CAYMAN FIRST
FIRST IN INSURANCE. TODAY. TOMORROW.

DEATH CLAIM FORM

Form No. GIS18 Sep 1 2011

PLEASE COMPLETE IN BLOCK LETTERS – ALL QUESTIONS MUST BE ANSWERED

SECTION I – POLICYOWNER'S STATEMENT

Policyowner	Policy ID	Address	
Name of Deceased	Member ID	Last Address	
Date of Birth (DD/MM/YYYY)	Date of Death (DD/MM/YYYY)	Age at Death	Cause of Death
Occupation at Death		Last fulltime day worked	
Effective Date of Deceased's Insurance (DD/MM/YYYY)		Sum Insured (CI$)	

SECTION II – BENEFICIARY

Beneficiary 1

Full Name			
Mailing Address			
Physical Address			
Relationship to Deceased		Date of Birth (DD/MM/YYYY)	
Work Tel	Home Tel	Cell	Email Address

Signature of Beneficiary 1 Date (DD/MM/YYYY)

Beneficiary 2

Full Name			
Mailing Address			
Physical Address			
Relationship to Deceased		Date of Birth (DD/MM/YYYY)	
Work Tel	Home Tel	Cell	Email Address

Signature of Beneficiary 2 Date (DD/MM/YYYY)

SECTION III – DOCUMENTS TO BE SUMBITTED WITH THIS COMPLETED FORM

NATURAL DEATH

- ☐ Proof of Death – Physician's Statement or Certified Death Certificate
- ☐ Beneficiary's picture ID, proof of age and proof of relationship
- ☐ Certified copies of Letters of Probate or Administration, if necessary

ACCIDENTAL DEATH

- ☐ Proof of Death – Physician's Statement or Certified Death Certificate
- ☐ Beneficiary's picture ID, proof of age and proof of relationship
- ☐ Certified copies of Letters of Probate or Administration, if necessary
- ☐ Coroner's Inquest Report
- ☐ Post Mortem Report
- ☐ Police Report

The company reserves the right to request additional evidence of death should it be deemed necessary.

SECTION IV – VERIFICATION by Policyowner/Group Administrator

I certify that this form was completed and signed in my presence, and that all the responses given are true and accurate to the best of my knowledge.

Date (DD/MM/YYYY) | Print Name of Policyowner's Representative | Signature | (COMPANY STAMP)

Cayman First Insurance Company Limited | Harbour Place | 3rd Floor | 103 South Church Street
P.O. Box 2171 | Grand Cayman KY1-1105 | CAYMAN ISLANDS | Phone 345 949 7028 | Fax 345 949 7457 | Email AskUs@caymanfirst.com | Website www.caymanfirst.com