

BERT Natural Disaster Hardship Claim Form



Please return this completed form to:

Email: claims@bert.com.au | **SMS:** 0428 483 324 | **Post:** BERT, PO Box 805, SPRING HILL QLD 4004

Office: Level 1, 35 Astor Terrace, SPRING HILL QLD 4000

MEMBER DETAILS

Surname	<input type="text"/>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms						
Given names	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street address	<input type="text"/>										
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Telephone	Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>										
Union	<input type="checkbox"/> CFMEU	<input type="checkbox"/> Plumbers Union QLD / NT	Union No. (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

NATURAL DISASTER DETAILS

Natural Disaster

HARDSHIP SUFFERED

Please provide details of the hardship suffered and the financial loss / costs incurred.

Hardship Suffered	Cost Incurred	Evidence Supplied
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>

Evidence of financial loss and hardship suffered must be provided.

Claims will be assessed on the proven hardship and financial loss up to a maximum of \$5,000.

PAYMENT DETAILS

Electronic Funds Transfer (EFT) is the quickest and most effective way to receive your benefit.

1. Please indicate your preferred method of payment for your claim:

EFT Cheque (All cheques will be sent to your above address)

To receive payment via EFT, we require a copy of your bank statement which clearly displays the following:

Name of Bank BSB Number -
Account Holder Name Account Number

Please note: If details provided are incomplete, insufficient, illegible or incorrect a cheque will be issued.

DECLARATION

I authorise my benefit to be paid as instructed on this form.

I declare that to the best of my knowledge all information given on this form is true and correct.

Member to sign here

X

Date

If you require assistance please call BERT on 1300 261 114. Or email us at claims@bert.com.au

Or Contact your Union Office

CFMEU – PH: 07 3231 4600

Plumbers Union QLD/NT Ph: 07 3844 8433

Date Effective: August 2024