

FUNERAL CLAIM FORM

MEMBER DETAILS

Name	
Address	
Suburb	Postcode
Date of Birth	
Telephone No.	
Email Address	
Membership Number	BIRST CFMEU CEPU
DECEASED DETAILS	
Name	
Address	
Suburb	Postcode
Date of Birth	Date of Death
Relationship to Member	Member Member's Spouse Member's Child
Name	AIMING THE FUNERAL BENEFIT
Address	
Suburb	Postcode
Telephone	
Email Address	
Relationship to the Deceas	sed
	syment direct payment to the Funeral Director up to the value below
·	opy of the receipt and banking details below.
Account Name	
Bank Name	
RSR	Account No



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INFORMATION

The maximum benefit payable is \$10,000.00. The funeral benefit is available to members, their spouse, dependent children under 16 and dependent full-time students under 25 that are not in receipt of any taxable income.

For a benefit to be paid, the applicant must provide the following.

- A death certificate; and
- An invoice for the funeral costs from the Funeral Director.
- If seeking reimbursement receipts for the funeral expenses incurred made out in the name of the claimant

DECLARATION

I declare that all information given in this form is true and correct.

I further declare that I am the correct and appropriate person to claim the Funeral Benefit.

Completed by (print name)
Signature of Claimant
Date

WITNESS *

Declared at	
On (date)	
Before me	
Signature of Authorised Witness	
Title of Authorised Witness	

* To be witnessed by a Magistrate, Justice of the Peace or a person authorised to witness Statutory Declarations under the law of the state in which the declaration is made.

LODGING THE CLAIM

Please return the claim and supporting documentation to:

BIRST 58A Greenhill Road WAYVILLE SA 5034

Or via email to enquiries@birst.com.au