

## FUNERAL BENEFIT CLAIM FORM

DECEASED'S DETAILS	
Full Name and Surname	<input type="text"/>
ID Number	<input type="text"/> Medical Aid Number <input type="text"/>
Place of Death	<input type="text"/> Date of Death <input type="text"/>
Cause of Death	<input type="text"/>
Circumstances around Death	<input type="text"/>
CLAIMANT'S DETAILS	
Full Name and Surname	<input type="text"/>
ID number	<input type="text"/>
Relationship to Deceased	<input type="text"/>
Contact Numbers: Cell No.	<input type="text"/> Home No. <input type="text"/>
Work No.	<input type="text"/>
DOCTOR'S DETAILS	
Details of Doctor who signed the Death Certificate:	
Name of Doctor	<input type="text"/>
Practice Number	<input type="text"/>
Contact Numbers: Cell No.	<input type="text"/> Fax No. <input type="text"/>
Surgery	<input type="text"/>
PAYEE DETAILS	
Full Name and Surname	<input type="text"/>
Name of Bank	<input type="text"/>
Branch Name	<input type="text"/> Branch Code <input type="text"/>
Account Number	<input type="text"/> Account Type <input type="text"/>
DECLARATION	
I hereby declare that all information supplied on this form is true and correct.	
Claimant's Signature: _____	Date: _____
<p>Please submit the following supporting documentation, certified by a commissioner of oaths:</p> <ul style="list-style-type: none"> <li>Death certificate,</li> <li>ID documents of Claimant and Deceased</li> <li>Certified copy of Marriage Certificate / Proof of Relationship, if applicable</li> <li>If payment is to be made to a funeral parlour, please provide copy of funeral parlour invoice.</li> <li>Proof of Claimant's Bank Account (copy of cancelled cheque/bank statement/salary slip).</li> <li>Form BI1663-Notification of Death Form and Burial Order (Obtain copy from Undertaker)</li> <li>In the event of an Unnatural Death: Copy of Police Report, Accident Report &amp; Certified Driver's Licence (MVA &amp; driver of vehicle) and Post</li> <li>Mortem Report required.</li> <li>In the event of death due to Natural causes within first 12 months of the policy: a medical report is required depending on the cause of death.</li> <li>Stillborn Death: Letter required from doctor confirming how many weeks pregnant when baby was born &amp; reasons for death</li> </ul>	