



Enwealth Faraja Benevolent Fund

Enwealth Faraja Benevolent Fund is an insurance policy that covers funeral expenses in the event of illness, Natural and Accidental Death. A selected amount is paid as a lump sum within 48 hours upon notification of death and full documentation in respect of the individuals, families and groups.

Advantages

Affordable

Convenient

Instant Cover

Stress Free

Trustworthy

1

2

3

4

5

Enwealth Faraja Benevolent Fund Application Form

STEP 1: PREMIUM PAYER / PROPOSER DETAILS

(Tick Appropriately) - INDIVIDUAL MEMBER: WELFARE SOCIETY OTHERS _____

STEP 2: PRINCIPAL MEMBER DETAILS

Title: _____ First Name: _____ Surname: _____ Others: _____

ID / Passport: _____ Marital Status: Married: Single: Widow: Others: _____

Cell Number: _____ Email Address: _____

STEP 3: SPOUSE DETAILS

FIRST NAMES	SURNAME	DATE OF BIRTH	ID NUMBER	MOBILE NO.

STEP 4: DEPENDANT'S DETAILS - CHILDREN, PARENTS & PARENTS IN LAW

NO.	FIRST NAMES	SURNAME	RELATIONSHIP	DATE OF BIRTH
1			1st - Child	
2			2nd - Child	
3			3rd - Child	
4			4th - Child	
5			5th - Child	
6			Main Parent 1 (Father)	
7			Main Parent 2 (Mother)	
8			Parent in Law (Father)	
9			Parent in Law (Mother)	

STEP 5: EXTRA CHILD(REN) OF THE PRINCIPAL MEMBER

NO.	FIRST NAMES	SURNAME	RELATIONSHIP	DATE OF BIRTH
1				
2				
3				

STEP 6: NEXT OF KIN

NO.	FIRST NAMES	SURNAME	RELATIONSHIP	CONTACT NUMBER
1				
2				

PAYMENT DETAILS

PAY-BILL NO: 808900	A/C NO: NAME OF THE PRINCIPAL MEMBER AS IT APPEARS ON THE ID CARD	AMOUNT PAID:	REF.
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Declaration

I _____ declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy.

PRINCIPAL MEMBER'S SIGNATURE: _____ **DATE:** _____

METROPOLITAN CANNON LIFE ASSURANCE

PARTICIPANTS	OPTION A	OPTION B	OPTION C	OPTION D
Principal Member	50,000	100,000	250,000	500,000
Spouse (Max 1)	50,000	100,000	250,000	500,000
Children (Max 4)	50,000	100,000	250,000	500,000
Parents (Max 2)	50,000	100,000	250,000	250,000
Parents in law (Max 2)	50,000	100,000	250,000	250,000
Premium Payable Per Family	2,117	4,234	8,044	16,934

PRODUCT PROFILE

PRODUCT PROFILE	METROPOLITAN								
Who is Covered	Principal Spouse - Max 1 Children - Max 4 Main Parents - Max 2 Parents In Law - Max 2								
Eligibility	<table> <tr> <td>Entry Age</td> <td>Max. Coverage Age</td> </tr> <tr> <td>Adults: 18 - 64 years</td> <td>90 years</td> </tr> <tr> <td>Children: 1 Month</td> <td>18 years (25 years with proof of schooling)</td> </tr> <tr> <td>Parents: 75 - 84 years</td> <td>90 years</td> </tr> </table>	Entry Age	Max. Coverage Age	Adults: 18 - 64 years	90 years	Children: 1 Month	18 years (25 years with proof of schooling)	Parents: 75 - 84 years	90 years
Entry Age	Max. Coverage Age								
Adults: 18 - 64 years	90 years								
Children: 1 Month	18 years (25 years with proof of schooling)								
Parents: 75 - 84 years	90 years								
Term	Renewable Annually								
Enrollment Documentation	Copy of ID Card								
Waiting Period	3 Months for illness Cases No Waiting Period for accidental cases								
Claim Documentation	Notification Letter Copy of ID Card Burial Permit								

ENWEALTH PARTNERS DECLARATION

I CONFIRM THAT I HAVE EXPLAINED TO THE CLIENT THE BENEFIT, STRUCTURE, GENERAL CONDITIONS AND EXCLUSIONS OF THIS COVER

AGENT'S BROKER'S NAME: _____

TEL NO: _____ **MOBILE:** _____

EMAIL ADDRESS: _____

AUTHORIZED SIGNATURE AND STAMP _____

** Terms And Conditions Apply**

For any enquires kindly contact insurance@enwealth.co.ke or bd@enwealth.co.ke