FURNITURE BARGAINING COUNCIL

Room 1101 ♦ 11th Floor ♦ Arcadia Centre ♦ 376 Steve Biko Street ♦ Arcadia ♦ Pretoria
Correspondence to be addressed to: THE REGIONAL MANAGER ♦ Post Office Box 57086 ♦ Arcadia ♦ 0007
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FURNITURE BARGAINING COUNCIL DEATH AND DISABILITY SCHEME

DEATH BENEFITS CLAIM

Claim Number | | | | | | |

Claim Date | Y | Y | M | M | D | D |

DECEASED MEMBER'S DETAILS

Deceased Member's First Name/s : .....

Deceased Member's Surname : .....

Deceased Member's Identity Number : | | | | | | | | | | | | | |

Deceased Member's Industry Number : | | | | | | |

Deceased Member's Last Employer in Industry : .....

Deceased Member's Date of Birth | Y | Y | Y | Y | M | M | D | D |

Deceased Member's Date of Death | Y | Y | Y | Y | M | M | D | D |

Death Certificate Number : ..... **Dated:** .....

Benefit Entitlement : | R | | | | | | - | | |

FIRST CLAIMANT'S DETAILS

Claimant's First Name/s : .....

Claimant's Surname : .....

Claimant's Identity Number : | | | | | | | | | | | | | |

Claimant's Relationship to Deceased Member : .....

Claimant's Marriage Certificate Number (if applicable): ..... **Dated:** .....

Claimant's Physical Address: : .....

..... **Postal Code:** .....

Claimant's Postal Address: : .....

..... **Postal Code:** .....

Claimant's Telephone Number/s : .....

SECOND CLAIMANT'S DETAILS

Claimant's First Name/s : ……

Claimant's Surname : ……

Claimant's Identity Number : | | | | | | | | | | | | | |

Claimant's Relationship to Deceased Member : ……..

Claimant's Marriage Certificate Number (if applicable): …… **Dated:** ……..

Claimant's Physical Address: : ……

…… **Postal Code:** ……..

Claimant's Postal Address: : ……

…… **Postal Code:** ……..

Claimant's Telephone Number/s : ……

THIRD CLAIMANT'S DETAILS

Claimant's First Name/s : ……

Claimant's Surname : ……

Claimant's Identity Number : | | | | | | | | | | | | | |

Claimant's Relationship to Deceased Member : ……..

Claimant's Marriage Certificate Number (if applicable): …… **Dated:** ……..

Claimant's Physical Address: : ……

…… **Postal Code:** ……..

Claimant's Postal Address: : ……

…… **Postal Code:** ……..

Claimant's Telephone Number/s : ……

DEATH BENEFIT PAYMENT DETAILS

I, Mr/Ms (Print First Name/s and Surname) …… recommend the payment of Death Benefits to the following beneficiaries:

Beneficiaries full first name/s and surname	**Benefit amount paid**			**Cheque number/s**				**Cheque date/s**							
	R							Y	Y	Y	Y	M	M	D	D
	R							Y	Y	Y	Y	M	M	D	D
	R							Y	Y	Y	Y	M	M	D	D
	R							Y	Y	Y	Y	M	M	D	D
	R							Y	Y	Y	Y	M	M	D	D
	R							Y	Y	Y	Y	M	M	D	D
	R							Y	Y	Y	Y	M	M	D	D
Total Paid	R														

I, the undersigned Mr/Ms (Print First Name/s and Surname) …… have fully investigated the validity of this Death Benefits claim and I authorise the above recommended distribution of Death benefits.

SIGNED: …….. DATE: ……

FURNITURE BARGAINING COUNCIL DEATH AND DISABILITY SCHEME

DEATH BENEFITS CLAIM

CONFIRMATION OF SCHEME MEMBERSHIP

MONTHLY RETURN: …… (MONTH) CHECKED BY: (Print Name) ……..…

CONFIRMATION OF EMPLOYMENT

DECEASED EMPLOYED AT: …… INDUSTRY NUMBER: ……...

EMPLOYMENT TERMINATED ON

Y	Y	Y	Y	M	M	D	D

ESTABLISHMENT CONTACTED BY: (Print First Name/s and Surname) ……..…

…… DATE: ……..

PERSON CONTACTED AT EMPLOYER/ESTABLISHMENT: (Print First Name/s and Surname) ……..……

……..

EMPLOYMENT CONFIRMED AT DATE OF DEATH YES | NO

CONFIRMATION OF DEATH FROM HOME AFFAIRS YES | NO

CALCULATION OF DEATH BENEFIT

1) DECEASED MEMBERS HOURLY RATE OF PAY AT DATE OF DEATH R……...……

2) ESTABLISHMENTS NORMAL/ORDINARY WEEKLY WORKING HOURS (DECIMALS) …..……

3) BENEFIT DUE: 1 X 2 X 52 WEEKS = R……

CALCULATED BY: (Print First Name/s and Surname) ……

Signature: ……

APPROVED BY: (Print First Name/s and Surname) ……

Signature: ……

DATE OF APPROVAL

Y	Y	Y	Y	M	M	D	D