



Statement on death: Claim form

Name of Policyholder: _____ Code _____

Name of participating employer or branch _____

Important Notes: The form is to be used for death claims in terms of a group life insurance policy (also includes reinsurance of benefits of a pension fund) and/or a spouse insurance policy.

All references to insured will mean either employee or fund member.

Please return the completed claim forms and supporting documents to:

Address: The Manager	Telephone number: (021) 947 1810
Sanlam Corporate: Group Risk Death Claims (7408)	Fax number: (021) 947 1288
PO Box 1	E-mail address: sgdeathclaims@sanlam.co.za
7532 Sanlamhof	

A Particulars of insured *(Compulsory to be completed by the employer)*

Full names and surname: _____

Date of birth: _____ (dd/mm/ccyy) Gender: Male Female

Identity number: _____ Employee number: _____

Marital status: Single Divorced Widowed
 Married Date of marriage: _____ Co-habiting Since: _____

Date of entering service: _____ Date of permanent appointment: _____

Commencement date of insurance: _____ Last date of active service: _____

Normal retirement age: _____ Occupation: _____

Premiums in respect of the insured are paid to: _____ (dd/mm/ccyy)

Was the insured absent from duty without remuneration or with reduced remuneration at the time of death? Yes No

If "Yes", state full particulars: _____

Did the insured receive a disability benefit from Sanlam or any other insurer or institution? Yes No

If the insured received a disability benefit from Sanlam, please provide us with the relevant member or policy number.

Annual remuneration according to which the benefits in terms of the policy are calculated:

i) On policy anniversary immediately prior to death R _____

ii) On date of death R _____

iii) One year immediately prior to date of death R _____

C Particulars of deceased

Indicate if you claim for: Insured Spouse Sum assured: R _____

Full names and surname: _____

Date of birth: _____ (dd/mm/ccyy) Gender: Male Female

Identity number: _____ Date of death: _____ (dd/mm/ccyy)

Cause of death (if 'natural' or 'unnatural' please provide full details, including the SAPS Report):

D Universal Education Protector Benefit *(If applicable)*

At the time of death, did the insured have school going children?

Yes No

Confirm the following information per eligible child:

Name of child/ren	Date of birth / ID number	In what grade is the child/ren?

E Payment instructions**Important:**

- In the case of the death of the insured, the payment will only be made into the bank account of the beneficiary(ies) indicated herein, according to the fund rules or according to the valid beneficiary nomination form:
Sanlam must pay the benefit to the beneficiary(ies) indicated by the Fund in case of approved life insurance, and strictly according to a valid beneficiary nomination form in respect of unapproved life insurance benefits.
In the absence of a valid nomination form, the benefit will be paid to the deceased insured's estate.
- Should a beneficiary die before the insured, then that portion of the benefit allocated to the deceased beneficiary is payable to the deceased's estate.
- In the case of the death of the spouse, the benefit will be paid into the bank account of the insured.

Indicate if benefit payment is according to:

Fund rules Valid beneficiary nomination form *(attached)* **Banking details of the beneficiary**

Full names and surname: _____

Account number: _____

Name of branch: _____

Name of bank: _____

Branch code: _____

Type of account:

Current Savings Transmission **Contact details of the beneficiary**

Postal address: _____

Postal code: _____

Residential address: _____

Postal code: _____

Telephone number: (_____) _____

Relationship: _____

Banking details of the beneficiary *(if there is more than one beneficiary)*

Full names and surname: _____

Account number: _____

Name of branch: _____

Name of bank: _____

Branch code: _____

Type of account:

Current Savings Transmission **Contact details of the beneficiary**

Postal address: _____

Postal code: _____

Residential address: _____

Postal code: _____

Telephone number: (_____) _____

Relationship: _____

F Disclaimers

Party Due Diligence requirements

In line with the FIC Amendment Act, 2017 and other Party Due Diligence requirements, Sanlam has the obligation to identify and verify all persons or entities we interact with. Thus, please provide the information as requested in the forms. Sanlam reserves the right to cancel the insurance immediately if any of the obligations in terms of the FIC Amendment Act, 2017 and other Party Due Diligence requirements are not met.

Protection of Personal information

Why Personal Information is required: Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa ("RSA"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- to protect Sanlam Life's interests; and
- any purposes related to the above.

Failure to provide the mandatory information will prejudice your insurance cover.

Changing and correcting Personal Information: You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

Other parties that may receive the Personal Information:

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will however not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of personal information in accordance with the Protection of Personal Information Act, 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

Declaration and signature by the employer or fund

Please note:

- All claim forms must be duly signed on behalf of the scheme.
- If the employer has already paid the funeral insurance benefit amount or an advance sum to the insured or the insured's dependants, we must please be provided with proof of such payment.

We, the undersigned hereby declare that the deceased qualified for benefits in terms of the policy at the date of death, that the above information is complete and correct, and we recommend that the claim be admitted.

Signature _____ Capacity _____

Signature _____ Capacity _____

Date _____ (dd/mm/ccyy) Place _____



Life / Spouse Insurance: Documents required by Sanlam

Supporting documents that must be provided when a death claim is submitted.

Important notes: Please note that the name, signature, occupation, date, address and telephone particulars of the Commissioner of Oaths must be clearly indicated on documents certified by him or her.

Insured (i.e. employee/fund member)

- An original certified copy of the identity document of both the insured and the beneficiary.
- The original official death certificate or an original certified copy of the official death certificate, certified by a Commissioner of Oaths other than the Commissioner of Oaths of the employer concerned.
- An original certified copy of the Notice of Death / Stillbirth DHA-1663 A form (all the pages). (*This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form*).
- If the death occurred at home the DHA-1660 form is required with the DHA-1663.
- For deaths due to unnatural causes a SAPS report is required.
- A Bank certified copy of the beneficiary's bank statement.

Qualifying Spouse

- In the case of a deceased spouse, a copy of the *Spouses Life Insurance: Application for benefit* form.
- An original certified copy of the identity document of both the insured and the deceased spouse.
- The original official death certificate or an original certified copy of the official death certificate, certified by a Commissioner of Oaths other than the Commissioner of Oaths of the employer concerned.
- An original certified copy of the Notice of Death / Stillbirth DHA-1663 A form (all the pages). (*This document replaces the Notification / Register of Death / Stillbirth 83/BI – 1663 form*).
- If a person dies at home the DHA-1660 form is required with the DHA-1663.
- For deaths due to unnatural causes a SAPS report is required.
- An original certified copy of the *marriage certificate*; or
 1. In the case of a marriage recognised as a customary marriage, a *certificate of registration or an affidavit in respect of a customary marriage*. Should the affidavit not be sufficient, we may insist on affidavits by two persons who attended the marriage ceremony; or
 2. In the case of a union where two persons lived together as if married, an *affidavit* stating that:
 - a) Neither one of the couple living together is married; and
 - b) The insured and the deceased were in a union where they were living together as if they were married, with the commitment of doing so permanently, and that they had been doing so for at least six months prior to the death of the deceased.
- A bank certified copy of the beneficiary's bank statement.

Accident insurance (only if this benefit is applicable to the scheme)

- Statement by Police Service (SAP Report).

Universal Education Protector insurance (only if this benefit is applicable to the scheme)

- Universal Education Protector claim form in respect of each qualifying child.