



Australian Government

# Youpla Group funeral benefits program

[treasury.gov.au/youpla](https://treasury.gov.au/youpla)

## Making an application under the Youpla Group Funeral Benefits Program

7 September 2022

This application form is used to make an application for a payment under the Youpla Group Funeral Benefits Program.

The Youpla Group Funeral Benefits Program was started to help fund members and their families affected by the collapse of the Youpla Group, also called the Aboriginal Community Benefit Fund.

The program helps families with loved ones who have passed away that were insured under a Youpla Group or Aboriginal Community Benefit Fund funeral expenses policy to mourn and conduct Sorry Business with the dignity that had been intended. The program is consistent with the Australian Government's ongoing commitment to improve outcomes for First Nations people.

 1800 296 989

 [treasury.gov.au/youpla](https://treasury.gov.au/youpla)

 [youpla@treasury.gov.au](mailto:youpla@treasury.gov.au)

# Instructions

The information you give us in this application form is used to assess your application for payment under the Youpla Group Funeral Benefits Program.

You need **three** things to apply with this form:

- 1** The identity and details of the person who has passed away
- 2** The identity and details of the person making the application for the money to be paid
- 3** The details of the bank account where the money will be paid

You can download a Document Checklist from our website to help: [treasury.gov.au/youpla](https://treasury.gov.au/youpla)

We will ask you to provide the Youpla Group or Aboriginal Community Benefit Fund policy number if you know it. If you do not know the policy number, we will do our best to try to check the policy records ourselves.

This application form also asks you to agree to use any payments you get for funeral purposes.

This application form should be read together with the Youpla Group Funeral Benefits Program Grant Opportunity Guidelines (the guidelines), which are available here: [treasury.gov.au/youpla](https://treasury.gov.au/youpla). Words used in this form (like "Youpla Group"), have the same meaning as in those guidelines.

Eligibility for payment is set out in the guidelines. If we need further information to assess your eligibility for a payment we will contact you or any person you nominate below as your contact.

## Completing your application

Please fill in as much information as you are able to.

### If you need help

Please call **1800 296 989** if you need help to:

- Fill out this form.
- Find other places that may be able to help you conduct Sorry Business.

More information to help you make an application can be found on our website here: [treasury.gov.au/youpla](https://treasury.gov.au/youpla) or you can email us at [youpla@treasury.gov.au](mailto:youpla@treasury.gov.au).

### Submitting your application

After you have filled in this application form, please send it to us by email to [youpla@treasury.gov.au](mailto:youpla@treasury.gov.au) or mail to:

**Funeral Benefits Program**  
Financial System Division  
The Treasury  
1 Langton Crescent  
PARKES ACT 2600



## A. Details of the person who has passed away

This section is where you tell us information about the person who has passed away and was covered by a Youpla Group or Aboriginal Community Benefit Fund funeral expenses policy.

### A.1. Details of the person who has passed away

First given name:

Second given name(s):

Family name:

Date of birth (if known):

Date of death (if known):

Youpla Group or Aboriginal Community Benefit Fund policy or plan number (if known):



## A.2. Proof of death

If you can, please give us information about the person's death using one of the options below:

### Documentation

- Documentation (such as a death certificate, Coroners Form 20A, state government cause of death certificate or life extinct form).

OR

### Funeral director

- The details of the funeral director

Full name:

Address:

Phone number:

If you want us to contact the funeral director named here, please place an X here to indicate you are happy for them to give us information about the person's passing:

OR

## Healthcare provider

- The details of the healthcare provider (such as the Local Aboriginal Medical Service, a Hospital or a Doctor) that was looking after the person when they passed away.

Full name:

Address:

Phone number:

If you want us to contact the healthcare provider named here, please place an X here to indicate you are happy for them to give us information about the person's death:

OR

- If you don't have one of these options please call us on **1800 296 989**.
- Please do not send us your original documents. We only need copies. You can also take a photos of each document and send it to us.



## B. Details of the person making the application

This section is where you tell us about the person making the application and who the payment in relation to funeral benefits will be paid to.

### B.1. Applicant's details

Please tell us the following information about the person making the application.

First given name:

Second given name(s):

Family name:

Date of birth:

Relationship to person who has passed away:

### Applicant's contact details

Address – line 1:

Address – line 2 (optional):

Suburb/town:

State:

Postcode

Alternative postal address (e.g. if you have a PO Box):

Phone number (optional):

Email address (optional):

How should we contact you (phone, email or mail):



**B.2. Would you like someone to act as a contact on your behalf?  
(optional)**

If your answer is yes, please put the details of the person you would like to manage your application for you below

You may stop this arrangement at any time by contacting us.

Name of person acting on your behalf

First given name:

Second given name(s):

Family name:

Relationship to you:





## Contact details of person acting on your behalf

Address – line 1:

Address – line 2 (optional):

Suburb/town:

State:

Postcode

Phone number (optional):

Email address (optional):

How should we contact them (phone, email or mail):



### B.3. How would you like the payment made?

- All money to my bank account
- All money to the funeral director
- Some money to the funeral director and some money to my bank account

### B.4. Bank account details

Please tell us the details of the bank account you would like the payment to be paid into.

Account name:

BSB:

Account number:

Please double check your bank details before submitting your application.

## B.5. Direct payment to funeral director details (optional)

If you would like part or all of the payment made to your funeral director please provide details below. We will not disclose your policy limit to the funeral director:

How much would you like paid to the funeral director: (or up to policy limit)

\$

Full amount

### The details of the funeral director

Full name:

Address:

Phone number:

If only part of the payment is paid to the funeral director, the remainder will be paid into the bank account that you listed above.



