

FUNERAL BENEFIT CLAIM FORM

DECEASED WORKERS NAME	
DECEASED WORKERS FILE No.	
DATE OF BIRTH	
DATE OF DEATH	
LAST KNOWN ADDRESS	
FUNERAL DIRECTORS	
NAME	
ADDRESS	
TELEPHONE	
FAX	
CONTACT PERSON	
HAS THE FUNERAL BEEN PAID	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES,	PLEASE ENSURE ORIGINAL RECEIPT/S (ITEMISED) OR CERTIFIED COPIES ARE ATTACHED
IF NO,	PLEASE ENSURE ORIGINAL TAX INVOICE/S (ITEMISED) OR CERTIFIED COPIES ARE ATTACHED
SIGNATURE OF APPLICANT	
APPLICANT NAME	
TICK APPROPRIATE STATUS	EXECUTOR <input type="checkbox"/> SOLICITOR <input type="checkbox"/> OTHER (PLEASE STATE) <input type="checkbox"/>
ADDRESS	
TELEPHONE	
FAX	

FORM TO BE RETURNED TO DUST DISEASES BOARD 2/82 ELIZABETH STREET SYDNEY 2000
 Should you have any enquiries, please contact the Call Centre on 82236600 or toll free on 1800 550 027.

Office Use Only: Entered by	Worker File Number
Date Entered	