



CHILD CARE APPLICATION FORM

PLEASE COMPLETE THIS FORM IN FULL AND RETURN TO:

BERT Pty Ltd
 PO Box 805
 Level 1, 35 Astor Terrace, Spring Hill QLD 4004
 Phone 1300 261 114

OFFICE USE ONLY
CLAIM NUMBER

IMPORTANT: Every questions must be answered fully. Incomplete answers and vague information will delay processing of your claim. If space is insufficient to provide information, please attach additional sheets. Your claim cannot be processed until all sections of the form is completed in FULL.

INSTRUCTIONS:

1. This form is to be completed once a family funeral benefit has been paid and accepted.
2. Attach all relevant documents to Form i.e. child(ren) birth certificates, Medicare card, marriage certificate and any other related documents.
3. If you need help completing this form, please call our office for assistance.

SECTION A – MEMBER DETAILS

UNION MEMBERSHIP DETAILS	MEMBERSHIP NUMBER		<input type="checkbox"/> BLF	<input type="checkbox"/> CFMEU	<input type="checkbox"/> CEPU
MEMBER	SURNAME		FIRST NAME		
ADDRESS (NO PO BOX)					
			STATE		
			POST CODE		
TELEPHONE	HOME		WORK		MOBILE
RELATIONSHIP TO DECEASED PARTNER	<input type="checkbox"/> WIFE <input type="checkbox"/> DEFACTO				

FOLLOWING DOCUMENTATION WILL BE REQUIRED:

- **Wife:** copy of marriage certificate, copy of home account (gas, electricity, phone) both names must be noted.
- **Defacto:** proof that you have been living together for no less than three (3) months. Joint accounts, such as gas, electricity, phone must be supplied.

SECTION B – DEPENDANT CHILDREN (Attach copy of; Birth certificate for each child and copy of Medicare card).

LIST ONLY CHILDREN BETWEEN THE AGES 0 TO 13

	CHILD 1	CHILD 2								
SURNAME (PRINT)										
FIRST NAME (PRINT)										
DATE OF BIRTH	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>				

DETAILS OF SCHOOL WHERE 'BEFORE AND AFTER SCHOOL' CARE IS UTILISED OR CHILD CARE CENTRE

NAME OF CENTRE				
ADDRESS				
	STATE		POSTCODE	
	STATE		POSTCODE	
PHONE NUMBER				
E-MAIL				
CONTACT PERSON				

	CHILD 3								CHILD 4								
SURNAME (PRINT)																	
FIRST NAME (PRINT)																	
DATE OF BIRTH																	
DETAILS OF SCHOOL OR CHILD CARE CENTRE																	
NAME OF CENTRE																	
ADDRESS																	
	STATE								STATE								
PHONE NUMBER																	
E-MAIL																	
CONTACT PERSON																	
SECTION C – EMPLOYMENT DETAILS																	
NAME OF COMPANY/TRADING NAME																	
ADDRESS																	
TELEPHONE	HOME								MOBILE								
CONTACT PERSON																	
POSITION																	
WHEN DID YOU COMMENCE EMPLOYMENT WITH THIS COMPANY?	DATE																
ARE YOU STILL EMPLOYED (PLEASE TICK)	<input type="checkbox"/> YES <input type="checkbox"/> NO																
PLEASE ATTACH COPY OF YOUR PAY SLIP																	
SECTION D – DECLARATION AND AUTHORISATION																	
<p>I (PRINT NAME) _____ hereby authorise the School or Child Care Centre which my children attend to furnish Total Claims Solutions with information in respect to my children's School or Child Care he/she attends.</p> <p>I also agree for the Administrators of BERT to supply details of my employer payments to assist with this claim. I declare that the information I have provided on this form is to be the best of my knowledge and belief, true in every respect. I understand that supplying false or misleading information will result in my right to compensation being fortified.</p>																	
SIGNATURE									DATE								
	(MUST BE SIGNED)																