



CEPU/ETU Funeral Claim Form



FUNERAL BENEFIT CLAIM

In order to alleviate any delay in the processing time of your claim, please ensure the following:

- The claim form is returned with all fields completed. Incomplete forms will be returned to obtain missing information.
- Enclose Certified copies of
 1. Death Certificate.
 2. Confirmation of Relationship.
 3. Funeral receipts.



CEPU/ETU Funeral Claim Form



Instructions:

1. **Section A** is to be completed by you, the claimant.
2. Please enclose certified copies of:
 - a. Death Certificate
 - b. Proof of relationship (i.e. Marriage Certificate, Birth Certificate, etc.)
 - c. Funeral receipts
3. Mail completed form to: **Australian Income Protection Pty Ltd**
PO Box R1196, Royal Exchange, NSW 1225.
4. If have any enquiries please call **Australian Income Protection™ Pty Ltd** on (02) 8252 7900 or 1300 559 362 (only from landline)

IMPORTANT NOTICE

Any fraud, misstatement or concealment by you in relation to any matter affecting this insurance in connection with making of any claim under it, will give us the rights provided for in the Insurance Contract Act, including where appropriate the right to reduce or refuse payment of any claim.

Section A - Claimant's Section - To be completed by claimant

All questions must be completed and claim form signed before claim will be processed. (Please print)

Title: First name(s):

Last name:

Address:

Suburb: State: Postcode:

Phone: () Mobile:

Fax: ()

Email:

Date of birth: / / Gender: Male Female

Deceased details:

Title: First name(s):

Last name:

Address:

Suburb: State: Postcode:

Date of birth: / / Gender: Male Female

Date of death: / /

Relationship to the deceased:Spouse: Yes No

If yes, Married Date: / /

De-facto: Yes No

If yes, from when: / /

Parent: Yes No Dependant: Yes No Guardian: Yes No

Other (please specify):

How long have you lived at the same address?(if married or de-facto) :

Member’s Employer Contact Details:

Employer:

Address:

Suburb: State: Postcode:

Work ph: () Work fax: ()

Length of employment: Years: Months:

Medical Information:Was their condition: Injury: Yes No Sickness: Yes No

Cause of death:

Where did it occur (if applicable):

Was the injury/sickness work related?: Yes No **Union:**Was the deceased a CEPU/ETU member?: Yes No Was the deceased, the spouse of a CEPU/ETU member?: Yes No Was the deceased employed at the time of death? : Yes No

Australian Income Protection

Authority

I hereby authorise any hospital, physician, employer insurer, Health Insurance Commission, Union or other person who has attended me to furnish to Australian Income Protection Pty Limited or its representatives any and all information with respect to the injury, medical history, consultation, prescription or treatment and copies of all medical records. I also authorise any and all information regarding Worker’s Compensation claims or claims with any other insurer to be released to Australian Income Protection. I agree that a Photostat or fax copy of this authorisation shall be considered as effective and valid as the original. I also authorise Australian Income Protection to release any information requested by CEPU QLD and/or ETU or its representatives in relation to the claim.

Declaration

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said claim make any false or fraudulent statements or suppress, conceal or falsely state any material fact whatsoever the Policy shall be void and all rights to recovery there under or in respect of past or future claims shall be forfeited.

Signature of Claimant:

Name of Claimant:

Date:

Claim form check list:

- Have all questions been completed?
- Have you supplied a certified copy of the Death certificate?
- Have you supplied a certified copy of proof of relationship(i.e. Marriage Certificate, Birth Certificate, etc.)?
- Have you supplied a certified copy of the funeral receipts?

Your claim will be delayed unless all sections are complete. Send the completed form to:



Australian Income Protection Pty Ltd
Attn: Claims department
PO Box R1196, Royal Exchange, NSW 1225