NATCCO MBAI CLAIM FORM

DATE: _____

Cooperative Name: _____

Exact Address of Cooperative: _____

Coop's Bank Details: Account Name: _____

Account Number: _____ **Bank:** _____

Name of MEMBER: _____ **COOP Membership Date:** _____

Beneficiary/Contact Person: _____ **Contact Number:** _____

Name of Deceased Person: _____ **Date of Death:** _____

Category of Deceased (*please check*) : ___Member / ___ Dependent

We are submitting herewith the documents for the following claims:

___**DECEASED Member** Product: **BLIP** Coverage: From _____To: _____ __**NATCCO MBAI Claim Form** __**Application Form** __**Health Questionnaire** __**Death Certificate of Insured**: PSA/Original or Certified True Copy (signed, sealed, and numbered by the Local Civil Registrar (LCR) __**Birth or Baptismal Certificate of the Insured/Member** (Issued by PSA) __**Valid ID of Insured/Member** __**Birth Certificate of Beneficiary (Issued by PSA)** __**Valid ID of Beneficiary** __**Marriage Certificate** (if member is married/ **Issued by PSA**) __**Police Report**: if death is due to accident __**Post Mortem /Autopsy Report** (if any)	___**DECEASED Member** Product: **CLIP** Amount Covered: _____ Coverage: From _____To: _____ No. of months: _____ __**NATCCO MBAI Claim form** __**Application Form** __**Health Questionnaire** __**Death Certificate of Insured**: PSA/Original or Certified True Copy (signed, sealed, and numbered by the Local Civil Registrar (LCR) __**Birth or Baptismal Certificate of the Insured/Member (Issued by PSA)** __**Valid ID of the Insured/Member** __**Birth Certificate of Beneficiary (Issued by PSA)** __**Valid ID of Beneficiary** __**Marriage Certificate** (if member is married/Issued by PSA) __**Claimant's Statement** (for claims amount of P100,000 and up) __**Physician's Certificate** (for claims amount of P100,000 and up)
__**DECEASED Dependent** Product: **BLIP** Coverage: From _____To: _____ __**NATCCO MBAI Claim Form** __**Application Form** __**Health Questionnaire** __**Death Certificate of Insured**: PSA/Original or Certified True Copy (signed, sealed and numbered by the Local Civil Registrar (LCR) __**Birth or Baptismal Certificate of the Insured (Dependent/Issued by PSA)** __**Valid ID of Insured (Dependent)** __**Birth Certificate of Beneficiary** (Issued by PSA) __**Valid ID of Beneficiary** __**Marriage Certificate** (if member is married/ Issued by PSA)	**TO BE FILLED OUT BY NATCCO MBAI CLAIMS UNIT:** BLIP: Member _____ _____ Dependent _____ _____ CLIP: Member _____ _____ _____ Prepared by: _____ Date: _____