## B.6. Proof of identity

Please provide copies of **two** of the following forms of identity documents for the applicant if they are available:

Birth certificate

Driver's licence

Medicare Card

Centrelink Health Care Card

Commonwealth Seniors Health Card

Centrelink Deduction Statement

Centrelink Pensioner Concession Card

Passport

Change of name certificate

Marriage certificate

OR

If you don't have any of these identify documents please call us on **1800 296 989** and we can help you to prove your identity in another way.

Please do not send us your original forms of identification. We only need copies, they do not need to be certified. You can also take a photo of each document and send it to us.



## B.7. Declaration that applicant is a beneficiary

Please confirm that you are a named beneficiary in a Youpla Group or Aboriginal Community Benefit Fund policy by marking the box with an X

I confirm that, to the best of my knowledge, I am a named beneficiary in the Youpla Group or Aboriginal Community Benefit Fund policy held for the person who has passed.

OR

If you are not the named beneficiary in a Youpla Group or Aboriginal Community Benefit Fund policy. What is your relationship to the person that has passed away?



## C. Declaration, consent and agreement

This section includes:

- Confirming to the best of your knowledge that your application is accurate.
- Confirming your consent to disclose your information to allow us to process your application.
- Confirming you have the consent of any of your family members, whose personal information is held in relation to a funeral expenses policy, to disclose their information to allow us to process your application.
- How we will use personal information.
- An agreement to allow us to make a payment to you.
- Confirming you agree to repay the grant if we later determine that you are ineligible or that the payment has not been used to meet the costs of the deceased person's funeral, burial or cremation and related Sorry Business.

### C.1. Applicant declaration

I declare that I have read and understood the grant opportunity guidelines, including the privacy, confidentiality and disclosure provisions, and will comply with the guidelines.

I declare that the information contained in this application together with any statement provided is, to the best of my knowledge, accurate, complete and not misleading and that I understand that giving false or misleading information is a serious offence under the *Criminal Code Act 1995* (Cth).

I acknowledge that I may be requested to provide further clarification or documentation to verify the information supplied in this form and that the department may, during the application process, consult with other government agencies, including state and territory government agencies, about my application and may also engage external advisors to advise on information provided in the application.

I acknowledge that if the department is satisfied that any statement made in an application is incorrect, incomplete, false or misleading the department may, at its absolute discretion, take appropriate action. I note such action may include excluding an application from further consideration, withdrawing an offer of funding, requiring repayment and/or using the information contained in the application for a fraud investigation that would be consistent with the Australian Government's Investigations Standards and Commonwealth Fraud Control Framework.



## C.2. If the department notifies me that I have been awarded a grant

I agree that this application (including the terms and conditions of the application, the grant opportunity guidelines and the declaration) and the department's notification to me will form an agreement from the date of the department's notification letter.

I agree to use the grant payment to assist in meeting the costs of the deceased person's funeral, burial or cremation and related Sorry Business.

## C.3. Signing

Before submitting your application you must agree that you believe the information you have given to us is true and correct.

I (full name)

confirm that I am the authorised payee in relation to a funeral benefit of a Youpla Group or Aboriginal Community Benefit Fund policy.

I agree that any payment made in response to this application will be used to assist in meeting the costs of the deceased person's funeral, burial or cremation and related Sorry Business.

I consent to the use and disclosure of personal information about me, as contained in this application form, and as otherwise received by the Commonwealth from the Youpla Group for the purposes of processing my application. I confirm that I have also obtained the consent of any of my family members, whose personal information is held in relation to the Youpla Group or Aboriginal Community Benefit Fund funeral expenses policy, for the use and disclosure of their personal information where required for the purposes of assessing eligibility and making payments under the Youpla Group Funeral Benefits Program.

SIGNED for and on behalf of:

Date



## C.4. Privacy information

I acknowledge that this is an Australian Government program and that the Department of Treasury (the department) and the Department of Industry, Science and Resources will use the information I provide in accordance with the following:

- Australian Government Public Data Policy Statement
- Commonwealth Grants Rules and Guidelines
- Grant Opportunity Guidelines
- applicable Australian laws, including the *Privacy Act 1988* (Cth).

I understand that the department may share my personal information provided in this application within this department, other government agencies (including the Department of Industry, Science and Resources), the Youpla Group and its appointed liquidators, funeral directors and healthcare providers for the purpose of administering the Youpla Group Funeral Benefits Program, including its governance, and the distribution of funds to successful applicants unless otherwise prohibited by law.

Information about privacy, including about how to make a privacy complaint, can be accessed on the Department of the Treasury's website at <https://treasury.gov.au/privacy-policy>.

## C.5. Financial information

I understand that where my application is accepted and approved, the financial information that I provide will only be used for the purposes of payment and will be accessible to departmental staff, or staff of the Business Grants Hub in the Department of Industry, Science and Resources, to enable payments to be made through the department's payment system.

I understand that information will otherwise be kept confidential in accordance with the grant opportunity guidelines.

The department will not publish information on individual applications in the public domain, including on the department's website.

## C.6. Repayment

If a payment is made to you in response to this application and the Commonwealth becomes aware are ineligible under the Youpla Group Funeral Benefits Program Grant Opportunity Guidelines, or if the payment is not used for the purpose of meeting the costs of the deceased person's funeral, burial or cremation and related Sorry Business, you agree to repay that payment to the Commonwealth.

