

DEATH CLAIM REQUIREMENTS for Employee Benefits

- **DEATH CERTIFICATE** – An Original PSA or LCR copy of the death certificate will be required for submission. *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 or Apostilled by authorized government office.*
- **BIRTH CERTIFICATE** of the Life Insured - An original PSA copy should be submitted.
- **ATTENDING PHYSICIAN'S STATEMENT** – This must be accomplished by the Physician/s who attended to the deceased and must be duly notarized.
- **CERTIFICATE OF EMPLOYMENT** of the Life Insured

Additional Requirements for **New Employees**:

- **MEDICAL RECORDS** – including consultation, hospital records
- **COPY OF DAILY TIME RECORD** from effective date of insured's coverage up to date of death. If not available, Record of Attendance or copy of Payslips may be submitted.

Additional Requirements if **Death is due to Accident**:

- **AUTOPSY REPORT** - If autopsy is performed
- **POLICE REPORT** - original or certified true copy
- **MEDICAL RECORDS** - admitting history or medical abstract if insured was brought to the hospital at the time of accident
- Copy of **driver's license** and **OR/CR of vehicle** (if insured was driving at the time of accident)

REQUIREMENTS FOR THE BENEFICIARY/IES:

A. If a **beneficiary is deceased**, an **original 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 **Php500,000 or below**:
 - **BIRTH CERTIFICATE OF BENEFICIARY** - An original 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 duly notarized.
 - **NOTARIZED AFFIDAVIT** (If guardian is other than the natural parent) - stating reason why he or she is filing the claim on behalf of the minor beneficiary and not the natural parent.

2. If share of the Minor Beneficiary is **above Php500,000**:
- **BIRTH CERTIFICATE OF BENEFICIARY** - An original PSA copy should be submitted.
 - **CLAIMANT'S STATEMENT** – To be filled out by the Guardian and 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 claim documents to be submitted:
- If insured is **Married**, beneficiary shall be the **Spouse**:
 - **MARRIAGE CONTRACT** – An original 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**
 - If insured is **Single with Child/ren**, beneficiary shall be the **Child/ren**:
 - **CENOMAR of Insured** – An original PSA copy is required to be submitted.
 - **NOTARIZED AFFIDAVIT from two (2) disinterested persons** identifying all surviving child/ren at the time of death.
 - **CONFIRMATION from COMPANY HR**, via email or formal letter of the insured's declared child/ren as dependents based on their records
 - If Child is of **Legal Age** (18 year old and above):
 - **BIRTH CERTIFICATE OF CHILD** - An original PSA copy should be submitted
 - **CLAIMANT'S STATEMENT** – To be filled out by Child and must be duly notarized.
 - **COPY OF VALID GOVERNMENT-ISSUED ID of Child**
 - If Child is a Minor (below 18 years old):
 - Share of Minor Child is **Php500,000 or below** – Please refer to requirement **B.1.**
 - Share of Minor Child is **above Php500,000** - Please refer to requirement **B.2.**

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

- If insured is **Single, without children and both parents are deceased**, beneficiary shall be the **Surviving Sibling/s**:
 - **CENOMAR of Insured** – An original PSA copy is required to be submitted.
 - **DEATH CERTIFICATE of Parents** – An Original PSA copy is required to be submitted.
 - **NOTARIZED AFFIDAVIT from two (2) disinterested persons** identifying all surviving siblings and confirming that insured has no surviving child at the time of death.
 - **CONFIRMATION from COMPANY HR**, via email or formal letter, that insured has no declared child/ren as dependents based on their records
 - If Sibling is of **Legal Age** (18 years old and above):
 - **BIRTH CERTIFICATE OF SIBLING** - An original PSA copy should be submitted
 - **CLAIMANT'S STATEMENT** – To be filled out by sibling and must be duly notarized.
 - **COPY OF VALID GOVERNMENT-ISSUED ID of Sibling**
 - If Sibling is a **Minor** (below 18 years old)
 - Share of Minor Sibling is **Php500,000 or below** – Please refer to requirement **B.1.**
 - Share of Minor Sibling is **above Php500,000** - Please refer to requirement **B.2.**

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

- **Spouse** as declared beneficiary:
 - **MARRIAGE CONTRACT** – An original 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**

- **Common-Law Spouse** as declared beneficiary *provided that the Insured and the Common-Law Spouse are not married to any other else*:
 - **CENOMAR** (both from Insured & Common-Law Spouse) - An original PSA copy is required to be submitted.
 - **AFFIDAVIT OF COHABITATION** – Must be duly notarized
 - **CLAIMANT'S STATEMENT** – To be filled out by Common-Law Spouse and must be duly notarized.
 - **COPY OF VALID GOVERNMENT-ISSUED ID of Common-Law Spouse**

- **Child/ren** as declared beneficiary:
 - If Child is of **Legal Age** (18 years old and above):
 - **CLAIMANT'S STATEMENT** – To be filled out by the Child and must be duly notarized.
 - **COPY OF VALID GOVERNMENT-ISSUED ID** of Child
 - If Child is a **Minor** (below 18 years old):
 - Share of Minor Child is **Php500,000 or below** – Please refer to requirement **B.1.**
 - Share of Minor Child is **above Php500,000** - Please refer to requirement **B.2.**

- **Parent/s** as declared beneficiary:
 - **CLAIMANT'S STATEMENT** – To be filled out by the Parent/s and must be duly notarized.
 - **COPY OF VALID GOVERNMENT-ISSUED ID** of Parent/s

- **Sibling/s** as declared beneficiary:
 - **If Sibling** if of Legal Age (18 years old and above):
 - **CLAIMANT'S STATEMENT** – To be filled out by Sibling and must be duly notarized.
 - **COPY OF VALID GOVERNMENT-ISSUED ID** of Sibling
 - If Sibling is a **Minor** (below 18 years old)
 - Share of Minor Sibling is **Php500,000 or below** – Please refer to requirement **B.1.**
 - Share of Minor Sibling is **above Php500,000** - Please refer to requirement **B.2.**

The submission of requirements does not imply an admission of liability in any way.