



After completing this form, please sign and return to:
**Southern Cross Health Society, Private Bag 3216, Waikato Mail Centre,
Hamilton 3240, Freepost Authority 158217**

Membership
number

--	--	--	--	--	--	--	--	--	--

If you have any questions please call toll free on **0800 800 181**. Calls to this number may be recorded.

This allowance is payable on the death of any current member under age 65 years at time of death, for causes other than accidental (provided the member's plan includes this allowance). Please complete the details below and, if applicable, provide copies of the requested documents.

Southern Cross Medical Care Society is collecting the requested information for the purpose of verifying and settling this claim. If you do not provide all the requested information we may not be able to process this claim. Under the Privacy Act 1993, all individuals have rights of access to, and correction of, their personal information held by us.

MEMBER DETAILS

Name of policyholder _____

Full name of deceased member _____ Date of death _____

Name of claimant _____ Contact phone

--	--	--	--	--	--	--	--	--	--

Claimant's address _____
Street number Street Suburb Town/city Postcode

Refund options (Tick one option only) If neither option is indicated, we will refund by cheque.

Option 1 Direct Credit to bank account

Option 2 By cheque

--	--	--	--	--	--	--	--

BANK BRANCH NUMBER

--	--	--	--	--	--	--	--

ACCOUNT NUMBER

--	--	--

SUFFIX

Claimant's relationship with the deceased member (Please tick the appropriate box)

Widow, widower, parent, child of deceased member

A person related by blood or marriage to the deceased member, who has undertaken to maintain the children (who are minors) of the deceased member (or any of them)

A beneficiary entitled to the estate of the deceased member under the will or on the intestacy of the deceased member

A person who has the custody and control of any of the children of the deceased member, who are minors

A person entitled to obtain administration of the estate of the deceased member

The executor or administrator of the deceased member's estate

Please attach copies of the following documents to this claim form as indicated

(a) In all cases – the Death Certificate of the deceased member.

(b) If applicable – the Coroner's report. If the cause of death recorded on the Death Certificate is "subject to Coroner's findings" we will require the Coroner's report relating to the death of the deceased member to be attached to this claim form.

(c) If applicable – the grant of probate or letters of administration. If you are the executor or administrator of the deceased member's estate we will require the grant of probate or letters of administration to be attached to this claim form.

DECLARATION

I am the claimant detailed above.

Delete Option A if you are the executor or administrator of the deceased member's estate. Otherwise delete Option B. If neither option is applicable, please call to discuss toll free on 0800 800 181.

Option A - I apply to receive the funeral allowance payable on the death of the deceased member. I declare that administration of the deceased member's estate has not been obtained in New Zealand. I understand that under the Administration Act 1969, I am liable to pay the funeral benefit in the administration of the deceased member's estate and accordingly, undertake to Southern Cross that the funeral benefit will be so applied.

OR

Option B - I declare that I am the executor or administrator of the deceased member's estate and accordingly, I am entitled to claim the funeral benefit payable on the death of the deceased member.

Claimant's signature _____ Date ____/____/____