

FUNERAL CLAIM NOTIFICATION FORM



Policyholder: _____ Policy No: _____

Member Group No: _____ Scheme No: _____

Principal Member Name: _____

Principal Member was actively employed at the date the death occurred Yes No

Name of Deceased: _____ Date of Death: _____

Relationship to Principal Member: _____ Age at death: _____

Please refer to the reverse for documentation requirements to substantiate the claim:

1. Eligible dependants of the deceased Principal Member, who qualify for a Paid-up Benefit, under the fund (if applicable to the scheme):

Relationship	Name and Surname	ID Number	Date of Birth
Spouse			
Children	1.		
	2.		
	3.		
	4.		
	5.		
	6.		

2. SETTLEMENT OF BENEFIT: Electronic Funds Transfer

The settlement details of claim:

Post confirmation of payment to: _____ Code: _____

EFT Bank Account Holder: _____

Bank Name: _____ Branch: _____

Bank Account No: _____ Branch Code: _____

UNDERTAKERS DETAILS

Name of Undertaker: _____ Telephone Number: _____

Address: _____

COMPANY STAMP

Signature of Claimant: _____ Date: _____

Name of Policyholder / Claimant: _____ Designation: _____

Telephone: () _____ Fax: () _____

PLEASE BE REMINDED THAT YOU HAVE SIX MONTHS FROM THE DATE OF DEATH TO SUBMIT ALL REQUIRED ORIGINAL CERTIFIED DOCUMENTATION. FAILURE TO DO SO WILL RESULT IN REPUDIATION OF YOUR CLAIM.

**SAFRICAN
TAKING CARE OF TOMORROW, TODAY**