



## Professional Educators Union Funeral Scheme Claim Form

Please complete both pages of this Claim Form and submit certified original documents with all attachments to  
**PEUclaims@phakama.co.za**

<b>Claim type</b>	
Funeral Claim Dependant (Complete sections A,B,C,D,E,F,G,H)	
Funeral Claim Member (Complete sections A,B,C,D,E,F,G,H)	

### A. Employer details

Name of Employer			
Employer Address			
		Code	
Name of PEU district			
Contact Person's Details			
Name & Surname		Phone no. (c)	
Phone no. (t)		Phone no. (f)	
Email			

### B. Member details

First Name & Surname			
Physical Address			
		Code	
Country		Code	
Postal Address			
Country		Code	
Name of PEU district		Gender (M/F)	
Employee No.		Union Membership no.	
ID no.		Date of Birth	

### C. Deceased details

Relation to Member			
First Name		Surname	
ID no.		Marital Status	
Date of Birth		Date of Death	

## D. Claimant details

First Name & Surname			
Relation to Deceased			
Physical Address			
Country		Code	
Postal Address			
Country		Code	
Phone no. (c)		Phone no. (t)	
Email			
Alternate Person		Phone no. (c)	

## E. Banking details for Claim Benefit Payment

Account Holder Name			
Name of Bank		Branch name	
Type of Account		Branch no.	
Account no.			
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

Please select the applicable scenario		
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.	

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 Funeral Claim  
Telephone Queries 011 403 2990/1  
Physical Address 79 De Korte Street, PEU House, First Floor  
Postal Address 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 Insurer 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 Insurer. This information will be used to finalise the Claim.

I further authorise the Fund Service Providers to provide statistical information when necessary.

\_\_\_\_\_  
Claimant's signature

\_\_\_\_\_  
Date

## H. PEU Head Office declaration

I, \_\_\_\_\_ (full name) in the capacity of

\_\_\_\_\_ (designation) 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 Insurer can be liable for such losses.

\_\_\_\_\_  
Signature of Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Union stamp

Policy administered by Digni Administrators (Pty) Ltd an authorised Financial Services Provider (FSP no. 48469) and underwritten by King Price Life Insurance Limited, a licensed insurer in terms of the Insurance Act, 2017 (FSP no. 47235), Reg no. 1948/029011/06.

## Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws;
- to enable Us to fulfil our obligations in terms of this Claim;
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

- Payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, We will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent.

Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.