



CareAssurance Funeral Cover Application Form

In our quest to serve you better and provide services that improve the lives of our members, CareCoop has entered into a partnership with Hollard Life to provide affordable Funeral Cover for you and your loved ones.

Part A: Personal Details			
First Name:		Last Name:	
NRC No:		Member No:	
Organization:			
Personal Email:			
Mobile No:			
Residential Address:			

Part B: Funeral Cover Payment Plan <i>(Kindly tick on the preferred payment option – please note deductions will be recovered from the monthly savings contributions provided the amount credited to your savings after premium deduction is not less than ZMW 100)</i>	
Monthly deduction of ZMW 10 <input type="checkbox"/>	Annual Premium Deduction of ZMW 120 <input type="checkbox"/>

Once filled in, please send to customerservice@carecoop.co.zm

Member Signature

Date

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