Employer-Provided Burial Benefit Claim Form

Deceased Employee Information
Full Name
Employee ID
Date of Birth
Date of Death
Department/Position
Claimant Information
Claimant Full Name
CHARTIET UNITYOFFICE
Relationship to Deceased
Telationship to Deceased
Contact Number
Contact Namber
Contact Address
Contact Addices
Required Documents
Death Certificate (Attach Copy)
Death Continued (MacAil Copy)
Proof of Relationship (Attach Copy)
(mash sopj)
Other Relevant Documents
Culti Nolovani Bodanichie
Declaration
Declaration
I hereby certify that the information provided is true and complete to the best of my knowledge. Claimant Signature
Date