



DEATH CLAIMS REQUIREMENTS

DEATH CLAIM REQUIREMENTS for Employee Benefits

Basic Requirements:

- ✓ **DEATH CERTIFICATE** – An Original NSO/PSA copy of the death certificate will be required for submission. If date of death is less than 6 months, Certified True Copy of Local Civil Registry is acceptable. In case the death of the life insured occurred outside of the Philippines, the death certificate must be authenticated by the Philippine Consular Office in the country/state where death took place.
- ✓ **BIRTH CERTIFICATE OF THE LIFE INSURED** - An original NSO/PSA copy should be submitted.
- ✓ **ATTENDING PHYSICIAN'S STATEMENT/S** – This must be accomplished by the Physician/s who attended to the deceased and must be notarized.
- ✓ **CERTIFICATE OF EMPLOYMENT OF THE LIFE INSURED**

Additional Requirements for New Employees:

- ✓ **MEDICAL RECORDS** – including consultation/s and hospital records
- ✓ **COPY OF ANY OF THE FOLLOWING RECORDS**, *from effective date of insurance coverage up to date of death:*
 - o Daily Time Record;
 - o Record of Attendance; or,
 - o Payslip/s

Additional Requirements if death is due to accident:

- ✓ **AUTOPSY REPORT**, if autopsy is performed
- ✓ **POLICE REPORT** (original or certified true copy)
- ✓ **MEDICAL RECORDS** such as Admitting History or Medical Abstract, *if insured was brought to the hospital*
- ✓ **COPY OF DRIVER'S LICENSE**, *if insured was driving the time of accident*

REQUIREMENTS FOR THE BENEFICIARY/IES:

- A. If a **beneficiary is deceased**, an **original NSO/PSA Death Certificate** is required to be submitted.
- B. For **Minor Beneficiary** – *aged below 18 years old* -- the following are required:
1. If share of the Minor Beneficiary is Php 500 000 or below:
 - **BIRTH CERTIFICATE OF BENEFICIARY** - An original NSO/PSA copy should be submitted
 - **CLAIMANT'S STATEMENT** – To be filled out by Guardian and must be duly notarized
 - **COPY OF VALID GOVERNMENT - ISSUED ID OF GUARDIAN**
 - **AFFIDAVIT OF CUSTODY** - This must be accomplished by the guardian of the minor beneficiary and must be notarized
 - **NOTARIZED AFFIDAVIT**, *if guardian is other than the natural parent/s* – Stating reason why he/she is filing the claim on behalf of the minor beneficiary and not the natural parent/s
 2. If share of the Minor Beneficiary is **above Php 500 000**:
 - **BIRTH CERTIFICATE OF BENEFICIARY** - An original NSO/PSA copy should be submitted
 - **CLAIMANT'S STATEMENT** – To be filled out by Guardian and must be duly notarized
 - **COPY OF VALID GOVERNMENT - ISSUED ID OF GUARDIAN**
 - **COURT-APPROVED GUARDIAN'S BOND**:
 - Verified Petition filed In Court
 - Decision/Court Order
 - Guardianship Bond
 - Official Receipt issued by the Bonding Company
 - Letter of Guardianship – This is required only if the person representing the minor beneficiary is neither the father nor mother of the minor.
- C. If Insured has **not signed an Application Form to declare beneficiary/ies**, Generali shall refer to the **Order of Preference in the Policy Contract**. The following shall be considered as the beneficiary and the claims documents to be submitted:
1. If Insured is **Married**, beneficiary shall be the **Spouse**:
 - **MARRIAGE CONTRACT** – An original NSO/PSA copy is required to be submitted
 - **CLAIMANT'S STATEMENT** – To be filled out by Spouse and must be duly notarized
 - **COPY OF VALID GOVERNMENT - ISSUED ID OF SPOUSE**
 2. If Insured is **Single with child/ren**, beneficiary shall be the **Children**:
 - **CENOMAR of Insured** – An original NSO/PSA copy is required to be submitted
 - **CERTIFICATION FROM EMPLOYER** – Please indicate complete list of insured's children or **NOTARIZED AFFIDAVIT from two (2) disinterested persons** identifying all surviving children of the insured
 - If Child is of **Legal Age** (18 years old and above):
 - **BIRTH CERTIFICATE OF CHILD** - An original NSO/PSA copy should be submitted
 - **CLAIMANT'S STATEMENT** – To be filled out by child and duly notarized
 - **COPY OF VALID ID OF CHILD/REN**
 - If Child is a **Minor** (below 18 years old):
 - Share is Php 500 000 or below – Please refer to **provision B.1** of this document
 - If Share is above Php 500 000 – Please refer to **provision B.2** of this document

