/> Marriage Certificate (if member is married)</p>	<p><u>TO BE FILLED OUT BY NATCCO MBAI CLAIMS UNIT:</u></p> <p>BLIP: Member _____</p> <p style="padding-left: 100px;">Dependent _____</p> <p>CLIP: Member _____</p> <p>Prepared by: _____</p> <p>Date: _____</p>