HCSCCO Form No. MEM-009 REVISED SEPTEMBER 2020

## HOLY CROSS SAVINGS & CREDIT COOPERATIVE

 $phccoop@yahoo.com.ph\ *\ holycrosscoop@gmail.com\ *\ www.holycrosscoop.com$ 

## **DEATH CLAIM APPLICATION**

					HEAD OFFICE BRANCH:		
		MEN	1BER'S INF	ORMAT	TION		
NAME OF MEMBER:					CLIENT ID NO.:	TYPE OF MEMBERS	SHIP:
(Surname)	(Given Name)	(Middl	le Name)	(Suffix)			
PRESENT ADDRESS:							
DATE OF BIRTH:	GENDER:	CIV	IL STATUS:				
☐ Female ☐ Male			☐ Single ☐ Married ☐ Widow/Widower ☐ Legally Separated				
			CE OF DEAT	H:			
		CLAII	MANT'S IN	IFORM4	TION		
NAME OF CLAIMANT:		CLAII	ALTI S III		CLIENT ID NO. (if any):	CONTACT NO.:	
					\(\frac{1}{2}\)		
(Surname) PRESENT ADDRESS:	(Given Name)	(Middle	Name)	(Suffix)		E-MAIL ADDRESS	:
TRESERT ADDRESS.							
DATE OF BIRTH:		CIVIL STATUS	: 🗖 Single	e 🗆 Ma	arried   Widow/Widow	ver 🛭 Legally Sepa	rated
GENDER:	⊃ Male	RELATIONSHI	P TO THE DE	CEASED	MEMBER:		
			CERTIFIC	ATION	l		
	I hereby ce	ertify that the i	nformation (	provided	hereon is true and corre	ct	
	Thereby ed	in any criat crie is	iijoiiiidaaaii j	orovided :	nercon is true and corre	Ct.	
Signature over Printed Name of Authorized Claimant Date Signed							-
		(F6	OR HCSCCO	USE ON	ILY)		
MORTUARY BENEFIT	F: □ Full Covera	ge □ Damavai	n Renefit □	Pro-Rat:	a AMOUNT: P	Initia	al:
		-					al:
I. Submitted Docum	ants: (HO/RRAN	ICH/	DATE	/TIME	REMAI	DVC	INITIALS
Received by:	lents: (HO/BRAIN	iCn)	DATE	I III'IE	KEMAI	NN3	INITIALS
Checked by:							
II. Transmittal (HO)							
Received by:							
Checked/Verified	bv:						
III. Recommended By	•	<u> </u>					
Branch Operations Manager     Manager     Manager							
Membership & Marketing Manager     Gradit & Collections Manager							
<ol> <li>Credit &amp; Collections Manager</li> <li>Accounting, Compliance &amp; Finance Manager</li> </ol>			<u> </u>				
<u> </u>			1				1
IV. Approved for Release by:  Chief Executive Officer							1
				_			1
WITH OUTSTAN							
	WITH LPP:	YES NO	DATE RE	MITTED	): POL	LICY NO.:	
CHECK I	PAYABLE TO:						
		Note: Five (5)	days process	ing after	all requirements are co	ompletely submitte	d.

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) (orgino): 3. Member's Marriage Contract issued by PSA or by the LCR (photocopy): 4. Two (2) Valid IDs of Deceased Member (photocopy): 5. Two (2) Valid IDs of Authorized Claimant, Child(ren) and other declared Beneficiar(les) (if any) (photocopy MS greatures): 6. Birth Certificate(s) of child(ren) and other declared Beneficiar(les) (if any) (photocopy): 7. Death Certificate(s) of child(ren) and other declared Beneficiar(les) (if any) (photocopy): 8. Extrajudical settlement and/or Afficiate of Discharge of Lability and release of claim with undersking/Self-Adjudcation duly neorated by Arty, Librado Valentuels, in sasociates or any HCSCCO accredited Notary Public and/or order Commissioned Notary Public; 9. HCSCCO Passbooks like SCS.DLP.TIOR, 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/Autopy report in case the cause of death of the deceased: 13. Part Processed Member is WIDOW/WIDOWER - claimants are the CHILDREN: 14. Sare requirements stated above, PLUS 15. Death Certificate is stated above, PLUS 16. Death Certificate of the deceased spouse of member issued by PSA or Certified True Copy from the LCR (pile photocy); 17. The claimants must appoint an administrator/Arty-in-fact to receive the benefits/claims for multiple her/benefical inserts. 18. In the claimants must appoint an administrator/Arty-in-fact to receive the benefits/claims form the LCR (photocopy); 18. In the claimants must appoint an administrator/Arty-in-fact to receive the benefits/claims form the LCR (photocopy); 19. Member's Death Certificate issued by PSA or Certified True Copy from the LCR (photocopy); 20. Member's Certificate of NO MARRIAGE (CENOMAR) from PSA (photocopy); 21. Member's Death Certificate is	R	EQUIRE1	MENTS: Encircle documents attached/submitted and check if Original/Certification	ed True Cop		or Photocopy.
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