

ACCIDENT AND INJURY FUND CLAIM FOR DEATH OF DEPENDANT BENEFIT



Please complete this form and return it to Membership Department, Fire Brigades Union, Bradley House, 68 Coombe Road, Kingston-Upon-Thames, Surrey KT2 7AE membership@fbu.org.uk

Please use BLOCK CAPITALS where appropriate.

In all cases where claims for Death of Dependant Benefit are made under Rule F2(5)(v), it is the responsibility of the Brigade Officials to ensure that this claim form is completed and forwarded to head office with the minimum of delay.

The claim form must have attached a copy of the Death Certificate.

Where a death certificate is not immediately available, submission of the claim form must not be held up; attention is directed to Rule F2(4)(iii).

This form should be completed, printed off, signed as required returned to Head Office.

SECTION ONE – GENERAL INFORMATION

Membership No	<input type="text"/>
FRS/Brigade	<input type="text"/>
Station/Workplace	<input type="text"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Home number	<input type="text"/>
Mobile number	<input type="text"/>
Personal email	<input type="text"/>

SECTION TWO – FURTHER INFORMATION

Name of dependant	<input type="text"/>														
Dependant status	Wife <input type="checkbox"/>	Husband <input type="checkbox"/>	Partner <input type="checkbox"/>	Child <input type="checkbox"/>											
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Death	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cause of Death	<input type="text"/>														

SECTIONS 3 AND 4 OVERLEAF MUST BE COMPLETED IN ALL CASES

SECTION THREE – BANK/BUILDING SOCIETY DETAILS FOR PAYMENT OF DEATH OF DEPENDANT BENEFIT

Bank/Building Society Name

Account Name

Account Number

Sort Code

SECTION FOUR – USING YOUR PERSONAL INFORMATION

The Fire Brigades Union uses the information you provide on this claim for death of dependant benefit to comply with our rule book and to provide you with the benefits and services of membership. We use the information to organise and carry out our activities as a trade union. For more information read the privacy statement for members www.fbu.org.uk/privacy

The Fire Brigades Union's data protection officer can be contacted at DPO@fbu.org.uk for further information or to raise any concerns.

I would like to receive:	Yes	No
Firefighter magazine This magazine gives you news and information that might affect you as a member. If you decide you do not want Firefighter magazine we will not send it to you. It will not affect your membership but you might find it more difficult to know what is going on.	<input type="checkbox"/>	<input type="checkbox"/>
Rollcall (electronic magazine) This is another way of getting news and information of interest to firefighters. If you decide you do not want Rollcall we will not send it to you. It will not affect your membership but you might find it more difficult to know what is going on.	<input type="checkbox"/>	<input type="checkbox"/>
Third party marketing Agreeing to third party marketing allows the Fire Brigades Union to provide your name and address to third parties who will mail you with information about products and services. If you decide that you do not want third party marketing information it will not affect your membership or activity within the Fire Brigades Union. You can tell us that you do not want to have any third party marketing at any time by contacting membership@fbu.org.uk and we will make sure that you are not sent further marketing material.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION FIVE

I confirm that this claim meets the criterion required under the rules of the Fire Brigades Union in accordance with Rule F2(5)(v).

Signature 

Date

SECTION SIX – ENDORSEMENT (BRIGADE OFFICIAL OR HIGHER)

Name

Title/Position

Contact Phone No

Signature

Date

The branch of which the above claimant is a member is satisfied that this is a genuine claim and submitted within the rules and policies of the Fire Brigades Union. Attention is directed to Rule F2(5)(v).

SECTION SEVEN – HEAD OFFICE AUTHORISATION

Name

Signature

Date