

Risk Benefits

**FUNERAL BENEFITS
CLAIM FORM**

FUNERAL SCHEME

PLEASE PRINT ALL DETAILS

NAME OF EMPLOYER/FUND:

(If scheme linked to Provident Fund – State Provident Fund name, otherwise Employer name)

SECTION 1: PARTICULARS OF MEMBER

Section/Paypoint:	
Surname:	
First Name (s):	
ID Number:	
Date Of Birth:	
Company Reference Number:	
PA Number:	

CONTACT DETAILS OF MEMBER/BENEFICIARY

Name:					
Tel Area Code:		Telephone No.		Cellphone/Other	

SECTION 2: PARTICULARS OF DECEASED

Surname:	
First Name:	
Date Of Death:	
Date Of Birth:	
Relationship (e.g. Member, Spouse, Child, Parent):	
Specific Cause of Death:	
Amount payable:	

* Are you a Member of the Fund's/Employer's additional Voluntary Funeral Scheme with NBC? Yes No

SECTION 3: ATTACHED FORMS (PLEASE TICK)

<input type="checkbox"/>	Certified copy of Death Certificate
<input type="checkbox"/>	Copy of Identity Document or Birth Certificate of Deceased
<input type="checkbox"/>	Proof of still-birth (only for still-born death)
<input type="checkbox"/>	Proof of Marriage (only for spouse's death)
<input type="checkbox"/>	Student Certificate at time of death (only for death of child aged 22-26)
<input type="checkbox"/>	Affidavit declaring parenthood (only for death of child)
<input type="checkbox"/>	Last payslip

SECTION 4: EMPLOYER ADVANCES

If Employer made payment, please ensure the Section below is completed.
Acknowledgment of debt

I, _____ (Name of Beneficiary) _____ (Relationship to Deceased)

of the Deceased, hereby acknowledge receipt of R _____ (Amount claimed)

_____ (Amount in words)

from _____ (Name of Employer) advanced to me in lieu of the compulsory benefit related to the Fund/Employer

I have also been advanced a further R _____ by the Employer in respect of the voluntary scheme administered by NBC.

_____ (Signature of Beneficiary) _____ Date _____ **Note:** Payment will be made in accordance with this declaration and the employer carries the risk on further advances.

Witness 1 _____

Witness 2 _____

SECTION 5:**BANK DETAILS**

If the employee/member died or employer has advanced payment, fill in employer bank details below.

Name of Account Holder:

Name of Bank:

Branch Code:

Name of Branch:

Bank Account Number:

Type of Account:
(Savings/Current/etc)

Amount R _____

If any amount should be paid to any other Account, fill in bank details below.

Name of Account Holder:

Initials:

Name of Bank:

Branch Code:

Name of Branch:

Bank Account Number:

Type of Account:
(Savings/Current/etc)

Amount R _____

Please note that neither NBC nor the Fund will be held responsible for any errors in the above information.

SECTION 6:**DECLARATIONS****6.1 Members Declaration (Dependant's or Relative's Death only)**

I, _____ (please print), a member of the above Scheme, declare that all the information provided above are true & correct.

I am aware that the relevant bank account in Section 5 will be credited with the benefit within two working days of faxing this form together with all the relevant supporting documents detailed in Section 3.

Signature of Member

6.2 Beneficiary's Declaration (Member's Death only)

I, _____, a relative of the deceased _____

accept payment of the Funeral Benefit & further declare that such benefit will be used towards the funeral costs of the deceased. *I am aware that the relevant bank account in Section 5 will be credited with the benefit within two working days of faxing this form together with all the relevant supporting documents detailed in Section 3.*

Signature of Beneficiary

Signed at _____ this _____ day of _____ year, _____

SECTION 7:

EMPLOYER DECLARATION

Employer/Company

COMPANY STAMP

Signature of Company Representative

I, _____ (please print), as representative of the above Company in the capacity of _____ (print designation), declare that the above information is true & correct to the best of my knowledge.

Signed at _____ this _____ day of _____ year, _____

PARTICULARS OF CONTACT PERSON AT COMPANY

Name:			
Tel. Area Code:		Tel. Number:	
Fax Area Code:		Fax Number:	

SECTION 8:

PAID-UP CERTIFICATE DETAILS

To be completed only on member death

Relationship	Name	Date Of Birth
Spouse		
Child 1		
Child 2		
Child 3		
Child 4		

SECTION 9:

CLAIM PROCEDURE

This claim form together with all relevant supporting documents in Section 3 are to be faxed to The Funeral Claims Manager, NBC Risk Benefits at any one of the following fax numbers:

- (011) 520-1393**
- (011) 520-1394**
- (011) 520-1381**
- (011) 520-1544**

The contact person whose details are provided in Section 7 will be phoned or faxed once this is done.

The original documents should then be forwarded to:

**The Funeral Claims Manager
NBC Risk Benefits
P O Box 78756
Sandton
2146**

<p>Sandton P O Box 78756, Sandton, 2146 113 Katherine Street Sandown</p>	<p>Durban P O Box 2183, Durban, 4000 4th Floor, Victoria Maine, 71 Victoria Embankment, Durban, 4001</p>	<p>Port Elizabeth P O Box 27135, Greenacres Port Elizabeth, 6057 70-2nd Avenue, Newton Park, Port Elizabeth, 6045</p>	<p>Cape Town P O Box 1680 Cape Town, 8001 44 Hertzog Boulevard, 6th Floor, Foreshore, Cape Town, 8001</p>
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