

Funeral Benefit Claim Form

Important notice: Please answer all questions fully to ensure the claim is assessed as quickly as possible. Answers left blank or not fully completed may delay the assessment of any entitlements to benefits.

1. Member Details

Surname:

Given name(s):

Date of birth (DD/MM/YY):

Union member number:

Employer name:

2. Contact Person Submitting the Claim

Title:

Surname:

Given name(s):

Relationship to the deceased:

Phone:

Email:

Postal address:

Suburb:

State:

Postcode:

3. Information of Deceased

Date of death (DD/MM/YY):

Please specify the cause of death:

Please attach a certified copy of the death certificate with your completed form along with tax invoice/receipts.

4. Payment Details

Please select preferred method of payment.

Cheque

Payee:

Direct/EFT payment

Account holder's name:

Bank:

BSB:

Account number:

Privacy Statement & Declaration

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, you can access a copy of our Privacy Policy on our website coverforce.com.au or alternatively contact our Privacy Officer on **02 9376 7888**.

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in further declaration in respect of the said claim make any false or fraudulent statements or suppress, conceal or falsely state any material fact whatsoever, payment of my claim may be refused.

Signature:

Name:

Address:

Date (DD/MM/YY):

Returning Your Form

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| 1. Have you signed the Privacy Statement & Declaration? | Yes |
| 2. Has each question in this Form been answered? | Yes |
| 3. Have you given complete, true and accurate answers to all relevant questions in this Form? | Yes |
| 4. Have you attached a certified copy of the death certificate to include with this Form? | Yes |

Please check you have correctly filled out all sections and saved the document before submitting the form.

If you wish to return your form to Coverforce via post, email or fax, please use the details provided below.

Contact Coverforce Claims Department

Coverforce Insurance Broking Pty Ltd

ABN 11 118 883 542 | ACN 118 883 542 | AFSL 302522

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