

# The Family Indemnity Plan

## CLAIM STATEMENT

Please write in **BLOCK** letters and **WITHIN THE BOXES**, AVOIDING CONTACT WITH THE EDGE OF THE BOX  ; mark all choice boxes with an X and NOT with a tick (✓).

Complete in detail and forward with a Death Certificate and a copy of the Birth Certificate or ID Card.

To be completed by the Organisation.

<b>Organisation:</b>			
<b>Telephone Number:</b>	<b>Date:</b>		
	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mm                      dd                      yyyy		
<b>Fax Number:</b>			
<b>Member's Name:</b>	<b>Certificate Number:</b>		
<b>Deceased's Name:</b>			
<b>Deceased's Date of Birth:</b>	<b>Deceased's Date of Death:</b>	<b>Plan:</b>	<b>Plan Amount:</b>
<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mm                      dd                      yyyy	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mm                      dd                      yyyy	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
<b>Deceased's Usual Duties of Livelihood (i.e. Fireman, Labourer, etc.)</b>		<b>Relationship to the Member:</b>	
I hereby certify that the above information is true and correct, <b>premium has been paid</b> , and any facts not revealed above are explained in the REMARKS section. The Office that administers this Program is hereby released with respect to payments made on behalf of the above insured person.			
<b>Remarks</b>			
<b>Claimant's Signature</b>		<b>Print Name</b>	
<b>Authorised Organisation Officer's Signature</b>		<b>Print Name</b>	



