

NATCCO MBAI CLAIM FORM

DATE: _____

Cooperative Name: _____

Exact Address of Cooperative: _____

Coop's Bank Details: Account Name: _____

Account Number: _____ Bank: _____

Contact Person: _____ Contact Number: _____

Name of INSURED: _____ Date of Death: _____

Name of DEPENDENT: _____ Date of Death: _____

We are submitting herewith the documents for the following claims:

<p>___ DECEASED Member Product: DAMAYAN / FYRP Coverage: From _____ To: _____</p> <p>___ NATCCO MBAI Claim Form ___ Damayan/LGP Application Form ___ Health Questionnaire ___ Death Certificate of Insured: Original or Certified True Copy (signed, sealed and numbered by the Local Civil Registrar (LCR)) ___ Birth or Baptismal Certificate of the Insured ___ Birth Certificate of Beneficiary ___ Marriage Contract (if member is married) ___ Police Report: if death is due to accident ___ Post Mortem /Autopsy Report (if any) ___ 1 photocopy of valid ID of Insured</p>	<p>___ DECEASED Member Product: LOAN GUARANTEE PLAN (LGP) Amount Covered: _____</p> <p>Coverage: From _____ To: _____</p> <p>No. of months: _____</p> <p>___ NATCCO MBAI Claim form ___ Damayan/LGP Application Form ___ Health Questionnaire ___ Death Certificate of Insured: Original or Certified True Copy (signed, sealed and numbered by the Local Civil Registrar (LCR)) ___ Birth or Baptismal Certificate of the Insured ___ Birth Certificate of Beneficiary ___ Marriage Contract (if member is married) ___ Claimant's Statement (for claims amount of P100,000 and up) ___ Physician's Certificate (for claims amount of P100,000 and up) ___ Police Report: if death is due to accident ___ Post Mortem /Autopsy Report (if any) ___ 1 photocopy of valid ID of Insured</p>
<p>___ DECEASED Dependent Product: DAMAYAN / FYRP Coverage: From _____ To: _____</p> <p>___ NATCCO MBAI Claim Form ___ Damayan/LGP Application Form ___ Health Questionnaire (with Proxy Vote) ___ Death Certificate of Insured: Original or Certified True Copy (signed, sealed and numbered by the Local Civil Registrar (LCR)) ___ Birth or Baptismal Certificate of the Insured ___ Birth Certificate of Beneficiary ___ Marriage Contract (if member is married) ___ 1 photocopy of valid ID of Insured</p>	<p><u>TO BE FILLED OUT BY NATCCO MBAI PERSONNEL:</u></p> <p>DAMAYAN: Member _____</p> <p style="padding-left: 100px;">Dependent _____</p> <p>LGP: Member _____</p> <p>Prepared by: _____</p> <p>Date: _____</p>