

	NNSD FORM	Doc. No.:	F-NNSD-07
		Revision No.:	02
	APPLICATION FOR DEATH AID	Effective Date:	July 1, 2025
		Page:	Page 1 of 1

Date: _____

THE GENERAL MANAGER
Sir:

May I request for the release of burial assistance extended to deceased member-consumer. The following are the details of the subject accounts with BENECO:

Account Name (Deceased Member): _____ Members ID No. _____

Address: _____

Account Number/s: _____

I am submitting the following documents required by your office to support my claim/application for the said assistance, to wit:

Spouse	Children	Parents	Siblings
___ Death Certificate	___ Death Certificate	___ Death Certificate	___ Death Certificate
___ Marriage Contract	___ Birth Certificate	___ Birth Certificate of the Deceased MCO	___ Birth Certificate
___ Approved Application for Change of Account Name (With complete attachments)	___ Approved Application for Change of Account Name (With complete attachments)	___ Approved Application for Change of Account Name (With complete attachments)	___ Approved Application for Change of Account Name (With complete attachments)
___ Photocopy of Valid ID	___ Special Power of Attorney issued by the heirs assigning the applicant to receive the burial assistance	___ Special Power of Attorney issued by the heirs assigning the applicant to receive the burial assistance	___ Special Power of Attorney issued by the heirs assigning the applicant to receive the burial assistance
	___ Affidavit of applicant declaring that he/she is the only child/heir of the deceased member	___ Photocopy of Valid ID	___ Photocopy of Valid ID
	___ Photocopy of Valid ID		

NOTE: BENECO may require additional documents for validation purposes.

I certify that the above information is true and correct to the best of my knowledge.

APPLICANT/BENEFICIARY: _____

(Signature over printed name)

Contact number of applicant/beneficiary: _____

Applicant relationship to the deceased member: _____

ACTION TAKEN BY THE CONSUMER WELFARE OFFICE

This is to certify that based on available records/master list of members, the following information appears:

Account Name: _____ Address: _____

Date of Membership: _____ BENECO ID No. _____

Account Numbers: _____ Total Share Capital Contribution: _____

I further certify that the above documents submitted satisfies the requirements for the release of burial assistance. Approval of the application/claim is hereby recommended.

Processed/Evaluated by:

Consumer Welfare and Call Center Associate

Date: _____

Reviewed by:

EDISON DE GUZMAN

Consumer Welfare Officer Date: _____

Approved by:

RAMEL B. RIFANI

Department Manager, NNSD Date: _____