

FUNERAL CLAIM FORM (Spouse or Dependant)

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 <input type="checkbox"/> Certified copy of full death certificate. <input type="checkbox"/> Certified copy of last will of deceased. <input type="checkbox"/> Certified copy of probate or letters of administration. <input type="checkbox"/> 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:

SURNAME:

GIVEN NAMES:

ADDRESS:

DATE OF BIRTH __/__/____ DATE OF DEATH __/__/____

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:

INCOLINK MEMBER NO:

SURNAME(S):

GIVEN NAMES:

ADDRESS(ES):

CONTACT NUMBER(S):

EMAIL ADDRESS:

PART 3: Claim:

I, as Claimant, claim that I am entitled to the benefits payable by Incolink and I am so entitled because the deceased is my Dependant. My relationship to the deceased is as follows (tick applicable status):

- | | |
|---|--------------------------|
| Widow / widower | <input type="checkbox"/> |
| Domestic partner
(i.e., living together as a couple on a genuine domestic basis) | <input type="checkbox"/> |
| De facto partner | <input type="checkbox"/> |
| Parent | <input type="checkbox"/> |
| Other (such as step parent) | <input type="checkbox"/> |

Proof of Identity and Proof of Relationship to the Deceased

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 4: 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 5: Documents to be produced

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

Please supply bank account details:

Bank name:
Account name:
BSB:
Account Number:

Account Holder's signature:

Date: _____

PART 6: Declaration and Signature(s) of Claimant(s)

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

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

I confirm that I am authorised to provide the personal details presented and I consent to my 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 details of the employer payments to assist with my claim. I authorise Total Claims Solutions or its representative to refer my claim to Incolink's Member Service Department (if required).

I agree that a photocopy of this authorisation shall be considered as effective and valid as the original.

Signature:

.....

Date: