FUNERAL BENEFIT CLAIM FORM

PLEASE PROVIDE FULL AND COMPLETE ANSWERS

NAME OF DECEASED MEMBER_____

ADDRESS OF DECEASED MEMBER_____

_____

DATE OF DEATH_____/_____/_____ DATE OF BIRTH_____/_____/_____

CAUSE OF THE DEATH, AS SHOWN ON OFFICIAL CERTIFICATE OF DEATH

_____

HAVE FUNERAL EXPENSES BEEN PAID? _____YES _____NO

IF NOT WHO HAS ASSUMED THE PAYMENT OF THEM?_____

RELATION OF **CLAIMANT** TO DECEASED MEMBER_____

_____Photocopy of death certificate included

I HEREBY AFFIRM AND CERTIFY THAT THE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATED THIS _____ DAY OF _____, _____

SIGNATURE WITNESSED BY
(must be signed by whomever witnesses the claimant completing this form):

_____ **SIGNED**_____
(WITNESS) (CLAIMANT)

_____ _____
(WITNESS'S NAME) **PLEASE PRINT** (CLAIMANT'S NAME) **PLEASE PRINT**

_____
(CLAIMANT ADDRESS)

_____
(CITY, STATE, ZIP CODE)

_____
(TELEPHONE NUMBER)

_____
(e-mail address)

(REV 2024)