



Claim for Bereavement Payment for single veterans

Bereavement Payment

This form should be completed to claim a **Bereavement Payment** in respect of certain single veterans who die in needy circumstances.

A bereavement Payment is a one-off payment made by the Department of Veterans' Affairs (DVA) to the estate of the deceased veteran and comprises 12 weeks of the rate of disability pension that was payable to the veteran at the time of death. The payment is tax exempt and is made in addition to any Funeral Benefit paid in respect of the veteran.

Eligible veterans

A Bereavement Payment may be granted in respect of a single Australian veteran who, at the time of death, was:

- receiving a Special Rate (T&PI) Pension; or
- receiving an Extreme Disablement Adjustment (EDA);

and died in indigent (needy) circumstances. A person is considered to have died in indigent circumstances if the value of the person's estate is not sufficient to cover all financial liabilities including funeral expenses.

A Bereavement Payment does not have to be claimed in respect of veterans who were members of a couple at the time of their death. Any Bereavement Payment payable to the surviving partner of a deceased veteran will be made automatically without need for a claim to be lodged.

For a Bereavement Payment to be payable, this application must be lodged within 12 months of the death or within 12 months from the date death was determined to be war-caused. The addresses are on the back of this page.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

For information, please call the Department of Veterans' Affairs (from anywhere in Australia) on:

1800 555 254

State	Address	Postal address
New South Wales	Centennial Plaza Tower B 280 Elizabeth Street Sydney NSW 2001	GPO Box 9998 Brisbane QLD 4001
Victoria	300 La Trobe Street Melbourne VIC 3000	GPO Box 9998 Brisbane QLD 4001
Queensland	480 Queen Street Brisbane QLD 4000	GPO Box 9998 Brisbane QLD 4001
South Australia	Blackburn House 199 Grenfell Street Adelaide SA 5000	GPO Box 9998 Brisbane QLD 4001
Western Australia	AMP Building 140 St Georges Terrace Perth WA 6000	GPO Box 9998 Brisbane QLD 4001
Tasmania	Barrack Place 254 - 286 Liverpool Street Hobart TAS 7001	GPO Box 9998 Brisbane QLD 4001
Northern Territory	Winnellie Central 14 Winnellie Road Winnellie NT 0820	GPO Box 9998 Brisbane QLD 4001
Australian Capital Territory	6 Bowes Street Woden Canberra ACT 2606	GPO Box 9998 Brisbane QLD 4001

SECTION A**Details of the deceased**

Please answer ALL questions and write in BLOCK letters.

1 Surname**2 Given name(s)****3 Home address**

<input type="text"/>
<input type="text"/>
<input type="text"/>

POSTCODE

4 DVA File No. (if known)**5 Service No.** (if DVA File number not known)**6 Date of birth****7 Date of death****SECTION B****Details of the executor of the estate****8 Surname****9 Given name(s)****10 Address**

<input type="text"/>
<input type="text"/>
<input type="text"/>

POSTCODE

11 Phone numbers

Work

Home

12 Your relationship to the deceased

SECTION C

Estate details

13 Did the deceased die in needy circumstances?

Needy circumstances are when the assets of the estate are not sufficient to meet all liabilities, including funeral expenses.

No ▶ Go to **SECTION D**

Yes ▶ Please give details as at the date of death

TOTAL value of all accounts at banks, building societies, credit unions	\$
Real estate (including the family home)	\$
Other property (including the family car)	\$
Shares	\$
Insurance	\$
TOTAL amount of other assets (before funeral and other expenses are deducted)	\$
TOTAL amount of liabilities (including funeral costs)	\$

▶ Go to **SECTION D**

SECTION D

Declaration

If the person claiming the Bereavement Payment is unable to sign this form:

- sign the form on their behalf;
- attach an authority for you to act on their behalf, or a medical certificate showing that the person is unable to claim on their own behalf;
- attach a note showing your name, address, phone numbers and your relationship to the person claiming the Bereavement Payment.

I wish to apply for a Bereavement Payment.

The information I have provided is complete and correct.

I am aware that making false or misleading statements is a serious offence.

If any of the details I give on this form change, I must notify DVA within 21 days.

YOUR SIGNATURE


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Date

/ /

Please return this application and any related papers to your nearest DVA office (addresses are on page 2) within 12 months of the death.

OFFICE USE ONLY

Recommendation

\$

▶ Approved

Declined

Signature of delegate



Date

/ /
