



# 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