



الوطنيه للتأمين  
 شركة البحيرة  
**Al-Buhaira National Insurance Co.**

**NB: THIS FORM IS TO BE COMPLETED BY THE EMPLOYER**

Policy Owner : .....

Deceased Name: .....

Occupation : ..... Date of Birth: .....

Normal Workplace: .....

Date joined employment: .....

Date of Scheme: .....

Date joined scheme: .....

*(If different to date first eligible please explain why)*

	Yes	No
Was the member actively at work on the date of renewal of the scheme?	<input type="checkbox"/>	<input type="checkbox"/>
Was the member actively at work on the date he joined the scheme?	<input type="checkbox"/>	<input type="checkbox"/>
Was the member actively at work on the date of the last increase in insured benefits?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to either of these questions in NO, please provide details

.....  
 .....

Date of death : ..... Place : .....

Cause of death : .....

- When was deceased first admitted to the hospital? .....
- When did deceased first complain or give indication of last illness? .....

Date last actively at work .....

Salary at date of death .....

I declare that the statements given above are complete and accurate, the above employee was eligible for membership of the scheme, the employee was a member of the scheme and was in our employment at the date of his death.

Name ..... Date .....

Signed ..... Position .....