

Rest Easy Policy

The Last Expense is a solution offered to Individuals/Groups/Organizations/Employers/Saccos. The cover provides for the payment of the sum assured to the dependents of a deceased member to take care of the funeral expenses.

Accidental deaths are covered immediately for all family members. Illness related deaths attract a waiting period of **three (3) months** for the principal member, spouse and children, and **Six (6) months** for parents.

Scope of Cover

Member	Diamond		Platinum		Gold		Silver	
	Sum Assured (Kshs)	Annual Premium Payable (Kshs)	Sum Assured (Kshs)	Annual Premium Payable (Kshs)	Sum Assured (Kshs)	Annual Premium Payable (Kshs)	Sum Assured (Kshs)	Annual Premium Payable (Kshs)
Principle Member	500,000	12,500	200,000	6,500	100,000	3,500	50,000	2,500
Spouse	500,000		200,000		100,000		50,000	
Children (Max 4.)	200,000		100,000		100,000		50,000	
Parents/Parents In-Law (1)	100,000		100,000		50,000		50,000	
Additional Spouse	500,000	4,000	200,000	1,600	100,000	800	50,000	400
Additional Child	200,000	800	100,000	400	100,000	400	50,000	200
Additional Parent	100,000	1,800	100,000	1,800	50,000	900	50,000	900

"Maximum benefit payable in respect to death of children aged 10 years and below will be Kenya Shillings 100,000".

NB: The premiums indicated are for the whole family and not per individual. The maximum number of claims per policy is **5**. Only one claim for parents is payable per policy year unless additional premium is paid.

Eligibility

The term Member shall be deemed to refer to person participating in the Groups/Organizations/Employers/Saccos. The age limits applicable are as follows:

Population	Age Limits (years)
Principal Member/Spouse	18 - 65
Child	3 months to 24yrs
Parent of Principal Member/Spouse	Age Limit - 85yrs old

Claims

In the event of occurrence of the death of any member, notification must be given to the Minet Kenya Insurance Brokers Ltd; L&P Division as soon as possible.

Documentation required;

- Formal written notification of claim with copy of ID of notifier;
- Certified copy of the Deceased's Identification Document e.g National Identity Card, Valid Passport, Birth certificate (for minors) as issued by an appropriate government authority;
- Original or certified copy of a police abstract in the case of a Road Traffic Accident (RTA) (applicable to claims occurring within the waiting period).
- Original burial permit or Death Certificate
- Bank account details for Principal Member/Nominated Beneficiary i.e. either of copy of Front face of ATM card, crossed cheque leaf or bank statement

Bank account details for;

- Principal /Nominated Beneficiary
- Nomination of Beneficiary form
- Duly completed claim form Claims are processed within 48 hours.

Cover Requirements

To commence cover we request for the following documentation:

- Minet Rest Easy application form to be completed by the Principal Member.
- Payment of Premiums.
- Nomination of Beneficiary Forms

Rest Easy Member Application Form

Principal Member Details

Name	<input type="text"/>	ID. NUMBER (attach copy of ID)	<input type="text"/>
D.O.B	<input type="text"/>	Age Next Birthday	<input type="text"/>
		Mobile No.	<input type="text"/>
		P.O. Box	<input type="text"/>

Nationality

Email	<input type="text"/>	KRA PIN	<input type="text"/>
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Citizenship 1:	Residency 1:
Citizenship 2:	Residency 2:
Citizenship 3:	Residency 3:

Please note all communication will be channeled through the principal member.

Pick Your Plan (tick the selected benefit)

- **Diamond:** Cover of KShs. 500,000 for Principal Members. (Refer to scope of cover for the dependants benefits)
- **Platinum:** Cover of KShs. 200,000 for Principal Members. (Refer to scope of cover for the dependants benefits)
- **Gold:** Cover of KShs. 100,000 for Principal Members. (Refer to scope of cover for the dependants benefits)
- **Silver:** Cover of KShs. 50,000 for Principal Members. (Refer to scope of cover for the dependants benefits)

Platinum ☐ Diamond ☐ Gold ☐ Silver ☐

Family Members

Name	Relationship	D.O.B	Mobile Number
	Spouse		
	1 st Child		
	2 nd Child		
	3 rd Child		
	4 th Child		
	Father		
	Mother		
	Father-in-law		
	Mother-in-law		
	Additional Spouse		
	Additional Child		

(We will require copies of I.D./Passport for Spouse & Parents and Birth Certificates for Children)

BENEFICIARY DETAILS

Beneficiary / next of kin (Details of persons to be contacted / paid in the event of your demise)

Name	Relationship	Percentage	Contact Details

Declaration

I _____ declare that all statements to the above are complete and true and I agree they shall form part of my application. I fully understand the terms, conditions and benefits of the policy. I agree that if the above declaration is not true, the benefits under this scheme shall be null and void.

I further declare that, to the best of my knowledge and belief, I am in good health and free from disease or disability or symptoms thereof and I am not receiving any regular treatment and have not done so in the last 12 months. This assurance does not replace any other existing assurance with any life insurer. I have effected this policy voluntarily.

Members Signature: _____ Date: _____

Payment Mode (tick for confirmation)

- Bank: Standard Chartered Bank Ltd. Account Name: Sanlam Life Insurance Ltd., Account Number: 0104021198704, Branch Name: Kenyatta Avenue
- **M-PESA details**
- Bank Name: Family Bank Limited
- Ac Name: Sanlam Life insurance
- Account no: 012000030625
- Pay bill name: Sanlam Rest Easy
- Pay bill number: 65100
- M-pesa reference number