

Funeral Benefit Claim Form

DETAILS OF THE DECEASED PERSON

Asbestos Compensation Commissioner Claim Number (if known)	
Name of Deceased Person	
Date of birth	
Address at the time of death	
Date of death	

Note: Please attach copy of the Medical Death Certificate (available from the Funeral Director) or a copy of the Death Certificate issued by the Registry of Births, Deaths and Marriages.

EXECUTOR/RIX

Name and address of the executor/rix of the estate	Name	
	Address	
	Telephone	

FUNERAL DIRECTOR

Name of Funeral Director			
Address			
Contact Details	Telephone		Fax Number
Name of contact person			

PAYMENT DETAILS

Have the funeral expenses been paid?	<input type="radio"/> YES Please attach receipt and itemised tax invoice. <input type="radio"/> NO Please attach itemised tax invoice.		
Name and address of person who paid the funeral expenses:	Name		
	Address		
	Telephone		
Were the funeral expenses paid from the estate?	<input type="radio"/> YES <input type="radio"/> NO (please tick)		
Was a portion of the funeral expenses paid via a Funeral Plan?	<input type="radio"/> YES <input type="radio"/> NO (please tick)		
If Yes, please provide details including the amount(s) and the contact details of the Funeral Plan			

CLAIMANT DETAILS

Signature of claimant	
Name of claimant	
Date	

DISCLOSING AND SHARING INFORMATION

The Asbestos Compensation Commissioner needs to collect personal information for the purpose of determining and managing this compensation claim and to assist in the performance of its functions and exercise of its powers under the *Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011* (the Act).

In the course of managing this claim, the Asbestos Compensation Commissioner may need to disclose information to the following third parties:

- any health professional
- hospital or other health institutions
- vocational and functional assessor
- employment agencies
- legal advisers
- persons engaged by the Asbestos Compensation Commissioner to conduct research related activities
- any relevant third party (or insurer) considered by the Asbestos Compensation Commissioner to have contributed to the disease
- any other person assisting the Asbestos Compensation Commissioner in the performance of its functions or exercise of its powers.

In the course of managing this claim, the Asbestos Compensation Commissioner and the above specified parties may have occasion to collect personal information from, and disclose records containing personal information to, one another.

Send the completed form together with a copy of the Death Certificate, itemised tax invoice and any receipts by post to:



The Asbestos Compensation Commissioner
PO Box 56
ROSNY PARK TAS 7018

OFFICE USE ONLY

Actioned _____ Initials _____ Date _____