



FIJI PUBLIC SERVICE ASSOCIATION

Death Benefit Claim Form

Death of a Member's Child

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 Deceased :.....
10. Date of Death: 11. Place of Death:

12. I have attached the original/certified true copy of death certificate and birth certificate. 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 13-15 above and that the claimant is entitled to the payment of death benefit as claimed.

.....
(Date)

.....
(Designation)

.....
(Signature)