ACCIDENT AND INJURY FUND
CLAIM FOR DEATH OF MEMBER 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 Member Benefit are made under Rule F2(5)(iii), 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 F2(4)(iv).

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

SECTION ONE – MEMBER'S DETAILS

Membership No

FRS/Brigade

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Surname

Forename(s)

Address

Postcode

Date of Birth D D M M Y Y Y Y

SECTION TWO – FURTHER INFORMATION

Date of Death D D M M Y Y Y Y

Cause of Death

Number and ages of dependent children; this should include children with disabilities or children over the age of 18 if in full time education

Number

First Name **Age** **First Name** **Age**

First Name **Age** **First Name** **Age**

First Name **Age** **First Name** **Age**

SECTIONS 3 AND 4 OVERLEAF MUST BE COMPLETED IN ALL CASES

SECTION THREE – BANK/BUILDING SOCIETY DETAILS FOR PAYMENT OF DEATH OF MEMBER 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 member 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.

Signature ✗

Date D D M M Y Y Y Y

SECTION FIVE – ENDORSEMENT (BRIGADE OFFICIAL OR HIGHER)

Name

Title/Position

Contact Phone No

I am satisfied that this is a genuine claim, submitted according to the rules and policies of the Fire Brigades Union.

Signature

Date D D M M Y Y Y Y

SECTION SIX – HEAD OFFICE AUTHORISATION

Name

Signature

Date D D M M Y Y Y Y