

**SIDIAN FUNERAL PLAN
MEMBER APPLICATION FORM**

(Please complete the form in BLOCK LETTERS and tick where applicable)

I hereby apply for membership of Sidian Funeral Plan as required by cover eligibility condition:

1. APPLICANT'S DETAILS

Name		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth		
ID Card/Passport No (Attach Copy)		
Postal Address		
Telephone number		
Email Address		

2. DECLARED DEPENDANTS

	Name	Relationship	Date of Birth	ID No./ Birth Cert No.
1.				
2.				
3.				
4.				
5.				
6.				
7.				

3. OPTION/ PREMIUM DETAILS

	Benefit	Premium	(Tick Option)
Individual	Kshs 75,000	Kshs 500	<input type="checkbox"/>
Family	Kshs 75,000 per member	Kshs 1,202	<input type="checkbox"/>

4. BENEFICIARY

Name: _____ Relationship: _____ ID no: _____

5. FUNDS TRANSFER AUTHORISATION

I hereby authorize transfer of KshsFrom my account No:.....
to the last expense premium account number 01036020012345 in Sidian Bank Ltd.

Applicant's Signature Date

Name of Relationship Officer

.....Signature.....Branch.....

BENEFITS, SCOPE OF COVER AND EXCLUSIONS

1. Product Description

- This is a funeral cover that helps families manage the burden of meeting funeral expenses.
- The scope of this product will be to provide funeral benefits for the main member, spouse and up to 4 children. The member has to be an account holder with Sidian Bank living in Kenya. The product will also provide funeral benefits for parents of the main member or spouse

2. Options

	Benefit	Premium
Individual	Kshs 75,000	Kshs 500
Family	Kshs 75,000 per member	Kshs 1,202

3. Scope of Cover

- Maximum of 1 death payable per annum after which member is required to renew the policy
- Maximum age at entry for members is 70 years with cover expiring at age 100 years for adults
- Children are covered from age 3 months to age 21 years
- Children above age 21 years to 24 years are covered subject to confirmation of being in fulltime education.
- Waiting Period of 3 months during which only accidental death is payable
- Only birth parents of main member/spouse are covered and not guardians

4. Claims documents required for benefit payment

- Death notification
- Burial permit and Police abstract in case of accidental death
- Copy of ID/ Birth Certificate of the deceased
- Copy of ID of registered beneficiary

5. Exclusions

- Death resulting directly or indirectly from active participation in Mutiny, riot, strikes, military or popular uprising, insurrection, rebellion, revolution, military or usurped power, martial law or stage of siege or any of the events or causes which determine the proclamation or maintenance of martial law or stage of siege or,
- Death resulting directly or indirectly from intentional self-injury, suicide or the influence of alcohol or drugs Medical or surgical treatment or,
- Death resulting directly or indirectly from mountaineering necessitating the use of guides or ropes, Winter Sports, Big Game Shooting or riding or driving in any kind of race or motorcycling above 250cc or,
- Death resulting directly or indirectly from aviation other than as a fare-paying passenger in an aircraft operated by a regular Air Line or established Charter Service or,
- Death resulting directly or indirectly from participation in any hazardous sport or pursuit including rock climbing, scuba diving, hang-gliding and aided speed contests of any kind.

6. Notes

The above is a summary of the cover provided under the Master Policy. In the event of any inconsistencies between this summary and the provisions contained in the Master Policy, the latter shall prevail over the former. The Master Policy is under the custody of the Bank. The cover is underwritten by UAP Life Assurance Limited.