



SPOUSE FUNERAL BENEFIT CLAIM FORM

PRINCIPAL MEMBER DETAILS

Name: _____

M/No.: _____ ID/No.: _____ PF/No.: _____

Mobile No.: _____

P/Station: _____ Formation: _____

AUTHORIZED EMPLOYER REPRESENTATIVE (OCS, OCPD, OC, CO, HR)

Name: _____ Mobile No: _____

DECEASED SPOUSE DETAILS

Name: _____ ID/No: _____

Date Of Death ____/____/____

I am the s pouse to the above mentioned deceased person. I kindly request to be paid the spouse funeral benefit.
I declare that the information i have given is true, and i shall be legally held liable in the event the same is found
to be untrue.

N/B

*Claim should be made within 6 months of the demise

Signature: _____ Date: ____/____/____