DECEASED DEPENDANT



FUNERAL CLAIM FORM

- Subject to 4 weeks' consecutive contributions at date of death / 26 weeks for the Extended Family Cover.
- Only fully completed applications will be processed.
- Making use of AVBOB (as a preferred service provider), funeral claims will be guaranteed subject to specified criteria.

MISA Head Office 201 MISA Centre, 12 Fir Drive Northcliff Ext 2, Johannesburg, 2195 PO Box 1604, Northcliff, 2115

Claims Department 3 086 099 4147 | ⊠ claims@ms.org.za

D	eceased's Details							
Surname							Gender	
Full Names							Relationship to member	
ID Number Date of Death								
	Which funeral parlour are you using? AVBOB Doves Martin:			i	Other (Please specify)			
Details of Member								
MISA Membership No.					ID Number			
Surname					Full Names			
E-mail					Cell Number			
Bank Name					Acc No.			
Branch Code					Type Acc			
Member's Employer Details								
Company Name								
Tel. Number					E-mail			
Compulsory Source Documentation								
 Certification must be by a Commissioner of Oaths and may not be older than six months. (To contain signatory's Signature; Full Names; Designation; Business Name; Business' Physical Address and/or Contact Details and Date.) Affidavits must be signed in the presence of a Commissioner of Oaths and should not be older than six months. Certified copy of member's ID. Certified copy of deceased dependant's ID. 								
3	Certified copy of Death Certificate			Stamped Bank Statement <u>or</u> Bank Confirmation Letter <u>not older</u> than three months				
	In the event of the death of a spouse/life partner, the following proof of relationship is required: Certified copy of Marriage Certificate.							
5	In the absence of a Marriage Certificate, affidavits from the member and 2 of the deceased's family members stating that the member and the deceased were still <u>living together</u> as <u>common-law-spouses</u> at the time of death.							
	One of the following certified source documents needs to be submitted alongside the 3 affidavits: • Lease Agreement; Joint property or household budget • Beneficiary on retirement fund • Dependant on medical aid scheme • Traditional Certificate/Lobola Letter In the event of the death of a child, the following proof of parenthood is required:							
Certified unabridged birth certificate containing member's details. In the absence of the member's details on the certificate, <u>one</u> of the folloalongside an affidavit from the member and 2 affidavits from non-direct							lowing certified source documents are required	
	Dependant on Medical Aid Scheme Letter from hospital					 Letter from religious institution Paternity/Maternity test results 		
l s	olemnly declare that t	the particular	s detailed al	bove are t	rue a	ind correct.		
Signature of Claimant Date								