

Benefit application – death

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 Rules 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 applicant

Relationship to deceased

Address

Suburb

State

Postcode

Phone number

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 injury and manner in which injury was received (including details of event participated in):

If the incident in which the injury occurred was witnessed by other persons, state the names and addresses of two of those persons (attach a statement by a witness as to how the injury occurred – see Rule 5(a)(iii)):

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State names and addresses of attending or treating doctors (attach the original or a photocopy of each medical certificate or report obtained with respect to the injury – see Rule 5(a)(i)):

Full name and office held by the official of the sporting organisation to whom the injury was first reported:

Time and date the injury was first reported:

Attach a statement by an official confirming applicant was registered as a player at the time of injury – see Rule 5(a)(ii).

This information is required for statistical purposes only.

What was the total and type of expenses incurred? (medical, hospital, dental etc)?

Was any special treatment required such as physiotherapy, supply of splints or crutches, repair of dentures etc?

What was the cost of the special treatment?

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)

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Please send the completed form to:

NSW Sporting Injuries
92–100 Donnison Street
Gosford NSW 2250
Telephone: (02) 4321 5392
Facsimile: (02) 9287 5392
Email: contact.us@sportinginjuries.com.au