

Family Cover Insurance: Documents required by Sanlam

Supporting documents that must be provided when a Family Cover claim is submitted:

Principal Member

- The original official death certificate or an original certified copy of the official death certificate.
- An original certified copy of the Notification/ Register of Death / Still Birth (83/BI –1663) form
- An original certified copy of the identity document of both the insured and the beneficiary.
- A Bank certified copy of the beneficiary's bank statement

Qualifying spouse

- The original official death certificate or an original certified copy of the official death certificate.
- An original certified copy of the Notification/ Register of Death / Still Birth (83/BI –1663) form
- An original certified copy of the marriage certificate of the insured.
- In the case of a marriage recognised as a customary marriage, a certificate of registration.
- An original certified copy of the identity document of both the insured and the deceased spouse.

Qualifying child

- The original official death certificate or an original certified copy of the official death certificate.
- An original certified copy of the Notification/ Register of Death / Still Birth (83/BI –1663) form
- In the case of a stillborn child, we together with the Notification/ Register of Death/Still death (83B1 – 1663) form, also require a letter from the doctor in attendance or the hospital, confirming the duration of the gestation period.
- An original certified copy of the identity document of both the insured and the deceased child.
- A sworn affidavit stating that the deceased child was the insured's or the spouse's child if the surnames of the insured and the qualifying child differ.
- If a qualifying child is unmarried and over the age of 21 years, but under the age of 26 years, proof of full-time attendance at an approved educational institution.
- A medical certificate in the case of a qualifying child over the age of 21 years who is incapacitated by a physical or mental infirmity from maintaining himself or herself.

Qualifying parent or parent-in-law

- The original official death certificate or an original certified copy of the official death certificate.
- An original certified copy of the Notification/ Register of Death / Still Birth (83/BI –1663) form
- An original certified copy of the identity document of both the insured and the deceased parent or parent-in-law.
- A sworn affidavit and supporting documents stating that the deceased parent was the insured's or the spouse's qualifying parent. (See draft enclosed)

Important:

In the case of death due to **unnatural causes**, a police report is a requirement. (See form enclosed)

SANLAM OFFICE STAFF FAMILY INSURANCE

AFFIDAVIT

To confirm that the claim submitted was in respect of a Legal Parent
(Please refer point 2 for definition of Legal Parent)

NAME OF PRINCIPAL MEMBER:

IDENTITY NUMBER:

BUSINESS UNIT:

If any information contained in this sworn affidavit is incorrect, you will make yourself guilty of perjury and a criminal charge can be laid against you.

1. SWORN AFFIDAVIT BY PRINCIPAL MEMBER

I,
(full names and surname)

Identity number resident at

..... hereby declare under oath
(street address)

that
(full names of legal parent/parent-in-law)

(Born:) is currently my legal parent/parent-in-law as he/she is:

(Please mark the applicable block with an "x")

- My biological mother/father
(provide certified copy of your birth certificate)
- The biological mother/father of my spouse
(provide certified copy of your marriage certificate)
- He/She legally adopted me/my spouse
(provide copy of court order)
- The legal spouse of my biological parent (my own stepparent)
(provide certified copy of marriage certificate of parents)
- The legal spouse of my parent-in-law (stepparent of my spouse)
(provide certified copies of marriage certificates of yourself **as well as** your parents-in-law)
- Other (Please specify)
.....
.....
.....

In the case where your surname/maiden surname differs from that of your biological mother/father please provide an explanation for the difference:

.....
.....
.....

2. I understand that only claims in respect of legal parents can be submitted.

Definition of Legal Parent:

- Legal parents and parents-in-law are the biological mother or father of the member or parents as a result of legal adoption. The spouses of such a legal parent also qualify for parent cover benefits.
- Stepparents can only be insured while they are legally married to a parent of the member.
- The maximum number of parents and parents-in-law is four. Parents can only be added at inception date or when a member marries, he/she may add his/her parent(s)-in-law to the scheme, within **3 months** of the marriage.
- Members who are not legally married, but who cohabit as if married, will be required to apply for registration of their life partner as a de facto spouse. They will have the opportunity to place their life partner's parents as parents-in-law on the insurance within three months of the approval of their de facto spouse registration.
- In the event of a divorce or the death of the spouse, the cover of the parent(s)-in-law automatically lapses.

Signed at this day of 20.....

.....
Signature of Principal Member

Signed and sworn before me at this day of 20.....

The deponent has acknowledged that he/she knows and understands the contents of this affidavit and adheres to it. He/she had no objection to taking the oath and considers it to be binding on his/her conscience. I duly administered the oath as prescribed by Law.

.....
COMMISSIONER OF OATHS

CAPACITY AND OFFICIAL STAMP



Statement by Police Service official to whom death was reported

Death claims

Please return the completed form to: schemedeathclaims.eb@sanlam.co.za

Telephone number (021) 947 1810

Fax number (021) 947 1288

Postal address Employee Benefits: SGR Death Claims (7408)
PO Box 1, Sanlamhof, 7532

Scheme/Fund name _____

Particulars of deceased

Name and surname _____

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

Date of death ____ / ____ / ____ (dd/mm/ccyy) Case reference number _____

Details of the death

1. Was the deceased involved in a motor vehicle/motorcycle accident? Yes No
• If "Yes", was the deceased: the driver a passenger a pedestrian
• If the driver, did the deceased had a valid driver's licence? Yes No
• Was an alcohol test performed? Yes No
• What kind of fluid sample was taken? Blood Ophthalmic
• What was the result of this test? _____

Please note: If the person was killed in a motor vehicle accident, the traffic accident report, sketch plan and key to the sketch plan must be attached to the form.

2. Was the deceased involved in an assault? Yes No If "Yes", please answer the following:
• Did it occur during the performance of his/her duties? Yes No
• Was the deceased a spectator? Yes No
• Was the deceased the aggressor? Yes No
3. Was the deceased involved in a shooting accident? Yes No
• Did the deceased take his/her own life intentionally or did a shooting accident occur?

- Is anyone being held responsible for the accident? Yes No

4. Have any person been prosecuted or are they to be prosecuted? Yes No
• What was/is the charge? _____
• Full names and surname of person who is to be prosecuted:

- Relationship between accused and deceased? _____
• The date of the trial: ____ / ____ / ____ (dd/mm/ccyy)
• Number and reference of the trial: _____
• If sentence has been passed, what was the verdict?

Scheme/Fund name

5. Has an inquest been held or must it still take place? Yes No

(If already held, please attach all the statements and plans that were submitted, to this form).

Date of inquest / / (dd/mm/ccyy)

Number and reference of inquest:

6. Give a brief description of the circumstances which resulted in the death.

Please note: Attach autopsy report.

Particulars of investigating officer

Name and surname

Signature

Telephone number (w) ()

Fax number (w) ()

Cell phone

Official stamp of Police Service (*Compulsory*)

Date / / (dd/mm/ccyy) Place