

HOLY CROSS SAVINGS & CREDIT COOPERATIVE
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DEATH CLAIM APPLICATION

HEAD OFFICE BRANCH: _____
Return Date: _____

MEMBER'S INFORMATION			
NAME OF MEMBER:			CLIENT ID NO.:
(Surname)	(Given Name)	(Middle Name)	(Suffix)
PRESENT ADDRESS:			
DATE OF BIRTH:	GENDER:	CIVIL STATUS:	
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Legally Separated	
DATE OF DEATH:		PLACE OF DEATH:	

CLAIMANT'S INFORMATION		
NAME OF CLAIMANT:		CLIENT ID NO. (if any):
(Surname)	(Given Name)	(Middle Name)
PRESENT ADDRESS:		E-MAIL ADDRESS:
DATE OF BIRTH:	CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Legally Separated	
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	RELATIONSHIP TO THE DECEASED MEMBER:	

CERTIFICATION

I hereby certify that the information provided hereon is true and correct.

Signature over Printed Name of Authorized Claimant

Date Signed

(FOR HCSCCO USE ONLY)

MORTUARY BENEFIT: Full Coverage Damayan Benefit Pro-Rata **AMOUNT: P** _____ **Initial:** _____

LSPB BENEFIT: Full Coverage Pro-Rata Not Covered **AMOUNT: P** _____ **Initial:** _____

I. Submitted Documents: (HO/BRANCH)	DATE/TIME	REMARKS	INITIALS
Received by:			
Checked by:			
II. Transmittal (HO)			
Received by:			
Checked/Verified by:			
III. Recommended By: (HO/BRANCH)			
1. Branch Operations Manager			
2. Membership & Marketing Manager			
3. Credit & Collections Manager			
4. Accounting, Compliance & Finance Manager			
IV. Approved for Release by:			
Chief Executive Officer			

WITH OUTSTANDING LOAN: YES NO AMOUNT: _____

WITH LPP: YES NO DATE REMITTED: _____ POLICY NO.: _____

CHECK PAYABLE TO: _____

Note: Five (5) days processing after all requirements are completely submitted.

REQUIREMENTS: Encircle documents attached/submitted and check if Original/Certified True Copy (CTC) or Photocopy.

	<u>Original/CTC</u>	<u>Photo Copy</u>	<u>REMARKS</u>
A. If deceased Member is MARRIED – claimant is the legitimate SPOUSE			
1. Duly accomplished claim forms;	_____	_____	_____
2. Member’s Death Certificate issued by PSA or Certified True Copy from the Local Civil Registrar (LCR) (<i>original</i>);	_____	_____	_____
3. Member’s Marriage Contract issued by PSA or by the LCR (<i>photocopy</i>);	_____	_____	_____
4. Two (2) Valid IDs of Deceased Member (<i>photocopy</i>);	_____	_____	_____
5. Two (2) Valid IDs of Authorized Claimant, Child(ren) and other declared Beneficiar(ies) (<i>if any</i>) (<i>photocopy with Signatures</i>);	_____	_____	_____
6. Birth Certificate(s) of child(ren) and other declared Beneficiary(ies) (<i>if any</i>) (<i>photocopy</i>);	_____	_____	_____
7. Death Certificate(s) of child(ren)/Heir(s)/Beneficiary(ies) in case of Death (<i>photocopy</i>);	_____	_____	_____
8. Extrajudicial settlement and/or Affidavit of Discharge of Liability and release of claim with undertaking/Self- Adjudication duly notarized by Atty. Librado Valenzuela, his associates or any HCSCCO accredited Notary Public and/or other Commissioned Notary Public;	_____	_____	_____
9. HCSCCO Passbooks like SC,SD,LP,TD,KP, PS, etc. of the deceased;	_____	_____	_____
10. Preferred - B Stock Certificate & SC Stock Certificate of the deceased	_____	_____	_____
11. Share Capital Subscription Agreement & HCSCCO ID of the deceased;	_____	_____	_____
12. Police/Autopsy report in case the cause of death of the deceased member is murder or or accident (<i>Certified True Copy from local Police</i>).	_____	_____	_____
B. If deceased Member is WIDOW/WIDOWER – claimants are the CHILDREN:			
1. Same requirements stated above; PLUS	_____	_____	_____
2. Death Certificate of the deceased spouse of member issued by PSA or Certified True Copy from the Local Civil Registrar (LCR) (<i>photocopy</i>);	_____	_____	_____
3. The claimants must appoint an administrator/Atty.-in-fact to receive the benefits/claims for multiple heirs/beneficiaries.	_____	_____	_____
4. Notarized Special Power of Attorney (SPA) for non-appearance of other heirs/beneficiaries.	_____	_____	_____
C. If deceased Member is SINGLE – claimants are the PARENTS:			
1. Duly accomplished claims form;	_____	_____	_____
2. Member’s Death Certificate issued by PSA or Certified True Copy from the LCR (<i>original</i>);	_____	_____	_____
3. Birth Certificate of Member and other Beneficiary(ies) issued by PSA or Certified True Copy from the LCR (<i>photocopy</i>);	_____	_____	_____
4. Marriage Contract of Parents (if Married) issued by PSA or Certified True Copy from the LCR (<i>photocopy</i>);	_____	_____	_____
5. Member’s Certificate of NO MARRIAGE (CENOMAR) from PSA (<i>photocopy</i>);	_____	_____	_____
6. Two (2) Valid IDs of Member, Claimant and other Beneficiary(ies) (<i>photocopy</i>);	_____	_____	_____
7. Extrajudicial settlement and/or Affidavit of Discharge of Liability and release of claim with undertaking/Self- Adjudication duly notarized by Atty. Librado Valenzuela, his associates or any HCSCCO accredited Notary Public and/or other Commissioned Notary Public;	_____	_____	_____
8. The claimants must appoint an administrator/Atty.-in-fact to receive the benefits/claims for multiple heirs/beneficiaries.	_____	_____	_____
9. Notarized Special Power of Attorney (SPA) for non-appearance of other heirs/beneficiaries.	_____	_____	_____
10. HCSCCO Passbooks like SC,SD,LP,TD,KP,PS, etc. of the deceased member;	_____	_____	_____
11. Preferred - B Stock Certificate & SC Stock Certificate of the deceased	_____	_____	_____
12. Share Capital Subscription Agreement & HCSCCO ID of the deceased member;	_____	_____	_____
13. Police/Autopsy report in case the cause of death of the deceased member is murder or accident (<i>Original or Certified True Copy from local Police</i>).	_____	_____	_____
D. If deceased Member HAS NO LIVING PARENT – claimants are his relatives up to second degree of consanguinity (BROTHER or SISTER):			
1. Same requirements as stated above; PLUS:	_____	_____	_____
2. Both Parents’ Death Certificates issued by PSA or Certified True Copy from LCR (<i>photocopy</i>)	_____	_____	_____

* Other beneficiaries shall come after above order of priority (for Estate of Member).

OTHER REQUIREMENTS (as prescribed by HCSCCO Officer): _____
