

Application for Death and Funeral Benefit Deceased Dependant



MISA Head Office

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2195

PO Box 1604
Northcliff
2115

Contact us

Call Centre: 086 099 4147
Email: claims@misa.org.za
Fax: 011 388 2798

MEMBER TYPE

- MISA Member
 NUMSA Member (Voluntary Member)
 Non-Union (Voluntary Member)

APPLICATION MUST BE MADE WITHIN 26 WEEKS FROM DATE OF DEATH.

Claims may be **SCANNED**, **E-MAILED**, forwarded via **REGISTERED POST** or **HAND DELIVERED**.

Please take note that claims will only be processed upon receipt of all relevant documents in the required format.

Member's Details

Surname			
Full Names			
ID Number		Fax Number	
Cell Number		Alternate Number	
E-mail			
Physical Address			
		Postal code	
Postal Address			
		Postal code	

Banking Details

Bank Name		Account Number	
Branch code		Account Type	

Employer Details

Company Name			
Tel Number		Fax Number	
E-mail			
Physical Address			
		Postal code	
Postal Address			
		Postal code	

Deceased's Details

Surname		Gender	Male	Female
Full Names				
ID Number		Date of death		
Relation to member				

Source Documentation to be submitted with Claim Form

(The following copies MUST be certified by a COMMISSIONER OF OATHS of which the original certified copies needs to be submitted)

1. Identification page of your ID Document
2. Death Certificate
3. Identification page of the deceased's ID Document
4. Marriage Certificate and/or Traditional Marriage Certificate

(Copies of the following also needs to be Submitted)

5. Bank stamped proof of Banking Details

Name and Surname	Signature	Date
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FOR OFFICE USE

Date claim received		First Contribution date	
8 consecutive weeks' contributions received	YES	NO	Certified copy of 1. above
Claim received within 26 weeks after date of death	YES	NO	Certified copy of 2. above
Stamped proof of Bank Account	YES	NO	Certified copy of 3. above
Checks and balances carried out by:			Certified copy of 4. above
Name and Surname		Signature	
Claim	APPROVED	DECLINED	Approved amount for payment
			R10 000.00
Claim approved by:			
Name and Surname		Signature	
Reason if application is declined:			
Member notified of declined claim	Date :	By way of:	
Name and Surname	Signature	Date	