The Fire Brigades Union

Accident and Injury Fund
Claim for Death Benefit of Member

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) (c) , it is the responsibility of the 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) (d).

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

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

Cause of death:

Number and ages of dependant children; this should include children with disabilities or children over the age of 18 if in full time education.

Number: ☐☐ Ages: ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

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

Section 3 – To whom should the cheque be sent:

Union Official: ☐

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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Direct to nominee: ☐

Section 4 – Branch Endorsement

Name…… ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Title/Position…. ……..

Signature……... ……. **Date** …….

Section 5 – Head Office Authorisation

Name……... ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature…….... ……. **Date** …….