



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: _____ / _____ / _____

Baby Bonus

* enter details above

First-Aid Course Refund

Convalescent Benefit

Family Welfare Fund

No. of nights in Melb.

• HomeHelp

Lawns/Garden

Housekeeping

Personal Care

Counselling

Other: _____

• Travel/Accommodation

No. of trips to Melb.

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

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

_____ / _____ / _____
Members Signature

_____ / _____ / _____
Date