FUNERAL CLAIM FORM (DECEASED)

Where Probate or Letters of Administration Not Obtained

OFFICE USE ONLY	Claim number	Reference
FORWARD THIS CLAIM FORM TO Total Claims Solutions Level1, 151 Rathdowne Street Carlton VIC 3053 Or email: claimsVIC@totalclaims.com.au	**FOR CLAIM ENQUIRIES CALL** Total Claims Solutions (03) 9320 8588	**CHECKLIST** ☐ Copy of proof of identity. ☐ Certified copy of full death certificate. ☐ Certified copy of last will of deceased. ☐ Certified copy of probate or letters of administration. ☐ Copy of account/invoice and payment receipt (if paid) for funeral expenses.

PLEASE NOTE: This form must be completed in full. Incomplete forms will not be processed.

PART 1: Please supply the following information relating to the deceased:

INCOLINK MEMBER NO: ……

SURNAME: ……..

GIVEN NAMES: ……..

ADDRESS: ……..

DATE OF BIRTH _ _ / _ _ / _ _ _ _ PERSONAL TAX FILE NUMBER _ _ _ - _ _ _ - _ _ _

LAST EMPLOYER ……

PART 2: Please supply the following information relating to the claimant(s).

PLEASE NOTE: Incolink reserves the right to not approve claims if it reasonably believes that the class and/or entitlement if claimants are not sufficiently determined:

SURNAME(S): ……..

GIVEN NAMES: ……..

ADDRESS(ES): ……..

CONTACT NUMBER: ……..

EMAIL: ……..

PART 3: Claim:

I / We as Claimant(s) claim that I am/we are entitled to the benefits payable by Incolink in the name of or referable to the deceased and I am/we are so entitled because I am/we are related to the deceased and that there are no person(s) entitled to the benefits and/or a claim against the estate of the deceased. Our relationship(s) to the deceased are as follows (tick applicable status):

Widow / widower	☐
Domestic partner (i.e., living together as a couple on a genuine domestic basis)	☐
De facto partner	☐
Child / children	☐
Parent(s)	☐
Sibling(s)	☐
Executor / administrator of estate	☐
Beneficiary(ies) of the estate	☐
Other (such as step parent / children)	☐

PART 4: Will

1.	Did the deceased leave a will?	YES	NO
2.	If **YES**, has probate been granted?	YES	NO
3.	If **NO** (to question 2 above), will an application for probate be made?	YES	NO
4.	If **NO** (to question 3 above), please explain why below:		

_____

_____

_____

PLEASE NOTE: If probate has been or will be obtained a shorter claim form can be completed. Please contact the Incolink office.

5.	If NO (to question 1 above), has letters of administration been granted?	YES	NO
6.	If NO (to question 5 above), will an application for letters of administration be made?	YES	NO
7.	If NO (to question 6 above), please explain why below:		

_____

_____

Proof of Identity and Proof of Relationship to the Deceased

Please ensure you provide to us **proof of identification** for the claimant. For example, **certified copy** of either a driver's licence or passport.

To have a valid claim, your relationship to the deceased should be noted on the death certificate. If it is not, and there is no will, probate, or letters of administration, we will require alternative **proof of your relationship** to the deceased.

PART 5: Funeral expenses

1. Amount of funeral expenses incurred: $ …….

2. Have funeral expenses been paid? YES NO

If **YES**, by whom?

Name: ……..

Address: ……..

……..…

Contact number(s) ……..

3. If **NO**, who is liable to pay? ……..

PART 6: Other Information

1. Date of death _ _ / _ _ / _ _ _ _

2. Was the death the result of an accident? YES NO

3. If **NO**, please go to Question 4. If **YES**:

(1) Did the accident occur at work? YES NO

(2) Did the accident occur while travelling to or from work? YES NO

(3) Was the accident a motor vehicle accident? YES NO

4. Was the deceased married? YES NO

5. If **YES**, please provide name and contact details of the spouse: YES NO

6. Did the deceased leave a domestic partner (other than a spouse)? YES NO

7. If **YES**, please provide name and contact details of the partner:

8. Were you financially dependent (fully or partially) on the deceased? YES NO

If **NO**, please supply Tax File No. __ __ __ - __ __ __ - __ __ __

9. Did the deceased leave any children (including children from a prior relationship)?: YES NO

Full Name	**DOB**	**Address & contact number**

10. If the deceased did not leave a spouse or domestic partner or children:

a) Full name of Father ……
(if living, otherwise please state "deceased")

b) Full name of Mother ……...
(if living, otherwise please state "deceased")

