

# Funeral Claim Form

1. Complete all sections

## A - Scheme details

Scheme name  Scheme ref.

Employer name

Employer branch name or no.

## B - Member's details

Member title  Initials

First name/s

Surname

RSA ID  Yes  No  ID/Passport No.

Date of birth  DD - MM - YYYY Member ref. no.:

Marital status  Married  Single  Divorced  Widowed

Date of joining the employer  DD - MM - YYYY

## C - Deceased's details

Title  Initials

First name/s

Surname

RSA ID  Yes  No  ID/Passport No.

Relationship to member  Member  Spouse  Child  Parent  Nominee

Date of death  DD - MM - 20YY Date of birth  DD - MM - YYYY

Cause of death

## D - Claimant's banking details

To whom is benefit payable?  Member  Spouse  Dependants/nominees  Employer

Name of payee

Account holder's name

Name of bank/building society:

Branch office:

Account number:  Branch no.:

Account type:

Transmission, cheque, etc

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## E - Claimant's details

Title	<input type="text"/>	Initials	<input type="text"/>
First name/s	<input type="text"/>		
Surname	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/Passport No. <input type="text"/>
Date of birth	<input type="text"/>		
Relationship to member	<input type="text"/>		
Tel No. work	<input type="text"/>	Tel No. home	<input type="text"/>
Cellphone No.	<input type="text"/>		
Email address	<input type="text"/>		

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## F - Declaration by employer

I,  (full names)

hereby declare that:

- The deceased was a member of the scheme at the date of death or a dependant or nominee of a member;
- All particulars furnished in this form and accompanying documentation are true and correct; and
- I have made every effort to comply with the requirements stated in this document.

Signed at:

<input type="text"/>	<input type="text"/>
<b>Signature of Employer</b>	
<input type="text"/>	
<b>Date</b>	<b>Official stamp of employer</b>

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## Notes

The following supporting documentation must be submitted:

- |                          |   |                          |
|--------------------------|---|--------------------------|
| <b>Death of member:</b>  | Copy of Death certificate   | <input type="checkbox"/> |
|                          | Copy of member's ID or back and front copies of new ID card   | <input type="checkbox"/> |
|                          | Copy of latest pay slip (member)  | <input type="checkbox"/> |
|                          | For Foreign national, a certified copy of the late member's passport and death certificate. BI-20+BI-1663 forms. An English translation of document submitted in another language | <input type="checkbox"/> |
| <b>Death of spouse:</b>  | Copy of Death certificate   | <input type="checkbox"/> |
|                          | Copy of member's ID or back and front copies of new ID card   | <input type="checkbox"/> |
|                          | Copy of deceased's ID or back and front copies of new ID card or birth certificate  | <input type="checkbox"/> |
|                          | Copy of latest pay slip (member)  | <input type="checkbox"/> |
|                          | Copy of marriage certificate or proof of customary union or marriage  | <input type="checkbox"/> |
| <b>Death of child:</b>   | Copy of Death certificate   | <input type="checkbox"/> |
|                          | Copy of member's ID or back and front copies of new ID card   | <input type="checkbox"/> |
|                          | Copy of deceased's ID or back and front copies of new ID card or birth certificate  | <input type="checkbox"/> |
|                          | Copy of latest pay slip (member).   | <input type="checkbox"/> |
|                          | If the surname of a child is different to that of the member, an affidavit is required from one of the parents as proof of relationship.  | <input type="checkbox"/> |
|                          | If Stillbirth, a doctor's note or BI-1663 confirming gestation period at date of death.   | <input type="checkbox"/> |
|                          | Child in full time study (if benefit applicable per policy) proof of registration as a student in the year of death.  | <input type="checkbox"/> |
|                          | Child who is incapacitated (mentally or physically) proof of disability (e.g. report from attending doctor or medical certificate)  | <input type="checkbox"/> |
| <b>Death of parent:</b>  | Copy of Death certificate   | <input type="checkbox"/> |
|                          | Copy of member's ID or back and front copies of new ID card   | <input type="checkbox"/> |
|                          | Copy of deceased's ID or back and front copies of new ID card or birth certificate  | <input type="checkbox"/> |
|                          | Copy of latest pay slip (member)  | <input type="checkbox"/> |
|                          | Copy of marriage certificate or proof of customary union or marriage (iro of death of spouse and parent-in-law)   | <input type="checkbox"/> |
| <b>Death of nominee:</b> | Copy of Death certificate   | <input type="checkbox"/> |
|                          | Copy of member's ID or back and front copies of new ID card   | <input type="checkbox"/> |
|                          | Copy of deceased's ID or back and front copies of new ID card or birth certificate  | <input type="checkbox"/> |
|                          | Copy of latest pay slip (member)  | <input type="checkbox"/> |
|                          | Proof of relationship   | <input type="checkbox"/> |
|                          | Option form showing selection   | <input type="checkbox"/> |

Momentum reserves the right to request additional documents should they so require.

Where no date of birth is reflected on the death certificate, proof of age must be submitted.

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