



FIJI PUBLIC SERVICE ASSOCIATION

Death Benefit Claim Form

Death of a Member's Parents (single members only)

1. Name of Member:
2. EDP/FNPF No:..... 3.Ministry/Department:
4. Station..... 5. Postal Address.....
6. Residential Address (including Phone No.)
7. Date joined service: 8.Date joined union:.....
9. Name of the Deceased:.....
10. Date of Death: 11. Place of Death:

12. **Bank Acct Details:** (a) Bank Acct Name:.....
- (b) Bank:..... (c) Bank Acct No:.....

13. I have attached the *original/certified true copy of the death and my birth certificate* and a *Statutory Declaration to confirm that I am a not married and do not have children*. I declare that the particulars given above are true and correct.

.....
(Signature of Member)

.....
(Date)

For Official Use Only

13. Is claimant member of FPSA continuously for the immediate twelve (12) months preceding date of death claim: YES/NO
14. If answer to 13 above is NO then how long was claimant continuous member of FPSA? State month and year from which membership began:
.....
.....
15. Does Claimant Qualify for payment? YES/NO

I certify that I have personally checked and entered the particulars at 1-12 above and that the claimant is entitled to the payment of death benefit as claimed.

.....
(Date)

.....
(Designation)

.....
(Signature)