

ASALUS Corporation

INTERMENT ASSISTANCE CLAIM FORM

BASIC REQUIREMENTS:

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|---|------------------------------------|
| 1. Death Certificate (photocopy with original authentication) | 4. Certificate of Employment |
| 2. Birth Certificate (photocopy with original authentication)
of both the deceased and beneficiary/claimant | 5. Interment Assistance Claim form |
| 3. Marriage Contract (photocopy with original authentication if married) | |

ALL QUESTIONS TO BE ANSWERED IN FULL

GENERAL DATA OF DECEASED MEMBER

1. a. Full name (Please print) _____
b. If deceased was a married woman, state maiden name _____
2. a. Date of birth _____ b. Place of birth _____
c. Source from which date of birth was obtained _____
(Family record or other record or certificate of birth should be referred to)
3. Residence at death _____
4. a. Place of death _____ b. Date of death _____
c. Cause of death _____ d. Age at death _____
5. a. Occupation at date of death _____
b. Date deceased last attended his usual work _____

HEALTH HISTORY OF DECEASED

1. Date deceased first complained or showed symptoms of last illness _____
2. Date deceased first consulted a physician of last illness _____
3. Name and addresses of all physicians who attended deceased during his last illness and/or hospitals or other institutions in which the deceased was confined or received treatment.

Name of Physician/Hosp./Institution	Address	Date of Attendance/Confinement From	To	Disease or Condition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DATA OF BENEFICIARY-CLAIMANT

1. a. In what capacity, or by what title, do you claim this assistance? _____
b. What is your relation to the deceased? _____
2. Please state your date of birth _____ (if a married minor or surviving spouse, please submit marriage certificate)

The undersigned hereby makes claim to the interment assistance of the deceased in the Asalus Corporation and agrees that the written statements and affidavits of all the physicians who attended or treated the deceased and all other papers called for by the instructions hereon, shall constitute and they are hereby made a part of these Proofs of Death.

Dated at _____ this _____ day of _____ 20 _____

Signature of Witness	Signature of Beneficiary-Claimant
Name of Witness (Please print)	Address of Beneficiary-Claimant

CERTIFICATE OF AUTHORIZATION

This is to authorize ASALUS Corporation and/or its duly authorized representative to secure whatever information or records are available from government and Private hospitals and offices. This authorization is being made in connection with a claim on the interment assistance to the family of the deceased member.

It is understood that any action you may take in connection with this authorization releases you or any and all members of your staff from any responsibility or obligation in connection with the release of such records of information.

Signature of Witness	Signature of Beneficiary-Claimant
Name of Witness (Please print)	Print name and signature

Residence Certificate No. _____
Issued at _____ on _____