

## Funeral Aid Insurance: Application for benefit

Name of scheme \_\_\_\_\_ Code \_\_\_\_\_

### Important:

This form must be completed when:

- the insurance of an employee commences in terms of the policy or
- there is a change in the information regarding the insured's family members, as indicated in *Section B*.

In the event of the death of the insured or a family member of the insured, a copy of this form must accompany the death claim documents.

### A Particulars of insured (To be completed by the employer)

Full names and surname \_\_\_\_\_

Identity number \_\_\_\_\_

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

Marital status: Single  Married  Divorced  Co-habiting  Widowed

Employee number \_\_\_\_\_

Date of entering service \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of permanent appointment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Certified on behalf of the employer that the above information is correct

Full names and surname \_\_\_\_\_

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)

### B Application for funeral aid benefits

I hereby apply for the funeral aid benefits, in terms of the policy, to be applicable to my family members as indicated below:  
 \*If a person is in a cohabiting relationship, the partner can only be nominated if neither one of the couple living together is married.

\*\* Please note: Any extended family members mentioned in number 12 below need to be financially dependent on the principal member. Any person who is financially dependent on the principal member will qualify as long as they can prove the financial dependency at claim stage.

	Relationship	First names and surname	Identity number	Gender	
				Male	Female
1	*Spouse				
2					
3	Children				
4					
5					
6					
7					
8	Parents				
9					
10	Parents-in-law				
11					
12	**Other (name relationship)				

### C Declaration by the insured

I declare that when I claim a benefit for a family member, I will prove my relationship to such a person.

Signature of insured \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of witness \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Funeral Aid Insurance: Benefit claim form

Name of scheme \_\_\_\_\_ Code \_\_\_\_\_

**Important:**

- This form must be completed by the Employer when a claim for an insured's or a family members' funeral aid benefit is submitted.
- Only the applicable sections must be completed in full.

**A Particulars of the insured (compulsory)**

Full names and surname \_\_\_\_\_

Identity number \_\_\_\_\_

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

Marital status: Single  Divorced  Widowed

Married  Date of marriage \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Co-habiting  Since \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee number \_\_\_\_\_

Date of entering service \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of permanent appointment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Commencement date of insurance \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last date of active service \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Premiums in respect of the insured were paid or will be paid up to \_\_\_\_ / \_\_\_\_ (mm/ccyy)

Was the insured covered in terms of the policy at date of death? Yes  No

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

If 'Yes', state full particulars:

\_\_\_\_\_  
 \_\_\_\_\_

**B Particulars of the deceased insured**

Date of death \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)

Cause of death (if 'natural' or 'unnatural' please provide full details)

\_\_\_\_\_  
 \_\_\_\_\_

Benefit R \_\_\_\_\_

**C Declaration of identity**

If the age and/or any name of the deceased as recorded by the employer differ from the death certificate the following declaration must be completed and signed.

I declare that the deceased and the insured, named above, are one and the same person.

Name and surname \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_

## D Particulars of family members entitled to funeral aid benefits after the insured's death

(only if this benefit is applicable to the scheme)

- Important:
- The certificate will only be issued if we receive this information within 12 months of date of death.
  - If this section is not completed, we will assume that there are no qualifying members.

Relationship	First names and surname	Identity number	Gender	
			Male	Female
1 Spouse				
2				
3				
4 Children				
5				
6				
7				
8				
9				
10				

## E Particulars of the deceased family member

Full names and surname \_\_\_\_\_

Identity number \_\_\_\_\_

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

Date of death \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)

Cause of death (if 'natural' or 'unnatural' please provide full details)

\_\_\_\_\_  
 \_\_\_\_\_

Was the deceased covered by the policy on the date of death? Yes  No

Premiums in respect of the deceased were paid or will be paid up to \_\_\_\_ / \_\_\_\_ (mm/ccyy)

Relationship of qualifying family member (Please mark the applicable relationship with an X.)

