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Sanlam Risk Benefits

2745E

# Retrenchment Benefit Claim

Please return the completed form to: **Policy claims**

| | | | |
|---|---|---|---|
| Postal address | PO Box 1, Sanlamhof 7532 | Telephone number | (021) 916-3455 |
| E-mail address | claimbenefits@sanlam.co.za | Fax number | (021) 947-5804 |

***Important:***

- An accurately completed form is essential in order to avoid delays in the assessment process. A claim can be considered only if all required documents and all the supplementary statements (as indicated below) have been completed in full and are in Sanlam Life's possession.
- This form and all relevant documents can be sent to us by e-mail, fax or per post. If readable copies of documents are provided to us, the original documents are unnecessary.

**The following documents must accompany the claim:**

- The attached declaration by your previous employer.
- A copy of your identity document
- A stamped or official copy of your termination of employment letter/certificate.

## Particulars of insured life

Plan number(s) _____ _____ _____

Surname _____

Full first names _____

Date of birth ____/____/____ *(dd/mm/ccyy)*

Identity number _____ *(Compulsory)*

Postal address _____ Postal code _____

Residential address _____ Postal code _____

Contact details: Telephone (home) (____) _____ Fax (home) (____) _____

Cell phone _____

E-mail address _____

## Reason for termination (retrenchment)

- Please describe the reason for termination (retrenchment).

_____

- Date on which you were informed of the termination process for the 1st time. ____/____/____ *(dd/mm/ccyy)*
- Date on which you received the 1st written termination notification. ____/____/____ *(dd/mm/ccyy)*
- What is the termination date? ____/____/____ *(dd/mm/ccyy)*
- What was the last official employment date at the last employer? ____/____/____ *(dd/mm/ccyy)*
- Since when were you employed by this company/person? ____/____/____ *(dd/mm/ccyy)*
  - If you were employed for less than 2 years at the last employer, please also provide us with proof of employment of your previous employer (prior to the termination of service).

## Particulars of last employer

Name of last employer _____

Address of last employer _____ Postal code _____

Name of contact person _____

Contact numbers: Telephone (home) (____) _____ Fax (____) _____

Telephone (work) (____) _____

E-mail address _____

Since when were you employed by this company/person? _____

Plan number _____

## Other information

- If you are younger than 55 years, do you earn an income from any other source(s)? Yes ☐ No ☐
  If "Yes", name the source(s): _____
  Amount earned per month: R _____
- Are you self-employed? Yes ☐ No ☐
- Were you employed at any other employer since the termination date (part-time or permanent)? Yes ☐ No ☐
  If "Yes", since when ___/___/_____ *(dd/mm/ccyy)* until ___/___/_____ *(dd/mm/ccyy)*
  Name of employer: _____
  Salary earned R _____

## Bank particulars

Provide us with a copy of your bank statement (not older than three months) on a bank letterhead containing the account number and account holder's name.

Please complete **one** of the 3 options provided

**1. Payment to the owner of the plan(s).**

If the claim of the life insured is admitted, Sanlam Life can make the money available by means of an electronic bank transfer to the owner of the plan. Please provide us with the following details:

Name of bank _____ Name of branch _____

Account number _____ Branch code _____

Account holder _____

Type of account Cheque ☐ Savings ☐ Transmission ☐ Other ☐ _____ *(Specify)*

I, the undersigned, hereby declare that if the above information is not correct, Sanlam Life cannot be held liable for any loss that may arise from the use of this information.

Signature of account holder _____

Date ___/___/_____ *(dd/mm/ccyy)*

**2. Payment to cessionary**

*Important*
If any plan, in terms of which a claim is admitted, has been ceded to another institution or person, payment will be made directly to the cessionary in question. The next section must be completed by the cessionary if applicable.

Complete if any of your policies are ceded:

Relevant plan number(s) _____ _____ _____

Name of bank _____ Name of branch _____

Account number _____ Branch code _____

Account holder _____

Type of account Cheque ☐ Savings ☐ Transmission ☐ Other ☐ _____ *(Specify)*

**Or**

I hereby give permission for the cession to be cancelled: _____

Name of contact person _____ Contact number: (____) _____

Signature of cessionary _____ Official stamp of institution
Signature of cessionary _____

Date ___/___/_____ *(dd/mm/ccyy)*

Plan number _____

## Bank particulars *(continue)*

**3. Proxy and/or payment to a third party**

If the plan owner would prefer the claim/payment to be handled/received by another person/institution, please provide us with the details below:

I, (plan owner) first names and surname: _____

Hereby authorise the person indicated below to handle the claim/receive the payment on my behalf and I indemnify Sanlam Life against any and all claims in respect of, and in connection with, the payment by Sanlam of the amount(s) concerned to this third party. (delete where not applicable)

Initials and surname of the person that could handle the claim on my behalf: _____

Address _____ Postal code _____

Initials and surname of the person that could receive the payment on my behalf: _____

Identity number _____

Name of bank _____ Name of branch _____

Account number _____ Branch code _____

Account holder _____

Type of account Cheque ☐ Savings ☐ Transmission ☐ Other ☐ _____ *(Specify)*

Signature of plan owner _____

Date ____/____/____ *(dd/mm/ccyy)*

## Declaration

I declare that the particulars contained in this form are correct. I also irrevocably authorise any person or institution, medical practitioner, medical specialist, hospital, nursing institution or medical authority to provide Sanlam Life with any information that may be required regarding my health.

Further, I irrevocably authorise Sanlam Life to share with other insurers that information and any information contained in this proposal or any related plan or other document, either directly or through a data base operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by Sanlam Life or by the operators of such data base.

Signature of insured/claimant _____

Date ____/____/____ *(dd/mm/ccyy)*