



## National Fund for Municipal Workers Checklist – Funeral Benefit Payments

For internal use only

### 1. MEMBER INFORMATION

Name of employer																
Name and surname																
Membership number/s	C A T E G O R Y C								C A T E G O R Y A							
ID number																

### 2. DECEASED'S INFORMATION

Name and surname																
ID number																
Member join date	D	D	M	M	Y	Y	Y	Y								
Date of death	D	D	M	M	Y	Y	Y	Y								
Relation to member																

### 3. PROCESS REQUIREMENTS

No.	Activity / step	Confirmation by NFMW FAO & Kula Partners Specialist (Signatures)
3.1	<p><b><u>Dual membership</u></b></p> <p>In the event of dual membership, a second funeral cover benefits may be payable (bearing in mind the statutory limitations on funeral insurance applicable to minor children)</p> <p><input type="checkbox"/> Does the main member have dual membership? [Indicate Y or N]</p> <p><input type="checkbox"/> Is there a second funeral cover benefit payable? [Indicate Y or N]</p>	
3.2	<p><b><u>Forms submitted</u></b></p> <p>The following official forms were received and were appropriately completed and signed by the parties as indicated, including carrying the official employer stamp where applicable: [Indicate Y or N]</p> <p><input type="checkbox"/> A022</p> <p><input type="checkbox"/> A006 (Only in the event of a claim for a stillborn)</p> <p>The following qualifying conditions have been verified: [Indicate √ or X if not applicable]</p> <p><input type="checkbox"/> The member is still employed and below the age of 65 years at the date of the death event (employer confirmation attached)</p> <p><input type="checkbox"/> All contributions payable were paid / will be paid with the next contribution cycle (if the death occurred prior to the contributions due date (employer e-mail confirmation attached)</p> <p><input type="checkbox"/> All required documents as indicated on the A022 are attached</p> <p><input type="checkbox"/> The claim complies with all the stipulations of the funeral cover policy document and NFMW Fund Rules.</p> <p><input type="checkbox"/> Benefit amount applicable at date of death</p>	<p>R</p>



**3.3 Claim cut-off date**

Claims not received within 12 months after date of death must be referred to the Insurer for consideration as it may be repudiated by the insurer. (DO NOT PROCEED WITH PAYMENT WITHOUT THE INSURER'S WRITTEN CONSENT)

Date of receipt of claim:

Claim received within 12 months? [Indicate Y or N]

**3.4 Nomination for funeral benefit form [A016]**

☐ Is there a form A016 on file? [Indicate Y or N]

Submission date on the form

☐ Was the deceased in this claim listed as a beneficiary on the form? [Indicate Y or N]

**3.5 Life partner**

If the claim is for a life partner:

☐ Is there a form A012 (Application for the Registration of a Life Partner) on file? [Indicate Y or N]

Date of the form

☐ Is the person claimed for on form A022 the same person on form A012 [Indicate Y or N]

**4. SIGNATURES**

**4.1 NFMW Fund Administration Officer**

Name

I herewith confirm that I've followed the prescribed process and exercised the required checks and controls as prescribed.

Signature

Date

       

**4.2 NFMW Senior Fund Administration Officer / Team Leader**

Name

I herewith confirm that I've verified that the benefit amount is correct, and all documents comply with the necessary requirements.

Signature

Date



### 4.3 Kula Specialist

Name

- I herewith confirm that I have verified that the benefit amount (refer to the annual review letter) and banking details are correct
- By submitting this claim for payment, I herewith confirm that I am satisfied that the claim complies with the stipulations of the Funeral Cover policy document and Fund Rules.
- I have made the necessary arrangements to ensure that the claimant was assisted with repatriation if requested on the NFMW A022 form

**NB:** If, in the event of the death of the main member, the claim is not submitted by the surviving spouse OR in the event of a family dispute, Kula Partners must perform additional checks to verify that the claimant is indeed the person responsible to cover the burial cost before proceeding with the benefit payment.

Signature

Date

### 4.4 Kula Supervisor

Name

I herewith confirm that I've verified that the benefit amount is correct, and all documents comply with the necessary requirements.

Signature

Date

### 5.1 Final Claim Checks by NFMW Fund Administration Officer before closing the claim

- I herewith confirm that I've verified that the Funeral benefit has been paid correctly.
- I further confirm that I've verified that the claimant was assisted with repatriation (when requested on the NFMW A022 form)

Signature

Date