11. To the best of your knowledge, is there any other person not already named in this claim form who may have a claim against the estate of the deceased including to the benefits payable? (please specify name, address & contact number, relationship to the deceased): YES NO

If yes, please specify:

12. Is the balance (if any) held by Incolink in the name of the deceased payable to the deceased's estate? YES NO

Please supply bank account details:

Bank name: ……
Account name: ……...
BSB: ……..
Account Number: ……..….

Account Holder's signature:

_____
Date:

PART 7: Documents to be produced

1. Certified copy of last will of deceased.
2. Certified copy of full death certificate.
3. Copy of account/invoice and payment receipt (if paid) for funeral expenses.

PART 8: Declaration and Signature(s) of Claimant(s)

I/We DO SOLEMNLY AND SINCERELY DECLARE THAT the statements in this claim form are true and correct in every particular.

I/We confirm that, where required, I/we have consented to the collection of my/our personal information for the purposes of identity verification and fraud prevention, and disclosure of that information to third parties. Where required, I/we have authorised Incolink, as my/our intermediary to access certain information held about me/us. I/We am/are aware Incolink and Total Claims Solutions are ~~is~~ undertaking this verification on my/our behalf in accordance with the Australian Privacy Principles and relevant privacy notice/s.

I/We confirm that I/we are authorised to provide the personal details presented and I/we consent to my/our information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my/our identity.

I understand that Total Claims Solutions Pty Ltd act as claims managers on behalf of Incolink. I agree for Incolink to supply copies of all employer records relevant to this claim including verification of earnings.

Signature(s):

…… ……

Date: …… Date: ……

PART 9: Indemnity

PLEASE NOTE: The indemnity is to be provided:

(1) If there is a Will – either the Executor(s) named in the Will, or the beneficiary(ies) entitled to the estate under the Will; OR

(2) If there is no Will, the next of kin entitled to the estate.

TO: REDUNDANCY PAYMENT CENTRAL FUND LIMITED ACN 007 133 833

1 PELHAM STREET CARLTON VIC 3053

TOTAL CLAIMS SOLUTIONS PTY LTD ABN 42 389 515 023

Level 1, 151 Rathdowne Street Carlton VIC 3053

In consideration of Redundancy Payment Central Fund Limited ("Incolink") ACN 007 133 833

making payment to:

……..……..….*(Payee's name)*

of the benefits claimed in this claim form

in the name of ……..…….*(Deceased's name)*

late of ……*(Deceased's address)*

in the State of ……*(Deceased's address state)*

I/We ……....*(Claimant's name)*

of ……. …*(Claimant's address)*

being (please tick appropriate box/boxes):

The Executor(s) named in the last Will of the abovenamed Deceased	☐
The beneficiary(ies) entitled to the estate of the abovenamed deceased under the deceased's last Will	☐
The next of kin entitled to the estate of the abovenamed deceased (intestacy)	☐
Part 3 Claimant (s) entitled to the estate of the abovenamed deceased (intestacy)	☐

hereby jointly and severally indemnify Incolink against all actions, lawsuits, claims and demands which may be brought against Incolink as the result of such action and against all losses, costs, expenses and payments of any nature whatsoever which Incolink may incur or pay, or become liable to pay, arising either directly or indirectly out of such action.

[Office use only: This form must be completed in full and signed by the claimants whose signature(s) must be independently witnessed. ***The witness must not be an Incolink staff or anyone associated with Incolink]***

Dated at …….. this …… day of ……..

Executed as a Deed

Signed sealed and delivered by the Claimant:

……	)	……..
Claimant's signature	)	**Claimant's name**
	)	
in the presence of:	)	
	)	
……	)	

Witness' signature

……

Witness name

Signed sealed and delivered by the Claimant:

……	)	……..
Claimant's signature	)	**Claimant's name**
	)	
in the presence of:	)	
	)	
……	)	

Witness' signature

……

Witness name

Signed sealed and delivered by the Claimant:

……	)	……..
Claimant's signature	)	**Claimant's name**
	)	
in the presence of:	)	
	)	
……	)	

Witness' signature

……

Witness name