Corp-EFF Insurance Company Ltd.



"We take Away the Risk, You are Insured"

13B King Geoge V Street, Roseau, Dominica.

1el. 1 (767) 440-9052/7 / Email: corpettinsurance@gmail.com

W/Site: http://www.corpettinsurance.com/

CLAIM ANALYSIS FORM

Name of Deceased/Physically challeng	ed Member:					
Name of Policy Holder / Credit Union:						
Certificate No:	Date of Bi		onth	Year		
Date of Death:// Day Month	Year Date	e of Disability:	Day N	// // // // // // // // // // // // //	ear	
Occupation:	Ca	use of Death:			Age:	
Date of Death:	<u> </u>					
LIFE SAVINGS INSURANCE COV	'ERAGE	\$1,000 \$2,000	\$3,000 \$4,000	\$5,000 Other Youth Ber	 nefit	_
Certificate Effective Date (dd/mm/yyyy)	\$15,000	5. 100% of 75% of 50% o	TOTAL	Extend "\$" =	ded Benefit =	
Level Coverage Rider	Coverage Beyond A					
Granted Amou	int of Loans	Principa		Interest	Total Payable	
			TOTAL LI	P/LS PAYMENT:	\$	
Reviewer D	Date					
Approved E	Date					
SPECIAL INSTRUCTIONS:	Additional Amou	nt	Γ	Cheque No:		