

Application for MISA Benefit and Funeral Fund Deceased Dependant

Head Office Claims Department

205 MISA Centre
12 Fir Drive
Northcliff Ext. 2
2195
PO Box 1604
Northcliff
2115

Tel: 086 099 4147
Fax: (011) 388 2798
claims@ms.org.za

- **Subject to 4 (four) weeks' consecutive contributions at date of death**
- **Submit by way of e-mail, registered mail or by hand**
- **Only fully completed applications will be processed**
- **Making use of AVBOB (as a preferred service provider), funeral claims will be guaranteed subject to specified criteria**

Deceased's Details							
Surname	Gender						
Full Names							
ID Number	Date of Death						
Relationship to member	Did you make use of AVBOB as Service Provider?	YES	NO				
Details of Member							
MISA Membership No.	ID Number						
Surname	Full Names						
E-mail							
Cell Number	Tel. Number						
Bank Name	Acc No.						
Branch Code	Type Acc						
Member's Employer Details							
Company Name							
Tel	E-mail						
Compulsory Source Documentation							
<ul style="list-style-type: none"> • Certification must be by a Commissioner of Oaths and may <u>not be older than six months</u>. (To contain signatory's Signature; Full Names; Designation; Business Name; Business' Physical Address and/or Contact Details and Date.) • Affidavits must be signed in the presence of a Commissioner of Oaths and <u>should not be older than six months</u>. 							
1	Certified copy of member's ID.	2	Certified copy of deceased dependant's ID.				
3	Certified copy of Death Certificate	4	Stamped Bank Statement <u>or</u> Bank Confirmation Letter not older than three months				
5	<p>In the event of the death of a spouse/life partner, the following proof of relationship is required:</p> <ul style="list-style-type: none"> • Certified copy of Marriage Certificate. <p>In the absence of a Marriage Certificate, affidavits from the member and 2 of the deceased's family members stating that the member and the deceased were still <i>living together as common-law-spouses</i> at the time of death.</p> <p>One of the following certified source documents needs to be submitted alongside the 3 affidavits:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">• Lease Agreement; Joint property or household budget</td> <td style="width: 50%;">• Beneficiary on retirement fund</td> </tr> <tr> <td>• Dependant on medical aid scheme</td> <td>• Traditional Certificate/Lobola Letter</td> </tr> </table>			• Lease Agreement; Joint property or household budget	• Beneficiary on retirement fund	• Dependant on medical aid scheme	• Traditional Certificate/Lobola Letter
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6	<p>In the event of the death of a child, the following proof of parenthood is required:</p> <ul style="list-style-type: none"> • Certified unabridged birth certificate containing member's details. <p>In the absence of the member's details on the certificate, one of the following certified source documents are required alongside an affidavit from the member and 2 affidavits from non-direct family members stating parenthood.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">• Dependant on Medical Aid Scheme</td> <td style="width: 50%;">• Letter from religious institution</td> </tr> <tr> <td>• Letter from hospital</td> <td>• Paternity/Maternity test results</td> </tr> </table>			• Dependant on Medical Aid Scheme	• Letter from religious institution	• Letter from hospital	• Paternity/Maternity test results
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I solemnly declare that the particulars detailed above are true and correct.							
Signature of Claimant		Date					