

benefit application – death

sch 1 form 2 [rule 4(c)]

Application for death benefits for a deceased participant.

Accurate and complete particulars must be provided as required by this form and the Sporting Injuries Insurance Rule 1997, or the application may be rejected.

(If the spaces on the form are insufficient, attach additional pages or particulars.)

Note: The *Sporting Injuries Insurance Act 1978*, provides a penalty for a false or misleading statements made in, or in connection with, this application.

Name of person making claim

Relationship to deceased

Address

Suburb

State

Postcode

Telephone number

Email

Name of deceased

Date of birth of deceased
(DD/MM/YYYY)

Marital status
of deceased

Number and ages of dependent children (if any)

State the name of sporting organisation or club in which the participant was registered when the death occurred

Provide particulars of the time, date and place of incident and manner in which the incident occurred (including details of event participated in)

If the incident in which the death occurred was witnessed by other persons, state the names, phone numbers and addresses of at least one of those persons (attach a statement by a witness as to how the incident occurred – Rule 5(d)(iv))

State name of medical examiner and/or coroner (attach the original or a photocopy of the death certificate if one has been issued, and of the original or a photocopy of a post mortem examination if one has been conducted - Rules 5(d)(i) & (ii))

Full name and office held by the official of the sporting organisation to which the deceased belonged when the injury that resulted in the death occurred (attach a statement from this official outlining all details known to the official of the occurrence that led to the injury, and confirming, from an examination of the organisation's records, that the deceased was registered as a participant with the organisation at the time of the incident - Rule 5(d)(iii))

Time and date the incident occurred

Unless death occurred immediately or shortly following injury, the information, if available should be provided in response to the questions above which are relevant, by the person making the application for benefits. In any case, the following question should be answered:

What was (or is) the total of the funeral expenses? \$

All particulars provided by me in, or in any attachment to this application, are true.

Signature of applicant

Date (DD/MM/YYYY)

Please send the completed form to:

NSW Sporting Injuries
92-100 Donnison Street
Gosford NSW 2250
Telephone: **1800 221 960**
Email: wiclaims@icare.nsw.gov.au