



Funeral Claim Form 2021

Any cost incurred in the completion of this form will be the responsibility of the Eligible Member or the Beneficiary.

Section 1: Deceased Details									
Name of Eligible Member:									
Membership/Identity Number:				Date of Birth:					
Occupation:									
Address (Residential):									
								Code:	
Postal Address:									
								Code:	
Contact Number (Office):									
Beneficiary Details									
Title:		Name:			Surname:				
ID Number:			Gender:		M	F			
Relation:			Email:						
Contact Numbers:			Alternative Number:						
Beneficiary's Banking Details									
Name of Account Holder:				Name of Bank:					
Branch Name:				Account Number:					
Branch Code:				Account Type:					
Date:	D	D	M	M	2	0	Y	Y	Signature:
Section 2: Death Event									
Date of Death:			Place of Death:				Time of Death:		
State the cause of death and any other important factors connected therewith by giving a detailed description of how the incident happened:									

PLEASE NOTE THAT YOU HAVE 6 MONTHS FROM THE DATE OF DEATH TO SUBMIT THIS CLAIM.

The following information should be provided as and when it becomes available: (All certified copies must not be more than 3 months old)

- A. Certified copy of the deceased and beneficiary's ID documents. (Compulsory)
- B. Certified copies of the abridged or final death certificate. (Compulsory)
- C. BI 1663 notification of death form, indicating the cause of death. (Compulsory)
- D. Beneficiary bank statement. (Compulsory)
- E. Marriage certificate/Affidavit/letter of authority. (Compulsory)
- F. The police accident report (Only if the death was the result of a motor vehicle accident)
- G. The police report and/or Statement by Police (if death is due to unnatural causes)
- H. Other documents may be requested in order to assess the validity of the claim.

ALL INFORMATION CAN BE SUBMITTED TO:

FAX NUMBER: 086 560 4945

EMAIL: funeralclaims@nbcpshealth.co.za

