

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

Relationship to Deceased

Contact Number

Contact Address

Required Documents

Death Certificate (Attach Copy)

Proof of Relationship (Attach Copy)

Other Relevant Documents

Declaration

I hereby certify that the information provided is true and complete to the best of my knowledge.

Claimant Signature

Date

