

CHILD CARE APPLICATION FORM

PLEASE COMPLETE THIS FORM IN FULL AND RETURN TO:

BERT Pty Ltd
PO Box 805
Level 1, 35 Astor Terrace, Spring Hill QLD 4004
Phone: 1300 261 114



IMPORTANT: Every questions must be answered fully. Incomplete answers and vague information will delay processing of your claim. If space is insufficient to provide information, please attach additional sheets. Your claim cannot be processed until all sections of the form is completed in FULL

INSTRUCTIONS

1. This form is to be completed once a family funeral benefit has been paid and accepted.
2. **Attach all relevant documents to Form i.e. child(ren) birth certificates, Medicare card, marriage certificate and any other related documents.**
3. If you need help completing this form, please call our office for assistance.

OFFICE USE ONLY

CLAIM NUMBER

SECTION A – MEMBER DETAILS

BLF ☒

CFMEU ☒

CEPU ☒

Member No.

Surname (If you have recently changed your surname, please forward evidence of that change i.e. certified copy of your Marriage Certificate)

Mr Ms Miss Mrs

Given names

Date of birth

Street address

Suburb

State

Postcode

Phone (Home)

Work

Mobile

Email address (optional)

Relationship to deceased partner

Wife ☒

Husband ☒

Defacto ☒

FOLLOWING DOCUMENTATION WILL BE REQUIRED:

- **Wife or husband:** copy of marriage certificate, copy of home account (gas, electricity, phone) both names must be noted.
- **Defacto:** proof that you have been living together for no less than three (3) months. Joint accounts, such as gas, electricity, phone must be supplied.

SECTION B – DEPENDANT CHILDREN

(List children between the ages of 0 - 13 only and attach a copy of birth certificate for each child and copy of Medicare card)

FIRST CHILD: Surname

FIRST CHILD: Given names

Date of birth

FIRST CHILD: DETAILS OF SCHOOL WHERE 'BEFORE AND AFTER SCHOOL' CARE IS UTILISED OR CHILD CARE CENTRE

Name of Centre

Address

State

Postcode

Phone

Email address (optional)

Contact person

SECOND CHILD: Surname

SECOND CHILD: Given names

Date of birth

SECOND CHILD: DETAILS OF SCHOOL WHERE 'BEFORE AND AFTER SCHOOL' CARE IS UTILISED OR CHILD CARE CENTRE

Name of Centre

Address

State

Postcode

Phone

Email address (optional)

Contact person

