



Maryvale Friendly Society

Supporting Members and their Families

For the employees of Maryvale Paper Mill ...since 1942

BENEFITS CLAIM FORM

To the Secretary,

I am a Member of the Society and I am in need of assistance from the Society for the following reasons. I am aware that the provision of any benefits or services is entirely at the discretion of the Board.

1 • My details...

First Name: _____ Initial: _____ Surname: _____

Date of Birth: ____/____/____ Gender: Male Female

Home Address: _____

Postal Address: _____ As above:

Home Phone: () _____ Mobile: _____ Work ext: _____

Home Email: _____

Work Email: _____

2 • Who is the claim for...

I am making this claim on behalf of * Myself Spouse Dependent Child New Baby Family

* Name: _____ DoB: ____/____/____ Gender: Male Female

3 • Benefits...

Are YOU currently off-work sick or injured? Yes No - I returned to work on: ____/____/____

Sick & Accident

First day off: ____/____/____

Expected duration: ____wks

• Travel/Accommodation

No. of trips to Melb.

No. of nights in Melb.

• HomeHelp

Lawns/Garden

Housekeeping

Personal Care

Counselling

Other: _____

Baby Bonus

* enter details above

First-Aid Course Refund

Convalescent Benefit

Family Welfare Fund

Mortuary Name: _____ Relationship: _____ Date of Death: ____/____/____

4 • Please provide any details of your claim and attach any receipts or other documents.

Members Signature

____/____/____
Date