

BERT Child Care Claim Form



CFMEU
QLD/NT



Please return this completed form to:

Email: claims@bert.com.au | **SMS:** 0428 483 324 | **Post:** BERT, PO Box 805, SPRING HILL QLD 4004

Office: Level 1, 35 Astor Terrace, SPRING HILL QLD 4000

The BERT Child Care Benefit provides funding for the care of those children aged between 0-13 years of age who are the dependants of a member in the event of the death of a members spouse or defacto. The benefit is payable directly to the Child Care Facility or Before/After School Provider

DEFACTO MEANS: A partner with whom the Member has cohabited with for a period of no less than three (3) consecutive months prior to the death occurring. Proof must be supplied in the form of utility bills showing both the member's and defacto's name.

DEPENDANT MEANS: Whether the children are from a previous marriage of the member or from a previous marriage of the Spouse / Defacto, the children must be dependants (financially dependant) of the member and residing permanently at the same address as the member.

INSTRUCTIONS The form was be completed in full. Incomplete and vague information will delay the assessment of the claim.
The member will need to provide proof of the relationship with the Deceased

MEMBER DETAILS

| | | | | | | | | | | | | | | | | | | |
|---|---------------------------------|----------------------------------|---|-------------------------------|-----------------------------|----------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Surname | <input type="text"/> | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | | | | | | | | | | | | | |
| Given names | <input type="text"/> | Date of birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | |
| Street address | <input type="text"/> | | | | | | | | | | | | | | | | | |
| Suburb | <input type="text"/> | State | <input type="text"/> | <input type="text"/> | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | |
| Postal address (Write 'AS ABOVE' if same as Street address) | <input type="text"/> | | | | | | | | | | | | | | | | | |
| Suburb | <input type="text"/> | State | <input type="text"/> | <input type="text"/> | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | |
| Telephone | Home | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Mobile | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | |
| Email address | <input type="text"/> | | | | | | | | | | | | | | | | | |
| BERT Member No. (if known) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Union | CFMEU | <input type="checkbox"/> | CEPU | <input type="checkbox"/> | Union No. (if known) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship to Deceased | <input type="checkbox"/> Spouse | <input type="checkbox"/> Defacto | (NOTE: For Defacto proof of relationship will be required - see Checklist on last page) | | | | | | | | | | | | | | | |

DEPENDANT DETAILS (LIST CHILDREN BETWEEN THE AGE OF 0 - 13, AND PROVIDE A COPY OF THE BIRTH CERTIFICATE FOR EACH CHILD)

CHILD 1

| | | | | | | | | | |
|--|----------------------|---------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Name | <input type="text"/> | Date of birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Child Care Facility / Before & After School Care Provider Name | <input type="text"/> | | | | | | | | |
| Street Address | <input type="text"/> | | | | | | | | |
| Suburb | <input type="text"/> | State | <input type="text"/> | <input type="text"/> | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Contact Name | <input type="text"/> | Phone | <input type="text"/> | | | | | | |
| Email address | <input type="text"/> | | | | | | | | |

CHILD 2

| | | | | | | | | | |
|--|----------------------|---------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Name | <input type="text"/> | Date of birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Child Care Facility / Before & After School Care Provider Name | <input type="text"/> | | | | | | | | |
| Street Address | <input type="text"/> | | | | | | | | |
| Suburb | <input type="text"/> | State | <input type="text"/> | <input type="text"/> | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Contact Name | <input type="text"/> | Phone | <input type="text"/> | | | | | | |
| Email address | <input type="text"/> | | | | | | | | |

MEMBER DECLARATION & AUTHORISATION

I hereby authorise my union to supply BERT with details of my union payments to assist with eligibility to claim.

I hereby authorise any Child Care Facility or Before & After School Care provider which my children attend, or any person relevant, to supply BERT with any information including information in respect to my child's before and after school care or child care. I agree that a photocopy of this authorisation form shall be considered as effective and valid as the original.

I also declare that the information provided on this form is to the best of my knowledge and believe to be true in every aspect. I understand that supplying false or misleading information will result in my right to compensation being forfeited.

Signature of Member

X

Date

CHECKLIST

Before sending your form into the BERT Office please ensure you have read and checked the below requirements for your Claim

Have you received your BERT Funeral Benefit for your Spouse / Defacto

Have you completed and signed the Child Care Claim Form

Have you provided proof of relationship with the Deceased

- Marriage certificate; or
- If Defacto, proof that you had been living together no less than 3 consecutive months (i.e utility bills showing both the member's and Defacto's name)

Have you provided a certified copy of identification for each child listed (eg. birth certificate or passport)

Have you provided verification of enrolment at the Child Care Facility or Before/After School Care Provider for each Child listed

The BERT Child Care benefit provides coverage for all financial members of the:

- a) Construction Forestry Mining & Energy Union (Queensland / Northern Territory Construction & General Division Branch)
- b) Plumbers Union Qld / Northern Territory

Cover ceases immediately once a member is not a financial member of the above Union(s).

Are you a financial member of one of the above mentioned Unions

No claims for Child Care will be accepted or paid *(not a complete list):*

- Where no funeral benefit has been paid under the BERT Funeral Cover for the partner of the member
- Where the child/children have attained age fourteen years of age
- If proof of attendance at a Child Care Facility or Before & After School Care Provider is not provided
- Where children are not residing with the member
- Any form of Tuition fees
- The benefit is only payable directly to the Child Care Facility or Before/After School Care Provider (no payments will be made directly to the member)
- Benefits are only payable as a subsidy and to the maximum benefit amounts (\$250 p/w for Child Care | \$100 p/w for Before/After School Care)
- Cover provided for a period of 104 weeks (2 years) or upon child's 14th birthday (whichever occurs first)



If you require assistance please call BERT on **1300 261 114**.



Or email us at enquiries@bert.com.au

Office use only

Entered By (Initial)

Date

Member Number



CFMEU
QLD/NT



Date Effective: August 2021