

MEDHEALTH DISCHARGE FORM

NOTIFICATION OF DEATH OF SCHEME MEMBER AND AUTHORITY TO PAY CLAIM

1. Name of Client.....
2. Name of Deceased Member.....
3. Membership No:.....Date of Birth.....Date of Death.....
4. Benefit Option.....
5. Funeral Benefit Amount.....

I/We the undersigned:

(Full Names)

In my/ our capacity as Administratorsof

the.....hereby declare

(Name of Organisation)

- i. that the person whose death gave rise to this claim has in fact died and was in fact a legitimate member of the scheme.
- ii. that payment of the proceeds due in respects of the deceased member in terms of the aforementioned scheme shall represent the full and final discharge of the funeral benefit.
- iii. that the Administrators shall fully indemnify(Client) for any further payment by reason of any document or documents the basis upon which such payment is made being rendered unreliable in so far as proof of death is concerned.

Signed at:.....this.....day ofyear.....

(Place)

(Date)

(Month)

In the presence of **Witness**

Signed by the abovementioned **Administrators**

Witness: (1)

Address:

.....

Witness : (2)

Address:

(3)

Apart from this form the following documents are required to initially substantiate a claim:

Death certificate (a provisional Death certificate i.e. Death Report where available will suffice)

MedHealth Limited
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