

Please complete both pages of this Claim Form and submit certified original documents with all attachments to the PEU offices

TYPE OF CLAIM AND SECTIONS TO BE COMPLETED PER CLAIM TYPE			
Claim Type (Mark with "X")	Sections to Complete	Claim Type (Mark with "X")	Sections to Complete
Funeral Claim - Dependant	A, B, C, D, E, F, G, H	Funeral Claim - Member	A, B, C, D, E, F, G, H

A. EMPLOYER DETAILS			
Name of Employer			
Employer Address			
Name of PEU district	Contact Person's Name		
Contact Person's Cell.	Contact Person's Tel. No.		
Contact Person's Email	Contact Person's Fax No.		

B. MEMBER DETAILS										
Surname of Member										
First Name of Member										
Member's Physical Address	Country		Code							
Member's Postal Address	Country		Code							
Name of PEU District	Gender (Female/Male)									
Employee No.	Union Membership No.									
Date of Birth	D	D	M	M	Y	Y	Y	Y	ID/Passport No.	

C. DECEASED DETAILS										
Relation to Member										
Surname of Deceased										
First Name of Deceased										
Date of Birth	D	D	M	M	Y	Y	Y	Y	ID/Passport Number	
Date of Death	D	D	M	M	Y	Y	Y	Y	Marital Status	

D. CLAIMANT DETAILS			
Name of Claimant			
Relation to Deceased			
Physical Address	Country		Code
Postal Address	Country		Code
Cell No.	Landline Tel. No.		
Email	Fax No.		
Alternate Person	Contact No. of Alternate Person		

E. BANKING DETAILS FOR CLAIM BENEFIT PAYMENT			
Name of Account Holder	Name of Bank		
Name of Branch	Type of Account		
Account Number	Branch Number		

Please note that the benefit will be paid into the above bank account and authorisation is hereby irrevocably given to the Fund and/or the Fund Service Providers to pay such benefit by Electronic Fund Transfer (EFT). Neither the Fund Service Providers nor the Fund will be held liable for any errors, omissions or incorrect details in the information provided. The onus lies with the Member or Claimant.

F. DOCUMENTS TO BE ATTACHED (Mark with "X")	
Funeral of Child	Certified Copies of: Death Certificate (DHA-5), Child's ID, Claimant's ID. Last Payslip, Certified Copy of Notice of Death/Stillbirth (DHA 1663). Originally Certified copy of Affidavit declaring proof of parenthood. 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) Proof of Banking Details stamped by bank - no older than 3 Months, Proof of Membership, Original 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)
Funeral of Spouse	Certified Copies of: Death Certificate (DHA-5), Spouse ID, Claimant's ID, Marriage Certificate. Proof of Banking Details stamped by bank - no older than 3. Proof of Membership, Last Payslip, Months, Affidavit from family member if no Marriage Certificate (BI-5)-proof of relation to be included.
Funeral of Member	Certified Copies of: Death Certificate (DHA-5), Member's ID, Claimant's ID. Proof of Banking Details stamped by bank - no older than 3 Months, Proof of Membership, Last Payslip, Proof of claimant relationship.

Notes:
 In some instances, further documents and/or information may be required to determine the validity of a claim.
 All documents required in this Claim Form must be submitted and failure to do so timeously may result in certain risk benefit claims being repudiated.

Submission Details:


Type of Claim	Telephone Queries	Physical Address	Postal Address
Funeral Claim	011 403 2990/1	79 De Korte Street PEU House, First Floor	PEU Office, PO Box 32838, Braamfontein, 2017

G. CLAIMANT DECLARATION

I, _____ (full name) the claimant declares that:
 All information provided in this Claim Form together with all supporting documents/information are true and correct;
 This Form was completed by me, duly authorised, or with the assistance of someone with my approval;
 I understand the information/documents provided and confirm that same is true and correct;
 I have not withheld any information that will have relevance to the acceptance/declining of this claim;
 Should any documents/information be found to be fraudulent, the Fund Service Providers and/or Fund reserve the right to proceed with the appropriate action against me;
 In the event of any loss suffered as a result of any details provided on this form and supporting documents being inaccurate or incorrect, neither the Fund nor the Fund Service Providers can be liable for such losses;
 I authorise any medial attendant or any other person who has attended to the dependant/member or any hospital or other institution which has information about the dependant/member, to disclose this information to the Fund Service Providers. This information will be used to finalise the Claim. I further authorise the Fund Service Providers to provide statistical information when necessary.

Signature of Claimant _____ Date Signed _____

H. DECLARATION BY PEU HEAD OFFICE

	<p>I, _____ (full name) in the capacity of _____ (designation)</p> <p>declare that the above information is true and correct to the best of my knowledge and belief. I confirm that the member or claimant is aware of the content of this claim form. In the event of any loss suffered as a result of any details provided on this form and supporting documents being inaccurate or incorrect, neither the Fund nor the Fund Service Providers can be liable for such losses.</p> <p>Signature of Authority _____ Date Signed _____</p>
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I. IMPORTANT NOTE

Southern Africa Quantum Consultants and Actuaries (Pty) Ltd, an authorised Financial Services Provider in terms of the Financial Advisory and Intermediary Act 37, of 2002 ('FAIS Act') with FSP Number 2001. Complaints can be submitted to complaints@saquantum.co.za.