FUNERAL BENEFIT CLAIM

Please complete all applicable sections clearly. Boulevard Funerals will complete the administrative section.

Claim Reference No. _____	**Date Claim Submitted** _____	**Policy No.** _____
Plan ■ Bronze ■ Silver ■ Gold ■ Platinum ■ Other: _____	**Branch / Consultant** _____	**Claim Type** ■ Funeral Service ■ Cash Benefit ■ Other

1. DECEASED MEMBER / INSURED DETAILS

Full Name & Surname _____	**South African ID / Passport No.** _____
Date of Birth _____	**Date of Death** _____
Place of Death _____	**Cause of Death (if applicable)** _____
Policy Role / Relationship _____	**Residential Address** _____

2. CLAIMANT / MAIN MEMBER DETAILS

Claimant Full Name & Surname _____	**ID / Passport No.** _____
Relationship to Deceased _____	**Mobile / Telephone** _____
Email Address _____	**Residential Address** _____

3. CLAIM & FUNERAL INFORMATION

Funeral / Burial Date (if known) _____	**Funeral / Burial Location** _____
Funeral Contact Person _____	**Preferred Contact Number** _____
Additional Information / Special Instructions _____	**Has Boulevard Funerals been appointed to conduct the funeral?** ■ Yes ■ No _____

4. SUPPORTING DOCUMENTS

Attach the documents requested by Boulevard Funerals for this claim. Tick each item submitted.

■	Copy of deceased member's identification document	Notes: _____

☐	Copy of claimant / main member identification document	Notes: _____
☐	Death certificate / official proof of death	Notes: _____
☐	Burial order / relevant funeral documentation	Notes: _____
☐	Proof of relationship or other supporting document, if requested	Notes: _____
☐	Additional document: _____	Notes: _____

5. PAYMENT DETAILS — IF A CASH BENEFIT IS APPLICABLE

Complete this section only where Boulevard Funerals confirms that a cash benefit is payable. Benefit payment remains subject to the policy terms and claim assessment.

Account Holder Name _____	**Bank Name** _____
Account Number _____	**Branch Code** _____
Account Type _____	**Preferred Payment Method / Notes** _____

6. CLAIMANT DECLARATION

I declare that the information provided in this claim form is true and complete to the best of my knowledge. I understand that Boulevard Funerals may request supporting information before finalising the claim. I confirm that I am authorised to submit this claim and acknowledge that any benefit is subject to the applicable policy terms.

Claimant Signature _____	**Date** _____
Witness / Consultant Signature _____	**Date** _____

BOULEVARD FUNERALS — OFFICE USE ONLY

For internal processing and claim assessment

7. CLAIM RECEIPT & VERIFICATION

Claim Received By _____	**Date Received** _____
Policy Status _____	**Waiting Period / Eligibility Check** _____
Documents Verified By _____	**Verification Date** _____

8. CLAIM ASSESSMENT

Assessment	Outcome / Notes
■ Approved	_____
■ Pending Further Information	_____
■ Declined	_____
■ Funeral Service to be Conducted	_____
■ Cash Benefit Applicable	_____

9. BENEFIT / SERVICE AUTHORISATION

Approved Benefit / Service Value _____	**Authorised By** _____
Authorisation Date _____	**Payment / Service Reference** _____

Note: Boulevard Funerals states that where it will not conduct the funeral for a member, a small cash benefit may be paid directly to the main member, with the payout amount calculated based on the monthly premium of the policy.

10. FINAL PROCESSING

Processed By _____	**Processing Date** _____
Payment Date / Funeral Date _____	**Final Status / Notes** _____

BOULEVARD FUNERALS
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