



FUNERAL CLAIM FORM
(Please Print)

SECTION 1: PARTICULARS OF MEMBER	
Name of Province:	
Name of PEU District:	
Funeral Scheme:	PEU Funeral Scheme
Surname:	
Full First Name(s):	
ID Number/Passport Number:	
Date of Birth:	
Employee Company Reference Number:	
Union Membership Number:	
Date Joined Funeral Scheme	

SECTION 2: DETAILS OF DECEASED	
Surname:	
Full First Name(s):	
Date of Birth:	
ID Number/Passport Number:	
Date of Death:	
Marital Status:	
Who passed away (e.g. Member, Spouse, Child)?	
Specific Cause of Death (<i>Accident or Illness</i>)	
Amount Payable	

SECTION 3: CONTACT DETAILS		
3.1.1. Name of Claimant:		
3.1.2. Telephone Number of Claimant:	3.1.3. Cellphone/Other of Claimant:	
3.1.4. Residential Address of Claimant:		
3.2.1. Name of Administrator Competing Claim Form:		
3.2.2. Telephone Number of Administrator:	3.2.3. Cellphone/Other of Administrator:	

SECTION 4: ATTACHED FORMS (PLEASE TICK)

No.	Document	Attached	To Follow
4.1.	Originally Certified copy of Death Certificate		
4.2.	Originally Certified Copy of Identity Document/Passport or Birth Certificate of Deceased		
4.3.	Originally Certified copy of Proof of marriage (only for spouse's death)		
4.4.	Originally Certified copy of Proof of still-birth (only for still-born death)		
4.5.	Originally Certified copy of Proof of studying at a recognized institution on a full-time basis at time of death (only for death of child aged 22 – 26)		
4.6.	Originally Certified copy of Affidavit declaring parenthood (only for death of child)		
4.7.	Originally Certified copy of Proof that child is mentally or totally and permanently physically handicapped (only for the death of a child over 21 years, if child is not a full time student)		
4.8.	Proof of Banking Details		
4.9.	Proof of Membership		
4.10.	Last payslip		

Please Note: Should the need arise; SA Quantum Risk reserves the right to request additional documentation and/or information other than that listed above.

SECTION 5: BANK DETAILS FOR PAYMENT

SECTION (A):

Name of Account Holder:

Name of Bank: Branch Code:

Name of Branch:

Bank Account Number:

Type of Account: (Savings/Current/etc)

Amount: _____

SECTION (B):

Declaration of Claimant

I, _____ declare that I understood the contents of Section 5.

Signature of Claimant

Signature of Witness

Signed at _____ this _____ day of _____ year _____

Please note that neither SA QUANTUM EB-RISK nor the Insurer will be held responsible for any errors in the above information

SECTION 6:**DECLARATION****6.1. Members Declaration (Dependant's Funeral Claim only)**

I, _____ (please print), a Member of the above Scheme, declare that all the information provided above is true and correct.

I am aware that the relevant bank account in Section 5 will be credited with the funeral benefit within two working days of receipt of this form together with all the relevant original certified supporting documents detailed in Section 4.

Signature of Member

Signed at _____ this _____ day of _____ year _____

6.2. Beneficiary's Declaration (Member's Funeral Claim only)

I _____ a relative in the capacity of _____ (spouse, parent etc)

of the deceased _____, accept payment of the Funeral Benefit & further declare that such benefit will be used towards the funeral costs of the deceased.

I am aware that the relevant bank account in Section 5 will be credited with the funeral benefit within two working days of receipt of this form together with all the relevant original certified supporting documents detailed in Section 4.

Signature of Beneficiary

Signed at _____ this _____ day of _____ year _____

SECTION 7:**EMPLOYER OR UNION DECLARATIONS**

Signature of Employer or Union Representative

I, _____ (please print), as representative of the above Employer/Union in the capacity of

_____ (print designation), declare that the above information is true & correct

to the best of my knowledge.

The information supplied in this form supported with the documents detailed in Section 5 will be used to process Funeral Claims.

Signed at _____ this _____ day of _____ year _____

To be Signed By General Secretary Of Union

Approved by _____
Full Name Signature Date

SECTION 8:**CLAIM PROCEDURE**

This claim form together with all relevant documents in Section 4 are to posted to:

PEU Office, PO Box 32838, Braamfontein, 2017