The Fire Brigades Union

Accident and Injury Fund
Claim for Death of Dependant Benefit

Bradley House, 68 Coombe Road, Kingston Upon Thames, Surrey, KT2 7AE
Tel: 020 8541 1765 Fax: 020 8546 5187

In all cases where claims for Death Benefit are made under Rule 30 (5) (e) , it is the responsibility of Branch Officials to ensure that this claim form is completed and forwarded to Head Office with the minimum of delay.

The claim form must have attached a copy of the Death Certificate.

Where a death certificate is not immediately available, submission of the claim form must not be held up; attention is directed to **Rule 30 (4) (c)**.

Please complete ALL sections in BLOCK CAPITALS.

Section 1 – General Information

Membership No: ☐☐☐☐☐☐

Brigade: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Forename(s): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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Postcode: ☐☐☐☐ ☐☐☐

Telephone No: ☐☐☐☐☐☐☐☐☐☐☐

Section 2 – Further information

Name of dependant: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Dependant status: Wife ☐ Husband ☐ Partner ☐ Child ☐

Date of birth: Day ☐☐ Month ☐☐ Year ☐☐☐☐

Date of death: Day ☐☐ Month ☐☐ Year ☐☐☐☐

Cause of death:

Sections 3 and 4, overleaf, must be completed in all cases

Section 3 – Declaration

I confirm that this claim meets the criterion required under the rules of the Fire Brigades Union in accordance with Rule 30 (5) (e)

Members Signature: **Date:** ☐☐☐☐☐☐☐☐

Section 4 – Branch Endorsement

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Title/Position: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature: **Date:** ☐☐☐☐☐☐☐☐

The branch of which the above claimant is a member is satisfied that this is a genuine claim and submitted within the rules and policies of the Fire brigades Union. Attention is directed to Rule 30 (5) (e)

Section 5 – Head Office Authorisation

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature: **Date:** ☐☐☐☐☐☐☐☐