3. If Insured is **Single and without child/ren**, beneficiary shall be the **Parent/s**:
 - **CENOMAR of Insured** – An original NSO/PSA copy is required to be submitted
 - **CONFIRMATION of COMPANY HR**, via email or formal letter, that insured has no declared child / children as dependents based on their records
 - **NOTARIZED AFFIDAVIT from two (2) disinterested persons** confirming that insured has no surviving child at the time of death.
 - **CLAIMANT’S STATEMENT** – To be filled out by a PARENT and must be duly notarized
 - **COPY OF VALID GOVERNMENT - ISSUED ID OF PARENT/S**

4. If Insured is **Single, without children and both parents are deceased**, beneficiary shall be the **Sibling/s**:
 - **CENOMAR of Insured** – An original NSO/PSA copy is required to be submitted
 - **DEATH CERTIFICATE OF PARENTS** – An original NSO/PSA copy is required to be submitted
 - **CERTIFICATION FROM EMPLOYER** – Please indicate complete list of insured’s siblings or **NOTARIZED AFFIDAVIT from two (2) disinterested persons** confirming that insured has no surviving child at the time of death.
 - **CONFIRMATION of COMPANY HR**, via email or formal letter, that insured has no declared child / children as dependents based on their records
 - If Sibling is of **Legal Age** (18 years old and above):
 - **BIRTH CERTIFICATE OF EACH SIBLING** - An original NSO/PSA copy should be submitted
 - **CLAIMANT’S STATEMENT** – To be filled out by siblings and duly notarized
 - **COPY OF VALID ID OF SIBLING/S**
 - If Sibling is a **Minor** (below 18 years old):
 - Share is Php 500 000 or below – Please refer to **provision B.1** of this document
 - If Share is above Php 500 000 – Please refer to **provision B.2** of this document

D. If Insured signed an Application Form and **declared beneficiary/ies**, please refer below:

1. **Spouse** as declared beneficiary:
 - **MARRIAGE CONTRACT** – An original NSO/PSA copy is required to be submitted
 - **CLAIMANT’S STATEMENT** – To be filled out by spouse and duly notarized
 - **COPY OF VALID GOVERNMENT – ISSUED ID OF SPOUSE**

2. **Common - Law Spouse** as declared beneficiary, *provided that the Insured and Common-Law Spouse are not married to any other else*:
 - **CENOMAR** (both from Insured & Common - Law Spouse) - An original NSO/PSA copy is required to be submitted
 - **CLAIMANT’S STATEMENT** – To be filled out by common – law spouse and duly notarized
 - **COPY OF VALID GOVERNMENT ID OF COMMON – LAW SPOUSE**
 - **AFFIDAVIT OF COHABITATION** – Must be duly notarized

3. **Child/ren** as declared beneficiary:
 - If Child is of **Legal Age**:
 - **CLAIMANT’S STATEMENT** – To be filled out by child and duly notarized
 - **COPY OF VALID ID OF CHILD/REN**
 - If Child is a **Minor** (below 18 years old):
 - Share is Php 500 000 or below – Please refer to **provision B.1** of this document
 - If Share is above Php 500 000 – Please refer to **provision B.2** of this document

4. **Parent/s** as declared beneficiary:
 - **CLAIMANT’S STATEMENT** – To be filled out by parent and duly notarized
 - **COPY OF VALID GOVERNMENT - ISSUED ID OF PARENTS**

5. **Sibling/s** as declared beneficiary:

- If Sibling is of **Legal Age**:
 - [CLAIMANT'S STATEMENT](#) – To be filled out by sibling and duly notarized
 - **COPY OF VALID GOVERNMENT – ISSUED ID OF CHILD/REN**
- If Sibling is a **Minor** (below 18 years old):
 - Share is Php 500 000 or below – Please refer to **provision B.1** of this document
 - If Share is above Php 500 000 – Please refer to **provision B.2** of this document