

# BERT Funeral Claim Form

Please return this completed form to your Union:

## CFMEU QLD/NT Branch

Email: qntqueries@cfmeu.org Fax: 07 3231 4699

Post: 16 Campbell Street, BOWEN HILL QLD 4006



CFMEU  
QLD/NT



## PLUMBERS UNION QLD/NT

Email: office@plumbersunionqld.com Fax: 07 3844 8233

Post: PO Box 3596, SOUTH BRISBANE QLD 4101

### MEMBER DETAILS

Surname	<input type="text"/>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms				
Given names	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	<input type="text"/>								
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Union	<input type="checkbox"/> CFMEU	<input type="checkbox"/> Plumbers Union QLD / NT	Union No. (if known)						
BERT member number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current employer	<input type="text"/>								

### DETAILS OF THE DECEASED

Surname	<input type="text"/>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms				
Given names	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	<input type="text"/>								
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of death	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Member	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Defacto	<input type="checkbox"/> Child	<input type="checkbox"/> Dependant Child				

#### PLEASE NOTE – IMPORTANT

##### 1. BERT Fund account Balance

If the Deceased was a member in the BERT Redundancy Fund there may be unclaimed Employer contributions that have been paid into the Member's account. These can be paid out as a death claim to the Member's beneficiaries. Please contact the BERT Office for further information.

##### 2. BERT Fund Child Care Claim

If the Deceased was the Spouse/Defacto partner of the Union Member, and there are children under the age of 13 years from the relationship, then a child care (minding) benefit claim has been accepted and paid. Conditions Apply. Please contact the BERT Office for further information.

**If you require assistance please call the BERT Office on 1300 261 114**

### DETAILS OF THE PERSON CLAIMING FUNERAL BENEFIT

Surname	<input type="text"/>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms				
Given names	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	<input type="text"/>								
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>								
Relationship to the Deceased	<input type="text"/>								



If you require assistance please call your Union Office

CFMEU – PH: 07 3231 4600

Plumbers Union QLD/NT Toll Free: 1800 653 118 Ph: 07 3844 8433

Please turn over for document requirements and declaration



## DOCUMENTS REQUIRED

- A completed BERT Funeral Benefit Claim Form
- A JP certified copy of the Death Certificate and Birth Certificate of the Deceased
- If a Defacto relationship, further documentary evidence of the relationship may be required (Please contact your Union office for further details)

## PAYMENT DETAILS

In an effort to make the process as quick as possible your Union may be able to arrange payment via a direct deposit into your bank account. Alternatively a cheque will be issued and posted to you.

**For a Direct Deposit please provide the below details:**

Name of Bank  BSB Number  -   
Account Name  Account Number  -

## CLAIMANT'S DECLARATION

I declare that to the best of my knowledge all information given in this form is true and correct.  
I further declare that I am the correct and appropriate person to claim the Funeral Benefit.

Completed By (print name)

**Signature of Claimant**

Date 

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

Declared at

Before me\* (print name)

**Signature of Authorised Witness**

Title

\*To be witnessed by a Magistrate, Justice of the Peace, Commissioner for Declarations, person for whom a Statutory Declaration may be made under the law of the state in which a declaration is made (e.g Police Officer; Pharmacist or Solicitor)

## UNION OFFICE DECLARATION

I declare that the particulars given above are true and correct; and

That the deceased named above is eligible for the BERT Fund Funeral Benefit; and

The Member named above was a current financial member as at the date of death and

That the amount of \$10,000.00 Funeral Benefit payment represents the full and final payment under this benefit and discharges any further liability.

Completed By (print name)  of CFMEU / Plumbers Union QLD/NT

**Signature of Union representative**

Date 

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

Declared at

Witnessed By (print name)

**Signature of Witness**

Date 

D	D	M	M	Y	Y	Y	Y
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