

BERT Funeral Claim Form

Please return this completed form to your Union:

CFMEU QLD/NT Branch

Email: qntqueries@cfmeu.org.au | **Fax:** 07 3231 4699

Post: 16 Campbell Street, BOWEN HILLS QLD 4006

PLUMBERS UNION QLD/NT

Email: office@plumbersunionqld.com | **Fax:** 07 3844 8233

Post: PO Box 3596, SOUTH BRISBANE QLD 4101



CFMEU
QLD/NT



MEMBER DETAILS

Surname	<input type="text"/>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms										
Given names	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Street address	<input type="text"/>														
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Union	<input type="checkbox"/> CFMEU	<input type="checkbox"/> Plumbers Union QLD / NT	Union No. (if known)							<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BERT member number (if known)	<input type="text"/>														
Current employer	<input type="text"/>														

DETAILS OF THE DECEASED

Surname	<input type="text"/>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms				
Given names	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	<input type="text"/>								
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of death	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Member	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Defacto	<input type="checkbox"/> Child	<input type="checkbox"/> Dependant Child				

PLEASE NOTE – IMPORTANT

1. FUNERAL Benefit Amount

The amount payable for the Funeral Benefit is \$12,000.

2. BERT Fund account Balance

If the Deceased was a member in the BERT Redundancy Fund there may be unclaimed Employer contributions that have been paid into the Member's account. These can be paid out as a death claim to the Member's beneficiaries.

3. BERT Fund Child Care Claim

If the Deceased was the Spouse/Defacto partner of the Union Member, and there are children under the age of 13 years from the relationship, then a claim can be lodged for the child care (minding) benefit. Conditions Apply.

If you require assistance please call the BERT Office on 1300 261 114

DETAILS OF THE PERSON CLAIMING the FUNERAL BENEFIT

Surname	<input type="text"/>													
Given names	<input type="text"/>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms									
Street address	<input type="text"/>													
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Telephone	Work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>													
Relationship to the Deceased	<input type="text"/>													



If you require assistance please call your Union Office

CFMEU – PH: 07 3231 4600

Plumbers Union QLD/NT Toll Free: 1800 653 118 Ph: 07 3844 8433

Please turn over for document requirements and declaration



Date Effective: May 2022

DOCUMENTS REQUIRED

- A completed BERT Funeral Benefit Claim Form
- A JP certified copy of the Death Certificate and Birth Certificate of the Deceased
- A copy of Funeral Expenses
- If a Defacto relationship, further documentary evidence of the relationship may be required (please contact your Union office for further details)

PAYMENT DETAILS

In an effort to make the process as quick as possible your Union may be able to arrange payment via a direct deposit into your bank account. Alternatively a cheque will be issued and posted to you.

For a Direct Deposit please provide the below details:

Name of Bank BSB Number -
Account Name Account Number -

CLAIMANT'S DECLARATION

I declare that to the best of my knowledge all information given in this form is true and correct.
I further declare that I am the correct and appropriate person to claim the Funeral Benefit.

Completed By (print name)

Signature of Claimant

Date
on

Declared at

Before me* (print name)

Signature of Authorised Witness

Title

*To be witnessed by a Magistrate, Justice of the Peace, Commissioner for Declarations, person for whom a Statutory Declaration may be made under the law of the state in which a declaration is made (e.g Police Officer; Pharmacist or Solicitor)

UNION OFFICE DECLARATION

I declare that the particulars given above are true and correct; and
That the deceased named above is eligible for the BERT Fund Funeral Benefit; and
The Member named above was a current financial member as at the date of death and
That the amount payable for the Funeral Benefit represents the full and final payment under this benefit and discharges any further liability.

Completed By (print name) of CFMEU / Plumbers Union QLD/NT

Signature of Union representative

Date
on

Declared at

Witnessed By (print name)

Signature of Witness

Date