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

Surname Given names Street address Suburb State Postcode State Postcode Mobile Mobile	MEMBER DE	TAILS		
Street address Suburb Telephone Home Mobile Telephone Home Mobile Telephone Home Mobile Union CFMEU Plumbers Union QLD / NT Union No. (If Known) NATURAL DISASTER DETAILS Please provide details of the hardship suffered and the financial loss / costs incurred. Hardship Suffered S S S 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 choques 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 — Maccount 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	Surname		Mr Mrs Miss Ms	
Suburb Telephone Home Mobile	Given names		Date of birth D D M M Y Y Y Y	
Telephone Home Mobile Email address Union CFMEU Plumbers Union QLD / NT Union No. (If known) NATURAL DISASTER DETAILS Natural Disaster HARDSHIP SUFFERED Please provide details of the hardship suffered and the financial loss / costs incurred. Hardship Suffered Cost Incurred S S S 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	Street address			
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🔽 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