ULS HEALTHCARE AND BENEVOLENT FUND

DEATH BENEFIT FORM

1. Introduction

This is a documentation form for all members of Uganda Law Society who are beneficiaries of the Uganda Law Society Health and Benevolent Fund (HBF). All information documented here is to be handled in strict confidentiality by the HBF Secretariat and Board.

The form should be completed by the Secretariat and authorized by 1) any member of the Board and 2) the Chair Finance and Investment Committee. Thereafter it should be filed as part of the accountability for funds disbursed to beneficiaries.

2. Deceased Member's Information

Full Name: _____

Membership ID/ULS Number: _____

Date of Birth: _____

Date of Death: _____

Cause of Death (attach copy of death certificate is possible):

_____

Was the deceased a paid-up member of ULS/HBF at time of death? □ Yes □ No

(Attach proof of paid-up membership and HBF dues)

If not, please detail gaps in subscription to ULS/HBF:

_____

_____

3. Next of Kin Information

Full Name: _____

Relationship to Deceased: _____

Address: _____

Contact Telephone Number: _____

Email Address: _____

National ID Number: _____

4. Burial/ Funeral Details

Date of Burial: _____

Place of Burial: _____

Did HBF Board/staff attend any Funeral events □ Yes □ No

If so, please provide details (e.g. funeral service, burial) _____

5. Bank/Mobile Money Details for Disbursement of Benefits

Preferred Mode of Disbursement □ Mobile Money □ Bank Transfer □ Cash

If Mobile Money:

- **Telephone Number:** _____
- **Registered Names:** _____

If Bank Transfer:

- **Account Number:** _____
- **Account Names:** _____
- **Bank & Branch:** _____

If Cash:

- **Names:** _____
- **National ID No.:** _____
- **Relationship to Deceased:** _____

PREPARED BY:

Signature: _____

Name: _____

Date: _____

AUTHORIZED BY:

Signature: _____	**Signature: _____**
Name: _____	**Name: _____**
Date: _____	**Date: _____**