



WE ARE ISO 9001:2015 CERTIFIED

SHOULDER OF SOLACE PROPOSAL FORM

Documents required for registration

Copy of ID/passport

Copy of KRA (pin certificate)

Passport sized photo

DETAILS OF THE PROPOSER

Name (in Block Letters) of the person by whom the assurance is to be effected.

Title First Name Middle Name Surname

National Identification No Phone Number D.O.B.

P. O. Box: Postal code: Email

KRA PIN Number Fax Number

Benefits

NUCLEAR FAMILY WITH UP TO 4 CHILDREN

COVER LIMIT	500,000	300,000	200,000	100,000
PREMIUM	6,900	4,100	2,700	1,800

ADDITIONAL DEPENDENT

SPOUSE	4,100	3,600	1,800	900
CHILD	1,100	700	500	200

RATES WITH PARENTS AND PARENTS IN LAW

COVER LIMIT	AGE	500,000	300,000	200,000	100,000
PREMIUM	<65 YEARS	15,300	9,100	6,000	3,500
	=>65 YEARS	23,300	14,100	9,500	5,500

NOTE:

- 1.Pricing is determined by the oldest parent and parent in-law.
- 2.Children below 10 years, max. benefit Kes 100,000 as per insurance act.
- 3.Parents above age 85 years, max. benefit Kes 300,000.
- 4.Reinstatement premium introduced after any payment of parental benefit.

Mode of Payment

Cash Deposit

Amount

Shoulder of solace loan

Amount

SHOULDER OF SOLACE LOAN DETAILS

Cover Option

Annual Premiums

Repayment Period(Max 6 months)

SOS Loan payment Mode <i>(Tick appropriately)</i>	
1. MPESA	<input type="checkbox"/>
2. CHECK-OFF	<input type="checkbox"/>

I..... of I.D No.....declare to repay the Shoulder of Solace loan within the stipulated period. Member Signature

DEPENDENTS

Name	Relationship	D.O.B.	ID/ Birth Certificate
	Spouse		
	Child 1		
	Child 2		
	Child 3		
	Child 4		
	Father		
	Mother		
	Father in law		
	Mother in law		
	Additional Spouse		
	Additional Dependent		
	Additional Dependent		
	Additional Dependent		

NOTE: Attach Legal identification documents for the members covered i.e., ID/Passport for adults and Birth Certificates for Children.

DETAILS OF BENEFICIARIES (IN CASE OF LOSS OF PRINCIPAL MEMBER)

NAME	RELATIONSHIP	CONTACTS	% OF BENEFIT

MEMBERSHIP

Membership to the scheme is voluntary to both members and non-members.

- Entry is by registration/ filling a form.
- Withdrawal can happen at any time and member forfeits benefits and premiums paid thereof.
- Re - admission to the scheme will be free
- Premium can be paid by check off system, **M-Pesa**, **Bank Transfer** or by **Cash**.
- A **6 months** interest FREE SOS loan is available to members who do not have cash.

SHOULDER OF SOLACE CLAIM PROCESS.

Incase of claim Submit the below requirements to **customercare@kimisitusacco.or.ke**

- *Certified copy of Original Burial permit/Hospital bills/mortuary receipt.*
- *Claimant's Identification Document (ID) and/or Deceased's Surrender of ID letter.*
- *Copy of Police Abstract for Accidental Deaths.*

Acknowledgement of receipt of all documents and processing of claim within 48 hours following time of receipt of the full documentation.

The Cheque shall be drawn in principal's favor.

TERMS AND CONDITIONS

- Cover applies to Principal Member, spouse, biological children, and biological parents and parents in-law. Cover maybe extended to adopted children subject to proof of legal adoption.
- Cover commences once the premium is paid in full and all the documentation submitted.
- Waiting period is 30 days for the nuclear family and 60 days for parents & parents in-law, from the date of commencement of the policy and subject to payment of full premium. In case of natural death during the waiting period no benefit is payable.
- The policy lapses if it is not renewed after it expires.
- The aggregate maximum payable amount for a loss covered by multiple claimants on a shared parent is KES. 750,000 proportionate to the cover options taken by the claimants.

- For parents, only one claim is payable per cover period subject to reinstatement of premium except for accidental death (i.e. an event claiming more than one life).
- The maximum amount payable on the death of a child below the age of 10 years shall be KES. 100,000 provided by the Insurance Act. The policy lapses on the death of the principal member.
- In case of divorce or separation, notify the company in writing immediately.
- Fraudulent claims will not be processed.
- There is NO exit age. However, maximum benefit is KES. 300,000 for a member above 85 years under this policy.
- Members covered under this policy to fill a declaration form of good health when upgrading the cover. The new cover limit will be subjected to 3 months waiting period.
- Grace period of 30days allowed but in case of any claim within the period will be paid subject to payment of the outstanding premium.
- 5 Number of claims per year

Natural Death:

- Member spouse and children 1 month.
- Nuclear family 2 months.

Accident: No waiting period

- Premiums are paid and renewed annually through cash or interest free SOS loan.
- Any member who moves from a lower tier of premium to a higher tier must top up contributions.
- If a member wishes to withdraw from the scheme and stops contributing, all the contributions made earlier will be forfeited.
- In case of claim the member must fill in a claim form.
- Maximum entry age of a principal member and spouse is 70 years.
- Maximum entry age for parents and parents in law is, Age next birthday 80 years.
- Non-members can join as long as they pay cash through bank or Mpesa.

MPESA PAYMENT PROCEDURE:

How to pay through **MPESA:**

- *Pay Bill 911200, under account no: put your ID number followed by word SOS e.g., 123456SOS. Mpesa charges apply.*
- *For repayment of Shoulder of Solace loan, Pay Bill 911200. Under account number, put your ID number followed by word SOL. Mpesa charges apply.*

Ideclare that all the statement made on this form are completed and true to the best of my knowledge and they shall form part of my application. I fully understand the terms, conditions and benefits of this policy. I agree that if the above declaration is not true, the benefits under this policy shall be forfeited.

Applicant Signature.....**Date**.....

For Official use only:

Initiated by..... **Signature**..... **Date**.....

Approved by..... **Signature**..... **Date**.....

Principal Officer.....**Signature**..... **Date**.....