



NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA

FUNERAL BENEFIT CLAIM FORM

Please read the instructions on the reverse of this page before completing the Claim Form

[A] Details about the deceased

SURNAME FIRST NAMES
 ID No TITLE(Dr/Prof/Mr/Mrs/Ms
 MEMBERSHIP/PERSAL NUMBER

Tick one of the boxes

Member of NAPTOSA Associate of NAPTOSA Member of Staff

School/Campus/Office (for members and staff)

Name of Institution/Office Province

Other Information – Please tick one box

Married Never Married Divorced Widow/Widower

[B] Details about the Claimant

SURNAME FIRST NAMES TITLE
 ID NO
 ADDRESS CODE
 TEL NO. CELL NO. FAX NO.

[C] Bank Details of Account Holder (account must be in the name of the person making the claim)

Name of Bank	Name on the Account	Type of Account
Branch Name	Branch Code	Account Number

Certification of Account details by Bank

Surname of Bank Official Initials

Signature of Bank Official

Official Date Stamp of Bank

[D] Relationship to Deceased Member/Associate/Staff member

Please indicate your connection with the deceased member/Associate/staff member.

Wife/Husband of Deceased Parent of Deceased Daughter/Son of Deceased Sister/Brother of Deceased Other

(i) Indicate clearly the reason(s) why the claimant is entitled to receive the Benefit. Use a separate sheet if necessary.

(ii) If "Other" was selected, provide further details of the relationship to the deceased member of NAPTOSA and additional motivation for the claim. A separate letter may be attached to this claim.

SIGNATURE OF PERSON CLAIMING BENEFIT

DATE

[E] Identification of Person Claiming Funeral benefit

I confirm that the person whose signature appears above has identified him/herself before me on this day _____ of _____ 20__

Signature and stamp of Commissioner of Oaths

CLEAR E-MAILS WILL BE ACCEPTED OR ORIGINAL HAND DELIVERED DOCUMENTS ONLY. ALL DOCUMENTS CERTIFIED.

Ensure that you read and complete and submit all the necessary documentation for prompt payment. Instructions for completion of this form (ANNEXURE A)

- 1 This form must be completed by the person who has a legitimate claim to the Funeral Benefit provided by NAPTOSA on the death of a member, a qualifying Associate or member of staff.
- 2 **Use black ink** to complete the form
- 3 Do not alter, erase or in any other way alter information entered on the form.
- 4 The following forms must accompany the Claim Form.
- 5 **The Claim will be paid once the NAPTOSA Provincial Office has received the originals/original certifications of the Claim Form and the required documents. The Claim Form and documentation, which must be originally certified documents, must be submitted to the Gauteng Office (46 Restanwold, Saxonwold, 2132) or at**

At the moment because it is lockdown you can e-mail all relevant documents. adris@naptosa.org.za

All documents **must be certified not older than 3 months ago**. Annexure A attached for you **must have bank stamp** and please note at the bottom **Section E must be completed by commissioner of oaths.**

The important thing to note is that **all documentation must have the original certifications.** Emails must be **very clear copies and big, easy to read details.** Also an **ID card must be copied both front and back.**

You have **6 months to claim from the date of death**, thereafter funeral claim lapses.

- I. A certified copy of the **Identity Document of the deceased member/Associate/staff member;**
- II. A certified copy of the **Death Certificate;**
- III. A certified copy of the **Identity Document of the person to whom the claim must be paid;**
- IV. A certified copy of a **Marriage Certificate** if the person claiming the funeral benefit is the spouse of the deceased;
- V. If divorced, a certified copy of **divorce decree;**
- VI. A certified copy of a **recent Salary Advice Notice** (no more than two months prior to the death of the member) indicating the deduction of NAPTOSA subscription;
- VII. A certified copy of a Certificate issued by a Magistrate's Court - **Letter of Authority**
- VIII. In the case of Death classified as UNNATURAL e.g. death in a motor accident where a case is opened the **case number and the name and contact details of the police station where** the event was reported must be supplied on a separate sheet of paper **signed and stamped by a police official.** A **police report** should accompany your claim.
- IX. **Bottom section marked [E] write name of Commissioner of Oaths and then to be signed and stamped by a Commissioner of Oath.** (Principal can do this).
- X. Bank section – must be the claimants details and has to be **stamped and signed by a bank official.**
- XI. **Affidavit Police** – Claimant: Iwish to affirm that I am the son/daughter/husband/wife etc ofI will be responsible for the funeral arrangements. I will be the only family member claiming. Your ID number.....

For queries please contact Adri Ueckermann on 011 486-1256 or e-mail: adris@naptosa.org.za