

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 question 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

SECTION B – CONTINUED

THIRD CHILD: Surname

THIRD CHILD: Given names

Date of birth

THIRD 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

FORTH CHILD: Surname

FORTHCHILD: Given names

Date of birth

FORTH 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

SECTION C – EMPLOYMENT DETAILS (Please attach copy of pay slip)

Name of Company/trading name

Address

Suburb

State

Postcode

Phone (Home)

Work

Mobile

Contact person

Position

Date commenced employment

Are you still employed? Yes No

If NO, date when you ceased employment?

SECTION D – DECLARATION AND AUTHORISATION

I, (PRINT NAME)

hereby authorise the School or Child Care Centre which my children

attend to furnish BERT with information in respect to my children's School or Child Care he/she attends.

I also agree for BERT to supply details of my employer payments to assist with this claim. I declare that the Information I have provided on this form is to be the best of my knowledge and belief, true in every respect. I understand that supplying false or misleading information will result in my right to compensation being forfeited.

Signature

Date

