



## FIJI PUBLIC SERVICE ASSOCIATION

### Death Benefit Claim Form

### Death of a Member's Spouse

1. Name of Member:.....
2. EDP/FNPF No:..... 3.Ministry/Department: .....
4. Station..... 5.Postal Address:.....
5. 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. **Bank Acct Details** : Bank Acct Name (a)\_\_\_\_\_

(b) Bank \_\_\_\_\_ (c) Bank Acct Number: \_\_\_\_\_

13. I have attached the original/certified true copy of death and marriage 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)