Spouse

Children Age 14 years and over

Age 6 years and over, but younger than 14 years

Age less than 6 years

Still-born

Extended family members:

Parent  Parent-in-law  Other (name the relationship) \_\_\_\_\_

Benefit R \_\_\_\_\_

## F Banking details of the beneficiary

Full names and surname \_\_\_\_\_

Account number \_\_\_\_\_

Name of bank \_\_\_\_\_ Branch code \_\_\_\_\_

Type of account: Current  Savings  Transmission

### Contact details of the beneficiary

Postal address \_\_\_\_\_

Residential address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

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

Full names and surname \_\_\_\_\_

Account number \_\_\_\_\_

Name of bank \_\_\_\_\_ Branch code \_\_\_\_\_

Type of account: Current  Savings  Transmission

### Contact details of the beneficiary

Postal address \_\_\_\_\_

Residential address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

## G Declaration and signature by the employer

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

### Details of undersigned

Full names and surname \_\_\_\_\_

Postal address \_\_\_\_\_ Postal code \_\_\_\_\_

Contact details: Telephone (work) (\_\_\_\_\_) \_\_\_\_\_ Fax (work) (\_\_\_\_\_) \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)

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

Please return the completed claim forms and supporting documents to:

The Manager  
Sanlam Group Risk: Death Claims (7408)  
Sanlam  
PO Box 1  
Sanlamhof  
7532

Telephone number: (021) 947 1810

Fax number: (021) 947 1288

E-mail address: [schemedeathclaims.EB@sanlam.co.za](mailto:schemedeathclaims.EB@sanlam.co.za)

## Funeral Aid Insurance: Documents required by Sanlam

Supporting documents that must be provided when a Funeral Aid Benefit claim is submitted.

### Principal Member

- A copy of the *Application for funeral benefit* form.
- 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 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

- A copy of the *Application for funeral benefit* form.
- 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 Notification/ Register of Death / Still Birth (83/BI –1663) form
- An original certified copy of the marriage certificate.
- 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.
- In the case of a union where two persons lived together as if married, an affidavit stating that:
  - 1) Neither one of the couple living together is married; and
  - 2) 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.
- An original certified copy of the identity document of both the insured and the deceased spouse.
- A Bank certified copy of the beneficiary's bank statement

### Qualifying child

- A copy of the *Application for funeral benefit* form.
- 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 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.
- A Bank certified copy of the beneficiary's bank statement

### Qualifying parent or parent-in-law (Only if this benefit is applicable to the scheme)

- A copy of the *Application for funeral benefit* form.
- 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 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 stating that the deceased parent was the insured's or the spouse's qualifying parent.
- A Bank certified copy of the beneficiary's bank statement

**Qualifying extended family member (Only if this benefit is applicable to the scheme)**

- A copy of the *Application for funeral benefit* form.
- 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 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 extended family member.
- A sworn affidavit stating that the deceased extended family member was dependent on the insured for maintenance.
- A Bank certified copy of the beneficiary's bank statement

**Accident Benefit (Only if this benefit is applicable to the scheme)**

- Statement by Police Service (SAP Report)

## Funeral Aid Insurance: Notification of qualifying family members

Name of Scheme \_\_\_\_\_ Code \_\_\_\_\_

### Important:

To be completed when an insured's service with the employer is terminated owing to

- ill-health and qualifies for a **Funeral Aid Benefit** with waiver of any further premium payments, until the insured reached the normal retirement age
- the policy stipulates that the insured qualifies for a **Funeral Aid Benefit** after the normal retirement age with waiver of any further premium payments.

### A Particulars of the insured *(To be completed by the employer)*

Full names and surname \_\_\_\_\_

Identity number \_\_\_\_\_

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

Marital status: Single  Married  Divorced  Co-habiting  Widowed

Employee number \_\_\_\_\_

Date of entering service \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of permanent appointment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### B Application by the insured

I hereby apply for the benefits that are applicable to my family members according to the policy. I acknowledge that I will be responsible to prove the relationship of a family member when I submit a claim for a benefit for such a person.

### C Particulars of family members entitled to benefits *(To be completed by the insured)*

A benefit in respect of a person mentioned below will only be payable if, at claim stage, satisfactory proof is provided to Sanlam that such a person complies with all the requirements contained in the policy issued by Sanlam.

Relationship	First names and surname	Identity number	Gender	
			Male	Female
1 Spouse				
2				
3				
4 Children				
5				
6				
7				
8				
9				
10				

### D Declaration by the insured

I, the undersigned, hereby declare that:

- I understand the statement in *Section B* of this form; and
- The information as supplied in *Section C* is correct.

Signature \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)

### E Declaration by the employer

I, the undersigned, hereby declare that:

- The information as supplied in *paragraph A* is correct;
- The insured qualifies for the funeral aid cover in terms of the policy; and
- The insured's disability claim has been approved and qualifies for waiver of premiums.

Signature \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/ccyy)