



Notification of Potential Disability Claim

Confidential

In terms of the policy contract, the employer needs to notify Absa Life of potential new disability claims for their members and the duly completed form must be submitted to Absa Life within the notification period.

A Particulars of fund/scheme

Name of fund/scheme	<input type="text"/>		
Scheme code	<input type="text"/>	Name of branch/participating employer	<input type="text"/>
Email address	<input type="text"/>		
Telephone number	<input type="text"/>	Contact person	<input type="text"/>

B Personal details of the insured

Full names and surname	<input type="text"/>		
Date of birth (dd/mm/ccyy)	<input type="text"/>	Gender	<input type="text"/> Male <input type="text"/> Female
Identity number	<input type="text"/>		
Email address	<input type="text"/>	Telephone number	<input type="text"/>
Membership number	<input type="text"/>	Pay-sheet no. (if any)	<input type="text"/>
Late date of performing his/her duties (dd/mm/ccyy)	<input type="text"/>		
Annual salary as on above mentioned date	R	<input type="text"/>	

C Medical information (Please attach available sick certificates and medical reports)

Cause of illness/injury	<input type="text"/>		
Name of treating doctor	<input type="text"/>	Telephone number	<input type="text"/>
Email address	<input type="text"/>		

Important:

It is in the insured's own interest to submit a disability claim as soon as possible.

If the insured however decides not to submit a disability claim, Absa Life will appreciate it if you will inform us in order to cancel the potential disability claim.

The employer must please either post or email the duly completed form to:

Absa Group Schemes
3rd Floor
Towers North
180 Commissioner Street
Johannesburg, 2001
Email: sufclaims@absa.co.za

Declaration

The undersigned, declare on behalf of the fund/scheme, that the information provided above is complete and correct.

Signed on behalf of the fund/scheme

Initials and surname	<input type="text"/>
Designation	<input type="text"/>
Signature	<input type="text"/>
Place	<input type="text"/>
Date (dd/mm/ccyy)	<input type="text"/>