

TRAVEL PROTECTION CLAIM FORM

To be completed by the Executor or Next of Kin.

Please:

- **PRINT** clearly in black pen keeping within the allocated area
- Mark any boxes with an 'X' where applicable
- Call Client Services on **1800 804 731** if you have any questions

1. PARTICULARS OF DECEASED

Full name:	<input type="text"/>
Usual place of residence:	<input type="text"/>
Place of death:	<input type="text"/>
Travel Protection Certificate No.:	<input type="text"/>

2. PARTICULARS OF FUNERAL DIRECTOR

Specified funeral director:	<input type="text"/>		
Address of funeral home:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>

3. STATUTORY DECLARATION BY CLAIMANT

I, <input type="text"/>	of <input type="text"/>
(insert full name of person making declaration)	(insert full address)

in the Commonwealth of Australia DO SOLEMNLY AND SINCERELY DECLARE as follows:

1. I am the of the Deceased and am able to properly make this Declaration from my personal knowledge.
(insert relationship to Deceased, eg Executor, spouse/child or other)
2. The Deceased's usual place of residence was within 70 kilometres of the Funeral Home of the specified Funeral Director.
3. I direct that payment of the claim* be made as follows (please tick and complete appropriate selection):

<input checked="" type="checkbox"/>	The amount of \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> be paid direct to <input type="text"/> (insert name of funeral director)
<input checked="" type="checkbox"/>	The full amount be paid to the Estate of the Deceased in order to meet the costs of the travel expenses evidenced by the attached receipts.

☒ The amount of \$ be paid direct to as reimbursement for expenses met by him/her evidenced by the **attached receipts**.

*The Travel Protection Plan covers eligible costs incurred to a maximum \$3,200.

AND I make this solemn declaration conscientiously believing the same to be true, and by virtue of the law of the relevant State or Territory and subject to punishment by law for any wilful false statement in any such Declaration.

Declared on / / (date)

Signature of person making declaration

Before me:

(Justice of the Peace or person authorised to take Statutory Declarations in your State).

(Justice of the Peace registration number - if applicable)

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS CLAIM FORM

- ☒ 1. Copy of the Death Certificate or Medical Examiner's Certificate
- ☒ 2. Evidence of the cost of the travel services supplied for the Deceased e.g. invoice or receipt

Return your completed form to Funeral Plan Management Pty Ltd via:

Email: funeralplans@australianunity.com.au
Post: GPO Box 4397, Melbourne VIC 3001

ADDRESS: GPO Box 4397, Melbourne VIC 3001
TELEPHONE: 1800 804 731 (freecall)
EMAIL: funeralplans@australianunity.com.au
WEBSITE: australianunity.com.au/funeral-plan-bond

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