

**DOCUMENTS REQUIRED FOR A FUNERAL CLAIM**

<u>MEMBER</u>	<u>SPOUSE</u>	<u>CHILD/STILLBORN/MISCARRIAGE</u>
<ul style="list-style-type: none"> <li>• DEATH CLAIM FORM</li> <li>• CERTIFIED ID OF MEMBER</li> <li>• CERTIFIED ID OF SPOUSE</li> <li>• CERTIFIED ID OF CLAIMANT</li> <li>• CERTIFIED MARRIAGE CERTIFICATE</li> <li>• IF THE MARRIAGE WAS TRADITIONAL, WE REQUIRE <b>TWO ADDITIONAL AFFIDAVITS</b> FROM <b>BOTH</b> FAMILIES STATING THEY WERE MARRIED TRADITIONALLY AND ID COPIES OF DEPONENTS</li> <li>• CERTIFIED DEATH CERTIFICATE</li> <li>• AFFIDAVIT FROM THE BENEFICIARY STATING THE RELATIONSHIP TO THE DECEASED</li> <li>• IF MEMBER WAS NOT BORN IN SA WE REQUIRE A CERTIFIED PASSPORT COPY</li> <li>• (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) <b>BI 1663</b> FROM HOSPITAL OR UNDERTAKER</li> <li>• PAYSリップ</li> <li>• <b>STAFF LIST WITH EMPLOYEES NAMES AND ID NUMBERS</b></li> <li>• BENEFICIARY BANK STATEMENT REFLECTING <b>ACCOUNT NUMBER (NOT OLDER THAN 3 MONTHS)</b></li> </ul>	<ul style="list-style-type: none"> <li>• DEATH CLAIM FORM</li> <li>• CERTIFIED ID OF MEMBER</li> <li>• CERTIFIED ID OF DECEASED</li> <li>• CERTIFIED MARRIAGE CERTIFICATE</li> <li>• IF THE MARRIAGE WAS TRADITIONAL, WE REQUIRE <b>TWO ADDITIONAL AFFIDAVITS</b> AND CERTIFIED ID COPIES FROM <b>BOTH</b> THE FAMILIES STATING THEY WERE MARRIED TRADITIONALLY</li> <li>• CERTIFIED DEATH CERTIFICATE</li> <li>• AFFIDAVIT FROM THE MEMBER STATING THE RELATIONSHIP TO THE DECEASED</li> <li>• IF MEMBER/ DECEASED IS NOT BORN IN SA WE REQUIRE A CERTIFIED PASSPORT COPY</li> <li>• (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) <b>BI 1663</b> FROM HOSPITAL OR UNDERTAKER</li> <li>• PAYSリップ OF MEMBER</li> <li>• STAFF LIST WITH EMPLOYEES NAME AND ID NUMBERS</li> <li>• BENEFICIARY BANK STATEMENT REFLECTING <b>ACCOUNT NUMBER (NOT OLDER THAN 3 MONTHS)</b></li> </ul>	<ul style="list-style-type: none"> <li>• CERTIFIED COPY OF <b>BI 20</b> (ABRIDGED DEATH CERTIFICATE)</li> <li>• DEATH CERTIFICATE</li> <li>• CERTIFIED COPY OF BIRTH CERTIFICATE</li> <li>• CERTIFIED ID COPIES OF <b>BOTH</b> THE PARENTS</li> <li>• AFFIDAVIT FROM BOTH THE PARENTS STATING THAT THEY ARE THE BIOLOGICAL PARENTS OF THE DECEASED</li> <li>• (NOTIFICATION/REGISTER OF DEATH/STILLBIRTH) <b>BI 1663</b> FROM HOSPITAL OR UNDERTAKER</li> <li>• 3<sup>RD</sup> PARTY AFFIDAVIT OF A PERSON NOT LIVING WITH THEM.</li> <li>• PAYSリップ</li> <li>• STAFF LIST WITH EMPLOYEES NAME AND ID NUMBERS REFLECTING BENEFICIARY BANK STATEMENT REFLECTING <b>ACCOUNT NUMBER (NOT OLDER THAN 3 MONTHS)</b></li> <li>• LETTER FROM DOCTOR STATING HOW FAR THE PERSON WAS PREGNANT</li> </ul>

**PLEASE NOTE THAT THE FUNERAL CLAIM FORMS MUST BE SIGNED BY THE EMPLOYER. PLEASE REFER TO AFFIDAVITS – ONLY THE RELEVANT ONES TO BE COMPLETED.**

**PLEASE NOTE THAT THESE REQUIREMENTS ARE IN THE FIRST INSTANCE ONLY – MOMENTUM RESERVES THE RIGHT TO CALL FOR ANY ADDITIONAL DOCUMENTS/REQUIREMENTS.**